

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2004

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2004 calendar year, or tax year beginning 5/01/04, and ending 4/30/05

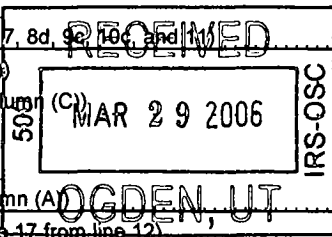
Form header section including: A Check if applicable, B Please use IRS label or print or type, C Name of organization (FLORIDA INSTITUTE OF TECHNOLOGY INC), D Employer identification no. (59-6046500), E Telephone number (321-674-7342), F Accounting method (Accrual), G Website (WWW.FIT.EDU), J Organization type (501(c)(3)), K Check here if gross receipts normally not more than \$25,000, L Gross receipts (104,792,242)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Form section H through M: H(a) Is this a group return for affiliates? (No), H(b) If "Yes," enter number of affiliates, H(c) Are all affiliates included? (No), H(d) Is this a separate return filed by an organization covered by a group ruling? (No), I Group Exemption Number, M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF) (Yes)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes rows for Contributions (7,439,250), Program service revenue (82,777,583), Dividends (860,094), Other investment income (1,002,877), Total revenue (103,945,407), and Total expenses (105,171,250).



Handwritten note: NONE

**Part II Statement of**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

**Functional Expenses**

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <b>STMT 4</b> (cash \$ <b>26393749</b> non-cash \$ )	22 26,393,749	26,393,749		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25 2,075,920	989,433	1,018,042	68,445
26	Other salaries and wages	26 35,387,503	29,152,791	5,329,181	905,531
27	Pension plan contributions	27 1,154,588	883,767	242,621	28,200
28	Other employee benefits	28 4,530,557	2,446,342	1,964,835	119,380
29	Payroll taxes	29 2,376,505	1,786,556	527,361	62,588
30	Professional fundraising fees	30 121,929	67,639	15,113	39,177
31	Accounting fees	31 13,463		13,463	
32	Legal fees	32 18,944		18,944	
33	Supplies	33 3,319,814	1,913,965	1,351,168	54,681
34	Telephone	34 260,129	85,596	169,120	5,413
35	Postage and shipping	35 355,423	265,208	39,394	50,821
36	Occupancy	36 3,803,542	2,784	3,799,533	1,225
37	Equipment rental and maintenance	37 1,619,722	1,188,675	404,937	26,110
38	Printing and publications	38 480,292	390,005	23,427	66,860
39	Travel	39 1,204,470	1,073,237	102,710	28,523
40	Conferences, conventions, and meetings	40 663,472	391,469	173,658	98,345
41	Interest	41 1,595,665		1,595,665	
42	Depreciation, depletion, etc. (attach schedule)	42 4,478,857	207,590	4,258,054	13,213
43	Other expenses not covered above (itemize) a	43a			
	b <b>SEE STATEMENT 5</b>	43b 15,316,706	6,958,509	8,139,915	218,282
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44 105171250	74,197,315	29,187,141	1,786,794

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

**▶ TO PROVIDE EDUCATION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	<b>THE UNIVERSITY PROVIDES EDUCATIONAL SERVICES TO BACHELORS, MASTERS AND DOCTORAL STUDENTS.</b>	(Grants and allocations \$ 26,393,749 )	74,197,315
b		(Grants and allocations \$ )	
c		(Grants and allocations \$ )	
d		(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		<b>74,197,315</b>

**Part IV Balance Sheets** (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
		Beginning of year		End of year	
45	Cash-non-interest-bearing	108,384		45	
46	Savings and temporary cash investments			46	
47a	Accounts receivable	47a	2,883,607		
b	Less: allowance for doubtful accounts	47b	461,279	47c	2,422,328
48a	Pledges receivable	48a	1,192,442		
b	Less allowance for doubtful accounts	48b		48c	1,192,442
49	Grants receivable			49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
51a	Other notes and loans receivable (attach schedule) <b>SEE WORKSHEET</b>	51a	7,725,430		
b	Less: allowance for doubtful accounts	51b	237,453	51c	7,487,977
52	Inventories for sale or use	124,122		52	130,128
53	Prepaid expenses and deferred charges	3,555,767		53	2,844,781
54	Investments-securities <b>SEE STATEMENT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	36,073,104		54	36,810,213
55a	Investments-land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation (attach schedule)	55b		55c	
56	Investments-other (attach schedule)			56	
57a	Land, buildings, and equipment basis	57a	129,190,041		
b	Less accumulated depreciation (attach schedule) <b>SEE STATEMENT 7</b>	57b	44,341,550	57c	84,848,491
58	Other assets (describe <b>SEE STATEMENT 8</b> )	3,604,304		58	2,175,546
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	141,487,936		59	137,911,906
60	Accounts payable and accrued expenses	6,585,851		60	5,828,746
61	Grants payable			61	
62	Deferred revenue <b>SEE STATEMENT 9</b>	3,166,428		62	4,001,853
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule) <b>SEE WORKSHEET</b>	32,691,775		64a	32,159,700
b	Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>	10,829,915		64b	9,220,241
65	Other liabilities (describe <b>SEE STATEMENT 10</b> )	5,835,706		65	5,691,744
66	<b>Total liabilities</b> (add lines 60 through 65)	59,109,675		66	56,902,284
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
67	Unrestricted	41,211,202		67	39,559,377
68	Temporarily restricted	10,342,822		68	10,331,971
69	Permanently restricted	30,824,237		69	31,118,274
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds			72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	82,378,261		73	81,009,622
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	141,487,936		74	137,911,906

