Form 990-T	E	Exempt Orga	nization Bus	ine	ss Income T	ax Returr	ı L	OMB No 1545-0047					
) <i>(</i>	2040										
	For ca	2019											
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe		Open to Public Inspection for 501(c)(3) Organizations Only									
A Check box if address changed		Name of organization (Emp	Employer identification number (Employees' trust, see instructions)									
B Exempt under section	Print	NEW YORK INSTITUT		13-1740010									
X 501(c)(3 0B	or	Number, street, and room		E Unrelated business activity code (See instructions)									
408(e) 220(e)	Туре	999 PELHAM PARKWA	1										
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code BRONX, NY 10469 9000											
C Book value of all assets at end of year		F Group exemption number (See instructions.) 200. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust 0t											
	177,923,200. G Check organization type 🕨 🕱 501(c) corporation 501(c) trust 401(a) trust												
	Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated												
	trade or business here INVESTMENT IN LIMITED PARTNERSHIP												
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or													
business, then complete		-v. oration a subsidiary in an a	offiliated group or a parer	at-cube	idiany controlled group?		☐ Ye	es X No					
-		ifying number of the paren		11-5005	idially controlled group?		· ·	25 <u></u> NO					
J The books are in care of					Teleph	one number > 7	18-51	9-7000					
		le or Business Inc			(A) Income	(B) Expense		(C) Net					
1a Gross receipts or sale	es												
b Less returns and allo	wances		c Balance	10									
2 Cost of goods sold (S	Schedule	A, line 7)		2									
3 Gross profit. Subtract	t line 2 fi	om line 1c		3									
4a Capital gain net incor	ne (attac	h Schedule D)		4a									
• , , ,	-	art II, line 17) (attach Form	1 4797)	4b									
c Capital loss deduction				46	-342.								
• •		thip or an S corporation (at	tach statement)	5	-342.								
6 Rent income (Schedu	•	na (Schadula E)		7	RECIEVED								
7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule E) 8													
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 9 MAY 18 2021													
10 Exploited exempt acti			[a	10	10-2021	က်							
11 Advertising income (S	Schedule	(J)		_H_		医							
12 Other income (See in	struction	s; attach schedule)		12	GDEN, UT	<u> </u>							
13 Total. Combine lines				13	-342.			-342.					
		ot Taken Elsewher be directly connected wi											
<u>.</u>	icers, di	rectors, and trustees (Sche	dule K)				14						
15 Salaries and wages							15						
16 Repairs and mainter	ance						16	_					
17 Bad debts18 Interest (attach sche	idula) (c.	ae instructions\					17						
18 Interest (attach sche19 Taxes and licenses	ouis) (20	o manucuona)					19						
20 Depreciation (attach	Form 45	(62)			20		"						
		Schedule A and elsewhere	e on return		- 21a		21b						
22 Depletion													
•													
24 Employee benefit pr							24						
	· · · · · · · · · · · · · · · · · · ·												
<i>,</i>													
28 Total deductions. A				4 l.a - ^	9 from line 10		28	0. -342.					
29 Unrelated business t	29	-342.											
/	30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)												
	1 Unrelated business taxable income. Subtract line 30 from line 29 3701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.												

) NEW YORK INSTITUTE FOR SPECI				13-1740010	Page 2		
Par	art III Total Unrelated Business Taxable Income								
32	Total c	f unrelated business taxable income computed	from all unrelated trades or businesses (s	see instructions)	1	32	-342.		
33	Amour	nts paid for disallowed fringes				33			
34 :	⊷ ù§harita	34	0.						
35	Total u	nrelated business taxable income before pre-2	018 NOLs and specific deduction Subtrac	t line 34 from the sum	of lines 32 and 33	35	-342.		
36	Deduc	36							
37		37	-342.						
		f unrelated business taxable income before sp c deduction (Generally \$1,000, but see line 38		33	8	38	1,000.		
