

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

2016

Open to Public  
Inspection

## A For the 2016 calendar year, or tax year beginning 09-01-2016, and ending 08-31-2017

- B Check if applicable
- Address change
  - Name change
  - Initial return
  - Final
  - Return/terminated
  - Amended return
  - Application pending

C Name of organization New York Institute of Technology		D Employer identification number 11-1788788	
% BARBARA HOLAHAN Doing business as		E Telephone number (516) 686-7533	
Number and street (or P O box if mail is not delivered to street address) NORTHERN BLVD GERRY HOUSE Suite 200		Room/suite	G Gross receipts \$ 351,246,960
City or town, state or province, country, and ZIP or foreign postal code OLD WESTBURY, NY 11568			
F Name and address of principal officer HENRY FOLEY PHD NORTHERN BLVD GERRY HOUSE OLD WESTBURY, NY 11568		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list (see instructions)	
		H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► <a href="http://WWW.NYIT.EDU">WWW.NYIT.EDU</a>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1955	M State of legal domicile NY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
PROVIDE CAREER-ORIENTED PROFESSIONAL EDUCATION, GIVE ALL QUALIFIED STUDENTS ACCESS TO OPPORTUNITY, SUPPORT APPLICATIONS-ORIENTED RESEARCH THAT BENEFITS THE LARGER WORLD

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

3	15
4	15
5	3,225
6	8
7a	5,336,276
7b	

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .

Prior Year	Current Year
5,621,185	5,038,958
299,301,251	291,961,011
1,379,093	2,048,212
4,585,309	10,721,296
310,886,838	309,769,477

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ► 2,260,872 . . . . .

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Prior Year	Current Year
47,284,678	47,885,231
0	0
145,134,013	154,891,085
38,400	38,400
104,386,353	107,875,443
296,843,444	310,690,159
14,043,394	-920,682

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

Beginning of Current Year	End of Year
321,957,295	326,547,817
168,403,836	176,861,956
153,553,459	149,685,861

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer  
BARBARA HOLAHAN CONTROLLER  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Scott Thompsett	Preparer's signature Scott Thompsett	Date	Check <input type="checkbox"/> if self-employed	PTIN P00741490
Firm's name ► GRANT THORNTON LLP		Firm's EIN ►		
Firm's address ► 757 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100172013		Phone no (212) 599-0100		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

NEW YORK INSTITUTE OF TECHNOLOGY (NYIT) OFFERS 90 DEGREE PROGRAMS, INCLUDING UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES, IN MORE THAN 50 FIELDS OF STUDY, INCLUDING ARCHITECTURE AND DESIGN, ARTS AND SCIENCES, EDUCATION, ENGINEERING AND COMPUTING SCIENCES, HEALTH PROFESSIONS, MANAGEMENT, AND MEDICINE A NON-PROFIT, INDEPENDENT, PRIVATE, AND NONSECTARIAN INSTITUTION OF HIGHER EDUCATION, NYIT HAS MORE THAN 10,000 STUDENTS WORLDWIDE SINCE 1955, NYIT HAS PURSUED ITS MISSION TO -PROVIDE CAREER-ORIENTED PROFESSIONAL EDUCATION -GIVE ALL QUALIFIED STUDENTS ACCESS TO OPPORTUNITY -SUPPORT APPLICATIONS-ORIENTED RESEARCH THAT BENEFITS THE LARGER WORLD

**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No**

If "Yes," describe these new services on Schedule O

**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No**

If "Yes," describe these changes on Schedule O

**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**

<b>4a</b>	(Code See Additional Data	) (Expenses \$ 289,158,300	including grants of \$ 47,885,231	) (Revenue \$ 289,774,306 )
<b>4b</b>	(Code See Additional Data	) (Expenses \$ 2,286,654	including grants of \$ 0	) (Revenue \$ 3,296,753 )
<b>4c</b>	(Code See Additional Data	) (Expenses \$ 5,430,743	including grants of \$ 0	) (Revenue \$ 52,333 )
<b>4d</b>	Other program services (Describe in Schedule O ) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4e</b>	<b>Total program service expenses ►</b>	<b>296,875,697</b>		

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

**Part IV Checklist of Required Schedules (continued)**

- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .  
**22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .  
**23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a . . . . .  
**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
**c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  
**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .
- 25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.**  
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  
**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .
- 26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .
- 27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  
**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .  
**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .  
**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  
**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .  
**38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . . . . .

	Yes	No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>		No
<b>22</b>	Yes	
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>	Yes	
<b>34</b>	Yes	
<b>35a</b>	Yes	
<b>35b</b>		No
<b>36</b>		No
<b>37</b>		No
<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	222	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	3,225	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ►EG , CA , BA , JO , AE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7b</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12a</b>		
<b>12b</b>			
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	15	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes	
<b>a</b> The governing body?	<b>8b</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990	<b>12a</b>	Yes
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12b</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12c</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>13</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>14</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>15a</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>15b</b>	Yes
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>16a</b>	No
<b>b</b> Other officers or key employees of the organization	<b>16b</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed►	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records ►BARBARA HOLAHAN NORTHERN BLVD GERRY HOUSE RM 200 OLD WESTBURY, NY 11568 (516) 686-7533	

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule Q contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee, more than \$10,000 of reportable compensation from the organization and any related organizations

compensated employees, and former such persons

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Check this box if neither the organization nor

Check the box if neither the organization nor any related organization compensated any current officer, director, or employee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table					

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	6,922,068	0	532,895

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 321

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	No

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Huajing Group Corp, 866 United Nations Plz NEW YORK, NY 100171822	Recruiting Services	4,369,207
ALLIED BARTON SECURITY SERVICES, PO BOX 828854 PHILADELPHIA, PA 191828854	SECURITY	2,285,689
OBERLAND INC, 254 Canal Street Rm 5000 NEW YORK, NY 10013	ADVERTISING	1,429,870
WJ REGAN COMPANY LLC, 767 CHARNWOOD DRIVE WYCKOFF, NJ 07481	CONSTRUCTION	1,424,304
M CARY INC, 64 TOLEDO STREET FARMINGDALE, NY 11735	CONSTRUCTION	1,226,051