38	•	• • • • •		. 07	0	301	1,000.		
39		ted business taxable income. Subtract line 3	is from line 37. If line 38 is greater than lin	e 37,	H		242		
Dan		he smaller of zero or line 37				39	-342.		
Par		Tax Computation	<u> </u>						
40	-	zations Taxable as Corporations. Multiply lin	* '		>	40	0.		
41	Trusts	Taxable at Trust Rates. See instructions for t	ax computation. Income tax on the amoun	t on line 39 from;		<u> </u>			
	T	ax rate schedule or Schedule D (Forn	n 1041)		>	41			
42	Proxy '	42							
43	Alterna	43							
44	Tax on	44							
45		45	0.						
Part		Add lines 42, 43, and 44 to line 40 or 41, whic Tax and Payments							
462		n tax credit (corporations attach Form 1118; tr	usts attach Form 1116)	46a					
b	-	credits (see instructions)	acto attack to the 11.0)	46b					
_		I business credit. Attach Form 3800		46c		1			
C			a. 9907)	— 		1			
đ		for prior year minimum tax (attach Form 8801 redits. Add lines 46a through 46d	01 8627)	46d		- 			
е		46e							
47	Subtra	47	0.						
48	Other t	48							
49		ax. Add lines 47 and 48 (see instructions)				49	0.		
50	2019 n	et 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3 🐔	λ .		50	0.		
51 a	Payme	nts: A 2018 overpayment credited to 2019	(k), iiii 6	(5ta	3,500.				
b	2019 e	stimated tax payments		51b]			
С	Tax de								
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	51d					
е	Backup								
	Credit								
			orm 2439						
•		, , , , , , , , , , , , , , , , , , , ,	ther Total	▶ 51g					
52		ayments. Add lines 51a through 51g		<u> </u>		52	3,500.		
53	•	ted tax penalty (see instructions). Check if For	m 2220 is attached			53			
	Tax du	54							
54		55	3,500.						
⁵⁵ ا	Overpa	56							
Part		ne amount of line 55 you want: Credited to 20 Statements Regarding Certain			efunded >	56 [0.		
									
57	-	time during the 2019 calendar year, did the or	•	-	1	<u> Y</u>	es No		
		financial account (bank, securities, or other) in		•					
	FinCEN	Form 114, Report of Foreign Bank and Finance	al Accounts. If "Yes," enter the name of th	e foreign country					
	here				X				
58	During	the tax year, did the organization receive a dis	tribution from, or was it the grantor of, or	transferor to, a fore	eign trust?	<u></u>	X		
	If "Yes,	' see instructions for other forms the organiza	tion may have to file.						
59	Enter th	ne amount of tax-exempt interest received or a	ccrued during the tax year 🕨 💲				<u> </u>		
	U	nder penalties of perjury, I declare that I have examined orrect, and complete Declaration of preparer (other that	this return, including accompanying schedules and	d statements, and to th	e best of my knowled	lge and belief, it is true,			
Sign		A LI	reachaya yas based on an information of which pro	para nasany knowled		ay the IRS discuss this ret	rp with		
Here	·	secnadette 1. Kappe	ay the ins discuss this ret a preparer shown below (s						
		Signature of officer	Date Title	TIVE DIE	ins	structions)? X Yes	No		
		Print/Type preparer's name	Preparer's signature	Date	Check If				
		. This Type property 5 mains			self- employed	1			
Paid		JAMES J. REILLY	James Reilly	5/13/2021	Son- employed	P00183769			
•	oarer			J J. Z. Z	Eurmin EINI	13-362825	5		
Use	Use Only Firm's name ► CONDON O'MEARA MCGINTY & DONNELLY LLP Firm's EIN ONE BATTERY PARK PLAZA				Firm's EIN	25 502025.			
						12_661 7777			
		12-661-7777	T (
923711	01-27-20					Form 990	- • (2019)		