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 41

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c	5,023			
d Related organizations	1d				
e Government grants (contributions)	1e	1,853,370			
f All other contributions, gifts, grants, and similar amounts not included above	1f	3,180,565			
g Noncash contributions included in lines 1a-1f \$ _____					
<b>h Total.</b> Add lines 1a-1f . . . . .		5,038,958			
Program Service Revenue		Business Code			
2a TUITION AND FEES		611600	279,493,465	279,493,465	
b ROOM AND BOARD		900099	6,965,110	6,965,110	
c MEDICAL OUTREACH CENTERS		611600	3,296,753	3,296,753	
d ANCILLARY STUDENT SERVICES		721310	1,822,665		1,822,665
e VOCATIONAL INDEPENDENCE PROGRAM		900099	330,685	330,685	
f All other program service revenue			52,333	52,333	
<b>g Total.</b> Add lines 2a-2f . . . . .		291,961,011			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		1,395,748		1,395,748
4 Income from investment of tax-exempt bond proceeds			0		
<b>5 Royalties . . . . .</b>		732			732
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses	400,513				
c Rental income or (loss)	400,513	0			
d Net rental income or (loss) . . . . .		400,513			400,513
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	42,072,612				
c Gain or (loss)	41,420,148				
d Net gain or (loss) . . . . .	652,464		652,464		652,464
8a Gross income from fundraising events (not including \$ 5,023 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	62,184			
b Less direct expenses . . . . .	b	57,335			
c Net income or (loss) from fundraising events . . . . .		4,849			4,849
9a Gross income from gaming activities See Part IV, line 19 . . . . .	a	0			
b Less direct expenses . . . . .	b	0			
c Net income or (loss) from gaming activities . . . . .		0			
10a Gross sales of inventory, less returns and allowances . . . . .	a	0			
b Less cost of goods sold . . . . .	b	0			
c Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue	Business Code				
11a CONFERENCING CENTERS	900099		4,966,717		4,966,717
b INSURANCE RECOVERY	900099		2,372,659		2,372,659
c NYIT ON BROADWAY	900099		369,559		369,559
d All other revenue . . . . .		2,606,267	1,162,381		1,443,886
<b>e Total.</b> Add lines 11a-11d . . . . .		10,315,202			
<b>12 Total revenue.</b> See Instructions . . . . .		309,769,477	291,300,727	5,336,276	8,093,516

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	47,885,231	47,885,231		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,675,097	2,568,093	107,004	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	111,595,097	106,484,041	4,441,485	669,571
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,419,155	6,125,158	255,482	38,515
9 Other employee benefits	25,369,184	24,207,275	1,009,694	152,215
10 Payroll taxes	8,832,552	8,428,021	351,536	52,995
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,176,293	1,129,764	46,529	
c Accounting	276,777	265,706	11,071	
d Lobbying	90,000	90,000		
e Professional fundraising services See Part IV, line 17	38,400			38,400
f Investment management fees	219,704	210,916	8,788	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,446,178	10,313,938	1,132,240	
12 Advertising and promotion	5,073,350	4,388,758	182,838	501,754
13 Office expenses	14,251,134	12,826,021	997,579	427,534
14 Information technology	0			
15 Royalties	0			
16 Occupancy	32,837,064	31,523,581	1,313,483	
17 Travel	2,855,747	2,577,648	107,402	170,697
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,860,105	2,581,582	107,566	170,957
20 Interest	1,313,317	1,263,500	49,817	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,198,768	16,509,906	688,862	
23 Insurance	5,972,868	5,704,089	238,915	29,864
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a EQUIPMENT RENTAL AND MAINT	5,250,411	5,040,389	210,022	
b INTERNATIONAL PROGRAMS	3,571,486	3,428,627	142,859	
c HOSPITAL ROTATIONS	2,498,500	2,398,310	100,190	
d BAD DEBT	816,316	816,316		
e All other expenses	167,425	108,827	50,228	8,370
25 Total functional expenses. Add lines 1 through 24e	310,690,159	296,875,697	11,553,590	2,260,872
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	54,621,782	<b>2</b>	47,141,336
	<b>3</b> Pledges and grants receivable, net . . . . .	5,612,455	<b>3</b>	4,163,880
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	15,544,012	<b>7</b>	18,520,192
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,371,318	<b>9</b>	3,783,894
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	335,557,936		
	<b>b</b> Less accumulated depreciation	169,227,737	<b>10c</b>	166,330,199
	<b>11</b> Investments—publicly traded securities . . . . .	54,013,977	<b>11</b>	64,764,279
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	16,978,512	<b>12</b>	19,567,545
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,536,443	<b>15</b>	2,276,492
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	321,957,295	<b>16</b>	326,547,817
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	35,704,066	<b>17</b>	43,011,043
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	59,711,918	<b>19</b>	67,086,277
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	72,987,852	<b>25</b>	66,764,636
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	168,403,836	<b>26</b>	176,861,956
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	146,458,886	<b>27</b>	141,902,736
	<b>28</b> Temporarily restricted net assets . . . . .	4,278,019	<b>28</b>	3,655,036
	<b>29</b> Permanently restricted net assets . . . . .	2,816,554	<b>29</b>	4,128,089
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
	<b>33</b> Total net assets or fund balances . . . . .	153,553,459	<b>33</b>	149,685,861
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	321,957,295	<b>34</b>	326,547,817

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	309,769,477
2	Total expenses (must equal Part IX, column (A), line 25)	2	310,690,159
3	Revenue less expenses Subtract line 2 from line 1	3	-920,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,553,459
5	Net unrealized gains (losses) on investments	5	5,228,511
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,175,427
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	149,685,861

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2b Were the organization's financial statements audited by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis	<input checked="" type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1788788

**Name:** New York Institute of Technology

Form 990 (2016)

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### **Form 990, Part III, Line 4a:**

NYIT PROVIDES UNDERGRADUATE, GRADUATE, AND DOCTORAL INSTRUCTION TO A DIVERSE STUDENT POPULATION APPROXIMATELY 10,791 STUDENTS ATTENDED THE INSTITUTION LAST YEAR AND 2,641 GRADUATED. OUR 10,000 STUDENTS BECOME ENGAGED, TECHNOLOGICALLY SAVVY PHYSICIANS, ARCHITECTS, SCIENTISTS, ENGINEERS, BUSINESS LEADERS, DIGITAL ARTISTS, HEALTH CARE PROFESSIONALS, AND MORE. WITH CAMPUSES IN NORTH AMERICA, CHINA, AND THE MIDDLE EAST AS WELL AS ONLINE, NYIT'S STUDENT AND FACULTY GLOBAL EXCHANGE PROGRAMS, UNIQUE EXPERIENTIAL LEARNING PROGRAMS, AND NUMEROUS EXTRA- AND CO-CURRICULAR OPPORTUNITIES COMBINE TO CREATE A UNIQUE, 21ST-CENTURY LEARNING EXPERIENCE. THE INSTITUTE OFFERS THE FOLLOWING SCHOOLS AND COLLEGES: COLLEGE OF ARTS AND SCIENCES, COLLEGE OF OSTEOPATHIC MEDICINE, SCHOOL OF ARCHITECTURE AND DESIGN, SCHOOL OF ENGINEERING AND COMPUTING SCIENCES, SCHOOL OF HEALTH PROFESSIONS, SCHOOL OF INTERDISCIPLINARY STUDIES & EDUCATION, SCHOOL OF MANAGEMENT. THE INSTITUTE OFFERS THE FOLLOWING DEGREES: ASSOCIATE IN APPLIED SCIENCE, BACHELOR OF ARCHITECTURE, BACHELOR OF ART, BACHELOR OF FINE ARTS, BACHELOR OF PROFESSIONAL STUDIES, BACHELOR OF SCIENCE, MASTER OF ARTS, MASTER OF ARTS IN TEACHING, MASTER OF BUSINESS ADMINISTRATION, MASTER OF FINE ARTS, MASTER OF SCIENCE, DOCTOR OF PHYSICAL THERAPY, DOCTOR OF OSTEOPATHIC MEDICINE. Programmatic Revenues represent tuition and fees, room and board, the vocational independence program, ancillary educational services, and other educational Programs (reported on Line 11(d) of Part VIII of the 990).

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## **Form 990, Part III, Line 4b:**

NYIT'S ACADEMIC HEALTH CARE CENTERS OFFER HEALTH AND MEDICAL SERVICES TO STUDENTS, FACULTY, STAFF, AND COMMUNITY MEMBERS. THE CENTERS ARE STAFFED BY PHYSICIANS FROM NYIT'S COLLEGE OF OSTEOPATHIC MEDICINE -- ONE OF THE NATION'S MOST PRESTIGIOUS OSTEOPATHIC MEDICAL SCHOOLS -- AS WELL AS MEDICAL STUDENTS WHO ARE PREPARING TO ENTER VARIOUS HEALTH PROFESSIONS. THESE PRIMARY CARE CENTERS ARE OPERATED IN OLD WESTBURY AND CENTRAL ISLIP AND ARE STAFFED BY FACULTY FROM THE DEPARTMENTS OF FAMILY PRACTICE, CLINICAL SPECIALTIES, OSTEOPATHIC MANIPULATIVE MEDICINE, AS WELL AS PHYSICAL, OCCUPATIONAL, SPEECH THERAPISTS AND EXERCISE PHYSIOLOGISTS. THE CLINICS ARE AS FOLLOWS: A W. KENNETH RILAND ACADEMIC HEALTH CARE CENTER: THIS PRIMARY CARE CLINIC SERVES THE OLD WESTBURY, N.Y., CAMPUS AND COMMUNITY. B CENTRAL ISLIP FAMILY HEALTH CARE CENTER: THIS 7,000-SQUARE-FOOT FACILITY SERVES THE CENTRAL ISLIP, N.Y., COMMUNITY USING AN ADVANCED MEDICAL RECORDS DATABASE AND BOARD-CERTIFIED PHYSICIANS UTILIZING OSTEOPATHIC MANIPULATIVE MEDICINE TO TREAT A WIDE RANGE OF AILMENTS. THESE CLINICS OFFER A WIDE VARIETY OF SERVICES, INCLUDING ACUPUNCTURE, BREAST HEALTH, CLINICAL PSYCHOLOGY, FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENETIC COUNSELING, OCCUPATIONAL THERAPY, OSTEOPATHIC MANIPULATIVE MEDICINE, PARKINSONS DISEASE TREATMENT, PEDIATRICS, PHYSICAL THERAPY, SPEECH PATHOLOGY AND TAI CHI. C ADELE SMITHERS PARKINSONS DISEASE TREATMENT CENTER - THIS CENTER IS DEDICATED TO PARKINSONS DISEASE TREATMENT, COMMUNITY AWARENESS, RESEARCH, AND ENSURING THAT PATIENTS MAINTAIN THE BEST QUALITY OF LIFE. D NYIT CENTER FOR SPORTS MEDICINE - THIS CENTER OFFERS INJURY EVALUATIONS, CARDIOPULMONARY EXERCISE TESTING, DIETARY AND NUTRITIONAL GUIDANCE, AND OTHER SPORTS-RELATED TREATMENT.

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### **Form 990, Part III, Line 4c:**

NYIT'S INTERNATIONAL BUSINESS STUDIES PROGRAM PROMOTES THE INTERNATIONALIZATION OF BUSINESS EDUCATION, GUIDED BY NYIT'S MISSION OF PROVIDING A CAREER-ORIENTED PROFESSIONAL EDUCATION, OFFERING ACCESS TO OPPORTUNITY FOR ALL QUALIFIED STUDENTS, AND SUPPORTING APPLICATIONS-ORIENTED RESEARCH. WE SEEK TO DEVELOP INSTITUTIONAL PARTNERSHIPS, RESOURCE INTEGRATION, AND INTERREGIONAL COOPERATION IN PURSUIT OF OUR INTERNATIONAL INITIATIVES. FURTHERMORE, WE PREPARE STUDENTS AND OTHER STAKEHOLDERS FOR THE CHALLENGES OF WORKING IN AN INCREASINGLY GLOBALIZED BUSINESS ENVIRONMENT. OUR INTERNATIONAL BUSINESS STUDIES PROGRAM PROMOTES THE GLOBALIZATION OF BUSINESS PROGRAMS BY STRENGTHENING NYIT'S INTERNATIONAL BUSINESS CURRICULUM AND CONTENT, INTEGRATING CONTEMPORARY AND EMERGING GLOBAL PERSPECTIVES, AND DEVELOPING COOPERATIVE DEGREE PROGRAMS WITH REPUTABLE FOREIGN UNIVERSITIES TO CULTIVATE CROSS-CULTURAL ACADEMIC AND PROFESSIONAL OPPORTUNITIES. WE SEEK TO DEVELOP AND STRENGTHEN CONNECTIONS WITH VARIOUS BUSINESS AND PROFESSIONAL ORGANIZATIONS BY ENGAGING GUEST SPEAKERS FROM THE INTERNATIONAL BUSINESS FIELD, ENCOURAGING ALUMNI PARTICIPATION IN SCHOOL ACTIVITIES, AND ORGANIZING BUSINESS SEMINARS, WORKSHOPS, AND FORUMS, ALL DESIGNED TO STRENGTHEN THE CAREER READINESS AND ADVANCEMENT OPPORTUNITIES FOR OUR STUDENTS. WE PURSUE COLLABORATIONS WITH INTERNATIONAL CORPORATIONS, COLLEGES, AND OTHER NONPROFIT INSTITUTIONS TO DELIVER AN EXECUTIVE-LEVEL MANAGEMENT EDUCATION. THESE PROGRAMS ARE DESIGNED TO ADDRESS PARTICIPANTS' SPECIFIC NEEDS, ARE COHORT-BASED IN AN INTENSIVE FORMAT, AND HAVE A PRACTICAL ORIENTATION. MORE SPECIFICALLY, OUR MANAGEMENT CERTIFICATE PROGRAMS, M B A AND EXECUTIVE M B A PROGRAMS, AND BUSINESS CONSULTING PROJECTS AIM TO SERVICE THE BUSINESS COMMUNITY. WE PROMOTE CAREER-ORIENTED PROFESSIONAL EDUCATION, ENRICHING IN-CLASS LEARNING BY DEVELOPING STUDY ABROAD PROGRAMS, ACADEMIC SERVICE OPPORTUNITIES, INTERNSHIP AND PRACTICUM WITH OVERSEAS PARTNERS, AND OPPORTUNITIES TO JOIN PROFESSIONAL ORGANIZATIONS AND PARTICIPATE IN PROFESSIONAL CONFERENCES. OUR PROGRAM SUPPORTS APPLICATIONS-ORIENTED RESEARCH THAT ADVANCES THE KNOWLEDGE OF NYIT'S INTERNATIONAL BUSINESS STUDENTS WHILE ENCOURAGING COLLABORATION AMONG GLOBAL PARTNER INSTITUTIONS.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Dr Edward Giuliano	0 0	Individual trustee Or director	Institutional Trustee	Former Officer Key employee Employee	2,711,733	0	45,918
President and CEO (thru 01/17)	0 0	X	X				
HENRY FOLEY FROM 062017	60 0	X	X		0	0	0
PRESIDENT (NON-VOTING)	0 0						
Peter A Ferentinos	5 0	X			0	0	0
TRUSTEE	0 0						
Deborah Verderame Marciano	5 0	X			0	0	0
TRUSTEE	0 0						
Cristina L Mendoza ESQ	5 0	X			0	0	0
TRUSTEE (THRU 05/2017)	0 0						
Michael J Merlo	5 0	X	X		0	0	0
VICE CHAIR	0 0						
Ernie Anastos	5 0	X			0	0	0
TRUSTEE	0 0						
Gen Richard A Cody	5 0	X			0	0	0
TRUSTEE	0 0						
Alan C Guarino	5 0	X			0	0	0
TRUSTEE	0 0						
Peter J Romano	5 0	X	X		0	0	0
VICE CHAIR	0 0						

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E)**

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Catherine Flickinger Secretary and General Counsel	40 0 0 0	Individual trustee Institutional Trustee Officer Key employee Former Highest compensated employee Or director	X	381,922	0 44,201
BARBARA J HOLAHAN CONTROLLER	40 0 0 0		X	209,970	0 24,000
Ibrahim Bodur VP IT and Infrastructure	40 0 0 0		X	261,447	0 44,563
Rahmat Shoureshi Provost & Interim President	40 0 0 0		X	455,222	0 44,166
RONALD MAGGIORE VICE PRESIDENT	40 0 0 0		X	221,712	0 38,748
JERRY BALENTINE VP FOR MED AFFAIRS&GLBL HEALTH	40 0 0 0		X	549,817	0 53,682
John Elizandro VP Development	40 0 0 0		X	315,589	0 29,471
Wolfgang Gilliar Dean Medical School	40 0 0 0		X	371,005	0 56,754
Jess Boronico DEAN MANAGEMENT SCHOOL	40 0 0 0		X	331,370	0 28,285
BARBARA ROSS-LEE VP Health Affairs	40 0 0 0		X	343,400	0 31,948

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Shane Speights ..... Site Dean NYITCOM	40 0 ..... 0 0	<input type="checkbox"/> Individual trustee or director <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input checked="" type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former	X	448,332	0 46,932

**SCHEDULE A**  
(Form 990 or  
990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
New York Institute of Technology**Employer identification number**

11-1788788

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
- b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.
- c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
- d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
- e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

**Total**For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ.

Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2016**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						<b>12</b>

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
16 Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	

19a <b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
<b>b</b> <b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>

20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>
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**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
1		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- The organization satisfied the Activities Test. Complete **line 2** below
  - The organization is the parent of each of its supported organizations. Complete **line 3** below
  - The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2 Activities Test Answer (a) and (b) below.**

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

**3 Parent of Supported Organizations Answer (a) and (b) below.**

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

- Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b>	Distributable amount for 2016 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations (see instructions)</b>		
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2016</b>
		<b>(iii) Distributable Amount for 2016</b>
<b>1</b>	Distributable amount for 2016 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)	
<b>3</b>	Excess distributions carryover, if any, to 2016	
<b>a</b>		
<b>b</b>		
<b>c</b> From 2013. . . . .		
<b>d</b> From 2014. . . . .		
<b>e</b> From 2015. . . . .		
<b>f Total</b> of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2016 distributable amount		
<b>i</b> Carryover from 2011 not applied (see instructions)		
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f		
<b>4</b> Distributions for 2016 from Section D, line 7		
\$		
<b>a</b> Applied to underdistributions of prior years		
<b>b</b> Applied to 2016 distributable amount		
<b>c</b> Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
<b>7</b> <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c		
<b>8</b> Breakdown of line 7		
<b>a</b>		
<b>b</b> Excess from 2013. . . . .		
<b>c</b> Excess from 2014. . . . .		
<b>d</b> Excess from 2015. . . . .		
<b>e</b> Excess from 2016. . . . .		

**Part VI****Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  
 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization New York Institute of Technology	Employer identification number 11-1788788
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- 3 Volunteer hours

► \$ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

► \$ \_\_\_\_\_

 Yes  No

- 4a Was a correction made?

 Yes  No

- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 4 Did the filing organization file **Form 1120-POL** for this year?

► \$ \_\_\_\_\_

 Yes  No

- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ►  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
- a Volunteers?
- b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c Media advertisements?
- d Mailings to members, legislators, or the public?
- e Publications, or published or broadcast statements?
- f Grants to other organizations for lobbying purposes?
- g Direct contact with legislators, their staffs, government officials, or a legislative body?
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i Other activities?
- j Total Add lines 1c through 1i
- 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b If "Yes," enter the amount of any tax incurred under section 4912
- c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

		(a)	(b)
		Yes	No
		Amount	
		No	
		Yes	90,000
			90,000
		No	
		No	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes	No
1	
2	
3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

- 1 Dues, assessments and similar amounts from members
- 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- a Current year
- b Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
Lobbying Expenses	SCHEDULE C, PART II-B, LINE 1G THE INSTITUTE DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITY ITSELF, HOWEVER, THE INSTITUTE HAS ENGAGED A THIRD PARTY CONSULTANT TO ADVOCATE ON VARIOUS EDUCATIONAL ISSUES AND TO COLLABORATE WITH KEY POLICYMAKERS IN THE EXECUTIVE AND THE STATE LEGISLATURE ON ISSUES IMPORTANT TO THE INSTITUTE. This consultant was paid \$90,000 in fiscal year 2017. IN ADDITION, THE INSTITUTE IS A DUES-PAYING MEMBER IN VARIOUS HIGHER EDUCATION MEMBERSHIP ORGANIZATIONS (E.G. - NACUBO). A PORTION OF THESE MEMBERSHIP DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES (but has not been quantified for Schedule C purposes)

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**  
New York Institute of Technology**Employer identification number**  
11-1788788**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input checked="" type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	<b>Held at the End of the Year</b>
a Total number of conservation easements	2a 1
b Total acreage restricted by conservation easements	2b 32.00
c Number of conservation easements on a certified historic structure included in (a)	2c 1
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 1
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ► 1	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	► \$
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	► \$
(i) Revenue included on Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	► \$
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations
- d  Loan or exchange programs  
 e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	103,378,802	100,498,950	100,551,291	104,325,196	100,798,203
b Contributions . . . . .	283,301	380,849	1,681,281	765,114	1,425,424
c Net investment earnings, gains, and losses	7,216,653	2,202,801	-1,678,622	7,454,273	3,226,974
d Grants or scholarships . . . . .	21,000	25,000	55,000	25,292	6,000
e Other expenditures for facilities and programs . . . . .					1,119,405
f Administrative expenses . . . . .	348,816	-321,202			
g End of year balance . . . . .	110,508,940	103,378,802	100,498,950	112,519,291	104,325,196

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 93 600 %

b Permanent endowment ► 3 740 %

c Temporarily restricted endowment ► 2 660 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		4,798,838		4,798,838
b Buildings	30,491,950	214,204,664	123,306,435	121,390,179
c Leasehold improvements				
d Equipment . . . . .		82,656,454	45,921,302	36,735,152
e Other . . . . .		3,406,030		3,406,030
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ►				166,330,199

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	14,058,383	F
(B) LIMITED PARTNERSHIPS	5,509,162	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	► 19,567,545	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	►	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	►

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
POST-RETIREMENT HEALTH BENEFIT	8,639,954
REFUNDABLE GRANTS AND US GOVT	14,703,858
BONDS PAYABLE	43,420,824
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	► 66,764,636

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	267,271,353
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	5,606,811
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-47,885,231
e	Add lines 2a through 2d . . . . .	2e	-42,278,420
3	Subtract line 2e from line 1 . . . . .	3	309,549,773
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	219,704
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	219,704
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	309,769,477

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	262,585,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	262,585,224
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	219,704
b	Other (Describe in Part XIII ) . . . . .	4b	47,885,231
c	Add lines 4a and 4b . . . . .	4c	48,104,935
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	310,690,159

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

## **Part XIII      Supplemental Information (*continued*)**

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1788788

**Name:** New York Institute of Technology

## Supplemental Information

Return Reference	Explanation
CONSERVATION EASEMENT	SCHEDULE D, PART II, LINE 9 NYIT REPORTS CONSERVATION EASEMENTS ON THE BALANCE SHEET AS INVESTMENTS IN REAL ESTATE AT FAIR VALUE. THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE DESCRIBING ITS ACCOUNTING FOR CONSERVATION EASEMENTS

## Supplemental Information

Return Reference	Explanation
USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE INSTITUTE'S ENDOWMENT CONSISTS OF INVESTMENTS IN LAND AND 40 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE INSTITUTE'S ENDOWMENT FUNDS ARE USED PRIMARILY TO SUPPORT SCHOLARSHIPS, BUT MAY BE USED TO FUND CAPITAL EXPENDITURES AND OTHER INSTITUTE PROJECTS

## Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) - INCOME TAX	SCHEDULE D, PART X, LINE 2 THE COLLEGE FOLLOWS ACCOUNTING STANDARDS CODIFICATION 740-10 WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NEVERTHELESS, THE COLLEGE MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS WITHIN ITS CONSOLIDATED FINANCIAL STATEMENTS.

## Supplemental Information

Return Reference	Explanation
RECONCILIATION OF REVENUE EXPENSES SCHEDULE D, PART XI, LINE 2D SCHOLARSHIPS AND FELLOWSHIPS (47,885,231) RECONCILIATION OF EXPENSES SCHEDULE D, PART XII, LINE 4B SCHOLARSHIPS AND FELLOWSHIPS 47,885,231.	

**SCHEDULE E**  
(Form 990 or 990-EZ)**Schools**

OMB No 1545-0047

**2016****Open to Public  
Inspection**

Department of the Treasury

Name of the organization  
New York Institute of Technology

Employer identification number

11-1788788

**Part I**

**1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	YES	NO
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>	Yes	

**2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

**3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II

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**4** Does the organization maintain the following?

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II

<b>4a</b>	Yes
<b>4b</b>	Yes
<b>4c</b>	Yes
<b>4d</b>	Yes

**5** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
  - b** Admissions policies?
  - c** Employment of faculty or administrative staff?
  - d** Scholarships or other financial assistance?
  - e** Educational policies?
  - f** Use of facilities?
  - g** Athletic programs?
  - h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

<b>5a</b>	No
<b>5b</b>	No
<b>5c</b>	No
<b>5d</b>	No
<b>5e</b>	No
<b>5f</b>	No
<b>5g</b>	No
<b>5h</b>	No

**6a** Does the organization receive any financial aid or assistance from a governmental agency?

- b** Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

<b>6a</b>	Yes
<b>6b</b>	No

**7** Does the organization certify that it has complied with the applicable requirements of sections 401 through 405

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

<b>7</b>	Yes
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**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions)

Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	THE NEW YORK INSTITUTE OF TECHNOLOGY PUBLISHES ITS STATEMENT OF NON-DISCRIMINATION ON ITS WEBSITE AT <a href="http://WWW.NYIT.EDU/ABOUT/STATEMENT_ON_NON_DISCRIMINATION">HTTP://WWW.NYIT.EDU/ABOUT/STATEMENT_ON_NON_DISCRIMINATION</a> . IN ADDITION, THE INSTITUTE'S POLICY IS PUBLISHED IN A CATALOG THAT IS MADE AVAILABLE TO ALL STUDENTS ONLINE AND IN ALL PHYSICAL BROCHURES SENT TO STUDENTS. FINALLY, THE INSTITUTE ENSURES THAT THE POLICY IS INCLUDED WITHIN ALL OF ITS ADVERTISING MATERIALS
GOVERNMENT AID	THE NEW YORK INSTITUTE OF TECHNOLOGY RECEIVES GOVERNMENTAL FUNDING FROM THE FOLLOWING TWO NEW YORK STATE PROGRAMS: 1. HIGH NEEDS NURSING PROGRAM; 2. BUNDY AID. THESE PROGRAMS ENABLE THE INSTITUTE TO PROVIDE STUDENT SCHOLARSHIPS AND TO SUPPORT RESEARCH EFFORTS.

SCHEDULE F  
(Form 990)

## Statement of Activities Outside the United States

OMB No 1545-0047

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- Attach to Form 990. ► See separate instructions.
- Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
New York Institute of Technology

Employer identification number

11-1788788

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
<b>3a Sub-total</b>	4	284			29,579,964
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals (add lines 3a and 3b)</b>	4	284			29,579,964

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ►

3 Enter total number of other organizations or entities . . . . . ►

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1)							
( 2)							
( 3)							
( 4)							
( 5)							
( 6)							
( 7)							
( 8)							
( 9)							
( 10)							
( 11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							
( 17)							
( 18)							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

**Part V****Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE F, PART IV	THE NEW YORK INSTITUTE OF TECHNOLOGY INVESTS DIRECTLY IN VARIOUS ALTERNATIVE INVESTMENTS THAT MAY BE ORGANIZED AS EITHER FOREIGN CORPORATIONS OR FOREIGN PARTNERSHIPS, IT, LIKEWISE, INVESTS IN DOMESTIC LIMITED PARTNERSHIPS THAT MAY, IN TURN, INVEST IN FOREIGN CORPORATIONS OR PARTNERSHIPS. NEVERTHELESS, THE INSTITUTES INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR THE FILING OF FORMS 926, 5471, 8621, OR 8865. TO THE EXTENT THAT THE INSTITUTE IS REQUIRED TO COMPLETE ONE (OR MORE) OF THESE FOREIGN FORMS, IT IS FILED WITH THE INSTITUTES FORM 990-T FILING.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1788788

**Name:** New York Institute of Technology

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	1	80	Program Services	EDUCATION	4,527,191
East Asia and the Pacific	2	146	Program Services	EDUCATION	3,455,212
North America	1	58	Program Services	EDUCATION	3,062,777

# Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		18,534,784

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
New York Institute of Technology

Employer identification number

11-1788788

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- |  |  |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input checked="" type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations          |  |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 ALVEARA INC NORTHERN BOULEVARD OLD WESTBURY, NY 11568	FUNDRAISING CONSULTING	Yes	No	0	38,400	-38,400
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>		►		0	38,400	-38,400

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>GOLF OUTING</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>0</b> (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	67,207			67,207
2 Less Contributions . . . . .	5,023			5,023
3 Gross income (line 1 minus line 2) . . . . .	62,184			62,184
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .	34,360			34,360
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	22,975			22,975
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				57,335
11 Net income summary Subtract line 10 from line 3, column (d) . . . . .				4,849

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

Yes  No

a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If "Yes," explain \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |            |   |
|------------|---|
| <b>13a</b> | % |
| <b>13b</b> | % |
- a** The organization's facility
- b** An outside facility

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....  
.....

Address ► .....  
.....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ► .....  
.....

Address ► .....  
.....

- 16** Gaming manager information

Name ► .....  
.....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

Director/officer  Employee  Independent contractor

- 17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Form 990, Schedule G - Professional Fundraiser	The Institute has engaged with Alveara, Inc to provide consulting services in the area of donor development, fund-raising and event-planning. The Institute does not track revenues raised through the fundraiser's efforts and therefore that data point is not included in the Schedule G of the Form 990

**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue ServiceName of the organization  
New York Institute of Technology**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016****Open to Public  
Inspection**Employer identification number  
11-1788788**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

 Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	4602	47,885,231			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
GRANT MONITORING PROCEDURES	SCHEDULE I, PART I, LINE 1 THE GRANTS DEPARTMENT AND THE FINANCIAL AID OFFICE OVERSEE ALL GRANTS, GOVERNMENT LOANS AND SCHOLARSHIP EXPENDITURES. ALL GRANT EXPENSES ARE APPROVED AND REIMBURSED IN ACCORDANCE WITH UNIVERSITY POLICY. AN ANNUAL AUDIT IS CONDUCTED IN ACCORDANCE WITH GOVERNMENTAL REGULATIONS. TO THE EXTENT THE INSTITUTE OFFERS SCHOLARSHIPS TO ITS STUDENTS, THOSE FUNDS MAY ONLY BE USED TO DEFRAY THE COST OF MATRICULATION AND MAY NOT BE SPENT AT THE STUDENT'S DISCRETION.

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)Department of the  
Treasury  
Internal Revenue  
Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
New York Institute of Technology

Employer identification number

11-1788788

**Part I Questions Regarding Compensation**

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4		
4a	No	
4b	No	
4c	No	
5		
5a	No	
5b	No	
6		
6a	No	
6b	No	
7	Yes	
8	No	
9		

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- First-class or charter travel  Housing allowance or residence for personal use  
 Travel for companions  Payments for business use of personal residence  
 Tax indemnification and gross-up payments  Health or social club dues or initiation fees  
 Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- Compensation committee  Written employment contract  
 Independent compensation consultant  Compensation survey or study  
 Form 990 of other organizations  Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a Receive a severance payment or change-of-control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a The organization?  
b Any related organization?  
If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a The organization?  
b Any related organization?  
If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title	<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred benefits	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
	<b>(i)</b> Base compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
TRAVEL AND HOUSING BENEFITS	SCHEDULE J, PART I, LINE 1A NYIT IS A GLOBAL UNIVERSITY WITH CAMPUSES IN NEW YORK (MANHATTAN AND LONG ISLAND), CHINA, CANADA, AND THE MIDDLE EAST, AND, AS SUCH, THE PRESIDENT IS REQUIRED TO ENGAGE IN EXTENSIVE INTERNATIONAL TRAVEL. THE PRESIDENT TRAVELS WITH ABOVE STANDARD ACCOMMODATIONS (E.G., BUSINESS OR FIRST CLASS). THE UNIVERSITY ALSO MAKES A CAR AND DRIVER AVAILABLE TO THE PRESIDENT FOR TRAVEL BETWEEN CAMPUSES. THESE ACCOMMODATIONS ARE USED FOR BUSINESS PURPOSES ONLY AND ARE NOT TREATED AS TAXABLE COMPENSATION. NYIT DOES NOT MAINTAIN PRESIDENTIAL CAMPUS HOUSING. NYIT PROVIDES A HOUSING ALLOWANCE TO THE PRESIDENT TO MAINTAIN A RESIDENCE FOR PERSONAL AND UNIVERSITY FUNCTIONS. OTHER TAXABLE COMPENSATION RECEIVED BY PRESIDENT GUILIANO IN CALENDAR YEAR 2016 INCLUDED A \$290,000 HOUSING ALLOWANCE AND A \$75,000 AFTER-TAX CONTRIBUTION TO AN ANNUITY ACCOUNT. THE PROVOST, LIKEWISE, RECEIVED A HOUSING ALLOWANCE OF \$42,500 IN CALENDAR YEAR 2016.
SCHEDULE J, PART I, LINE 7 AND PART II, COLUMN (B)(II)	THE PRESIDENT'S REPORTABLE COMPENSATION INCLUDES BONUS AND INCENTIVE COMPENSATION EARNED BASED ON MEETING CERTAIN OBJECTIVE PERFORMANCE CRITERIA. THE DECISION TO AWARD THE PRESIDENT WITH A BONUS RESTS WITH THE BOARD OF TRUSTEES AND THAT DECISION IS DOCUMENTED IN BOARD MINUTES. OTHER OFFICERS AND KEY EMPLOYEES REPORTED ON SCHEDULE J, LIKEWISE, RECEIVED A BONUS IN CALENDAR YEAR 2016. AMOUNTS DISCLOSED AS A BONUS INCLUDE A PORTION OF REGULARLY BUDGETED COMPENSATION FOR ALL ADMINISTRATIVE STAFF THAT IS CONSISTENT WITH A CONTRACTUAL PERCENTAGE PAYMENT PROVIDED TO FULL-TIME FACULTY UNDER A COLLECTIVE BARGAINING AGREEMENT. THE ACTUAL AMOUNT DISTRIBUTED TO ADMINISTRATIVE STAFF IS SUBJECT TO SOME ANNUAL DISCRETION AT THE DIRECTION OF THE PRESIDENT AND SENIOR MANAGERS. FINALLY, THE BONUS REPORTED FOR THE GENERAL COUNSEL AND SECRETARY REPRESENTS A FIXED BONUS (DISTINGUISHABLE FROM THE BONUSES REFERENCED ABOVE).

## Additional Data

### Software ID:

### Software Version:

EIN: 11-1788788

Name: New York Institute of Technology

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Dr Edward Giuliano President and CEO (thru 01/17)	(i) 766,712 0	(ii) 1,655,021 0	(iii) 290,000 0	(C) 24,000 0	(D) 21,918 0	(E) 2,757,651 0	(F) 0 0
1Leonard Aubrey Treasurer and CFO	(i) 307,973 0	(ii) 4,695 0	(iii) 7,881 0	(C) 24,000 0	(D) 20,227 0	(E) 364,776 0	(F) 0 0
2Catherine Flickinger Secretary and General Counsel	(i) 318,319 0	(ii) 57,099 0	(iii) 6,504 0	(C) 22,640 0	(D) 21,561 0	(E) 426,123 0	(F) 0 0
3BARBARA J HOLAHAN CONTROLLER	(i) 201,925 0	(ii) 4,545 0	(iii) 3,500 0	(C) 24,000 0	(D) 0 0	(E) 233,970 0	(F) 0 0
4John Elizandro VP Development	(i) 302,226 0	(ii) 6,859 0	(iii) 6,504 0	(C) 9,132 0	(D) 20,339 0	(E) 345,060 0	(F) 0 0
5Wolfgang Gilliar Dean Medical School	(i) 362,721 0	(ii) 8,284 0	(iii) 0 0	(C) 24,000 0	(D) 32,754 0	(E) 427,759 0	(F) 0 0
6Jess Boronico DEAN MANAGEMENT SCHOOL	(i) 297,614 0	(ii) 30,712 0	(iii) 3,044 0	(C) 23,833 0	(D) 4,452 0	(E) 359,655 0	(F) 0 0
7BARBARA ROSS-LEE VP Health Affairs	(i) 335,798 0	(ii) 7,602 0	(iii) 0 0	(C) 20,989 0	(D) 10,959 0	(E) 375,348 0	(F) 0 0
8Ibrahim Bodur VP IT and Infrastructure	(i) 249,276 0	(ii) 5,667 0	(iii) 6,504 0	(C) 24,000 0	(D) 20,563 0	(E) 306,010 0	(F) 0 0
9Rahmat Shoureshi Provost & Interim President	(i) 397,161 0	(ii) 9,057 0	(iii) 49,004 0	(C) 23,720 0	(D) 20,446 0	(E) 499,388 0	(F) 0 0
10RONALD MAGGIORE VICE PRESIDENT	(i) 210,389 0	(ii) 4,819 0	(iii) 6,504 0	(C) 22,548 0	(D) 16,200 0	(E) 260,460 0	(F) 0 0
11JERRY BALENTINE VP FOR MED AFFAIRS&GLBL HEALTH	(i) 531,193 0	(ii) 12,120 0	(iii) 6,504 0	(C) 24,000 0	(D) 29,682 0	(E) 603,499 0	(F) 0 0
12Shane Speights Site Dean NYITCOM	(i) 345,333 0	(ii) 6,750 0	(iii) 96,249 0	(C) 17,250 0	(D) 29,682 0	(E) 495,264 0	(F) 0 0

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

New York Institute of Technology

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2016****Open to Public  
Inspection****Employer identification number**

11-1788788

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Bylaw Amendment	Form 990, Part VI, Line 4 The Institute amended its bylaws in September of 2016 to effectuate the following changes 1 To enumerate its mission within the bylaws 2 To change the President from a voting to a non-voting member of the Board (as noted in Part VII of the Form 990) 3 To change the term limits for the Board of Trustees 4 To change the procedures by which a Board of Trustees member may be removed 5 To delineate the powers (and limits) of the President FORM 990, PART VI, LINE 11A THE INSTITUTE'S FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH BOTH THE INSTITUTE'S FINANCIAL DEPARTMENT AND ITS MANAGEMENT TEAM THE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, PRESIDENT AND GENERAL COUNSEL PRIOR TO SUBMISSION TO THE FULL BOARD OF TRUSTEES THE BOARD OF TRUSTEES IS PROVIDED AMPLE TIME TO REVIEW AND COMMENT ON THE 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST REVIEW	FORM 990, PART VI, LINE 12C OFFICERS, VICE PRESIDENTS AND CERTAIN OTHER EMPLOYEES, PARTICULARLY EMPLOYEES INVOLVED WITH THE PROCUREMENT OF GOODS AND SERVICES, ARE REQUIRED TO SUBMIT ANNUAL DISCLOSURE FORMS TO THE GENERAL COUNSEL, AND TO SUBMIT UPDATED FORMS IN THE EVENT THAT THERE IS ANY CHANGE IN THE TIME PERIOD BETWEEN THE SUBMISSION OF THE ANNUAL FORMS. WITH RESPECT TO ANY DISCLOSED CONFLICTS, THE GENERAL COUNSEL WILL CONSULT, (AS APPROPRIATE), WITH NYIT MANAGEMENT SUCH AS THE PRESIDENT, CHIEF FINANCIAL OFFICER, INTERNAL AUDIT DIRECTOR, AND, IF NECESSARY OR ADVISABLE, THE CHAIR OF THE BOARD OF TRUSTEES AUDIT COMMITTEE. THE GENERAL COUNSEL WILL RECOMMEND TO THE PRESIDENT AND, IF INDICATED, THE CHAIR OF THE AUDIT COMMITTEE, SUCH STEPS AS MAY BE APPROPRIATE TO MANAGE THE CONFLICT OF INTEREST. ANY CONFLICTS OF INTEREST RELATING TO OFFICERS OR KEY EMPLOYEES, WHETHER REPORTED ON THE ANNUAL FORMS OR OTHERWISE, WILL BE REPORTED BY THE GENERAL COUNSEL TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15 NYIT'S BOARD (ALL INDEPENDENT TRUSTEES OTHER THAN THE NYIT PRESIDENT), REVIEWS THE COMPENSATION OF NYIT'S PRESIDENT AT CONTRACT RENEWAL INTERVALS. THE LAST SUCH REVIEW WAS IN 2017, IN CONNECTION WITH THE HIRING OF NYIT'S NEW PRESIDENT. THE BOARD IS ADVISED BY INDEPENDENT COMPENSATION CONSULTANTS AND REVIEWS COMPENSATION DATA FROM SIMILAR ORGANIZATIONS TO ENSURE THAT NYIT DOES NOT COMPENSATE IN EXCESS OF MARKET NORMS. COMPENSATION OF OTHER KEY EMPLOYEES AND OFFICERS OF THE CORPORATION ARE DETERMINED UPON HIRE BY MARKET REVIEWS CONDUCTED BY THE PRESIDENT AND OTHER SENIOR MANAGERS, WHO MAY CONSULT FURTHER WITH HUMAN RESOURCES AND EXTERNAL CONSULTANTS. ANNUAL INCREASES FOR KEY EMPLOYEES AND OFFICERS ARE BASED ON BUDGET PARAMETERS AND REVIEW BY THE PRESIDENT OR HUMAN RESOURCES. CONTEMPORANEOUS SUBSTANTIATION FOR COMPENSATION LEVELS OF THE PRESIDENT, KEY EMPLOYEES OR OFFICERS WILL BE MAINTAINED BY THE OFFICE OF THE PRESIDENT OR HUMAN RESOURCES.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
DOCUMENT AVAILABILITY	FORM 990, PART VI, SECTION C, LINE 19 THE INSTITUTE'S FORM 990 IS AVAILABLE ON THE INTERNET AT WWW.GUIDESTAR.ORG IN ADDITION, THE INSTITUTE MAKES A COPY OF ITS FORM 990 AVAILABLE AT ITS PLACE OF BUSINESS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S (THE GENERAL COUNSEL) DISCRETION FORM 990, PART VII Former President, Dr. Edward Giuliano served as the Institute's President through January 20, 2017 RAHMAT SHOURESHI SERVED AS THE INTERIM PRESIDENT FOR THE PERIOD JANUARY 21, 2017 THROUGH MAY 31, 2017 THE INSTITUTE'S CURRENT PRESIDENT, HENRY FOLEY, PH.D. BEGAN HIS SERVICE ON JUNE 1, 2017

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 CANCELLATION OF CAPITAL PROJECTS \$(7,281,514) CHANGE IN POSTRETI- MENT PROGRAM \$(893,913) ----- TOTAL OTHER CHANGES \$(8,175,427)

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
New York Institute of Technology**Employer identification number**

11-1788788

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NYIT GLOBAL LLC NORTHERN BLVD GERRY HOUSE 200 OLD WESTBURY, NY 11568 47-2303439	INACTIVE	NY	0	0	NYIT

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	<b>Yes</b>	<b>No</b>
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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**Part VII      Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

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