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments



Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>FIT AVIATION, LLC</b> and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <b>SEE STMT 14</b>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs Enter. a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter. a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> , section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <b>NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	1,727
91	The books are in care of <b>FLORIDA INSTITUTE OF TECH</b> Located at <b>MELBOURNE, FL</b>	Telephone no	321-674-7342
		ZIP + 4	32901-6975
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a <b>TUITION AND FEES</b>					<b>72,596,361</b>
b <b>AUXILIARY ENTERPRISES</b>					<b>8,752,612</b>
c <b>FIT AVIATION, LLC</b>	<b>611710</b>	<b>1,428,610</b>			
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			<b>14</b>	<b>860,094</b>	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			<b>16</b>	<b>259,537</b>	
98 Net rental income or (loss) from personal property					
99 Other investment income			<b>15</b>	<b>1,002,877</b>	
100 Gain or (loss) from sales of assets other than inventory					<b>168,338</b>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b <b>VENDING MACHINES</b>			<b>3</b>	<b>99,022</b>	
c <b>OTHER</b>					<b>2,505,691</b>
d <b>INSURANCE RECOVERY</b>			<b>1</b>	<b>1,075,383</b>	
e					
104 Subtotal (add columns (B), (D), and (E))		<b>1,428,610</b>		<b>3,296,913</b>	<b>84,023,002</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>88,748,525</b>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	<b>SEE STATEMENT 15</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>SEE STATEMENT 16</b>	%			
	%			
	%			
	%			

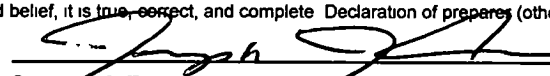
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).


**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: 

Type or print name and title: **JOSEPH J. ARMUL**

**Paid Preparer's Use Only**

Preparer's signature: 

Firm's name (or yours if self-employed), address, and ZIP + 4: **BERMAN, HOPKINS, WEISS & ASSOCIATES, P.A.  
307 EAST NEW HAVEN  
MELBOURNE, FL 32901**

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**Supplementary Information-(See separate instructions.)****2004**Department of the Treasury  
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**FLORIDA INSTITUTE OF TECHNOLOGY INC****59-6046500****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl ben plans & deferred comp	(e) Expense account and other allowances
<b>JOSHUA ROKACH</b> 2085 HIGHWAY A1A INDIAN HARBOR BEACH FL 32937	<b>PROFESSOR</b> 40+	<b>184,152</b>	<b>19,292</b>	<b>0</b>
<b>CEM KANER</b> 1600 SEABURY PT RD NW PALM BAY FL 32907	<b>PROFESSOR</b> 40+	<b>152,719</b>	<b>16,438</b>	<b>0</b>
<b>GERALD MARIN</b> 1391 HAMPSTEAD TERR OVIEDO FL 32765	<b>PROFESSOR</b> 40+	<b>142,500</b>	<b>17,112</b>	<b>0</b>
<b>TERRY OSWALT</b> 675 WATERWOOD WAY MELBOURNE FL 32935	<b>VICE PROVOST FOR RES</b> 40+	<b>130,000</b>	<b>9,322</b>	<b>0</b>
<b>FREDERIC HAM</b> 490 ORIOLE LANE INDIALANTIC FL 32903	<b>PROFESSOR</b> 40+	<b>130,531</b>	<b>8,369</b>	<b>0</b>
Total number of other employees paid over \$50,000 ▶	<b>198</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>SCT CORPORATION</b>		
<b>MALVERN PA</b>	<b>CONSULTING</b>	<b>2,142,637</b>
<b>DELOITTE &amp; TOUCHE LLP</b>		
<b>ORLANDO FL</b>	<b>CONSULTING</b>	<b>256,415</b>
<b>AUTHUR J. GALLAGHER &amp; CO.</b>		
<b>ORLANDO FL</b>	<b>CONSULTING</b>	<b>189,361</b>
<b>DEAN, MEAD</b>		
	<b>LEGAL</b>	<b>117,134</b>
<b>ADVOCACY GROUP</b>		
	<b>CONSULTING</b>	<b>80,236</b>
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		<b>X</b>
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**SEE STATEMENT 17**

**SEE STATEMENT 18**

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
 22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**

26a	
26b	
26c	
26d	
26e	
26f	%

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2003)	(2002)	(2001)	(2000)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2003)	(2002)	(2001)	(2000)
--------	--------	--------	--------

c Add: Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_  
 17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**

27c	
27d	
27e	
27f	
27g	%
27h	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?	<b>X</b>	
<b>30</b> 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?	<b>X</b>	
<b>31</b> 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, attach a separate statement )	<b>X</b>	
<b>ALL ADVERTISEMENTS FOR FLORIDA INSTITUTE OF TECHNOLOGY INCLUDE THE NECESSARY INFORMATION REGARDING THE UNIVERSITY'S NON-DISCRIMINATION POLICY.</b>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>X</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>X</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>X</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>X</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		<b>X</b>
<b>b</b> Admissions policies?		<b>X</b>
<b>c</b> Employment of faculty or administrative staff?		<b>X</b>
<b>d</b> Scholarships or other financial assistance?		<b>X</b>
<b>e</b> Educational policies?		<b>X</b>
<b>f</b> Use of facilities?		<b>X</b>
<b>g</b> Athletic programs?		<b>X</b>
<b>h</b> Other extracurricular activities?		<b>X</b>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>X</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		<b>X</b>
<b>SEE STATEMENT 19</b>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>X</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group      Check **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 instructions for lines 45 through 50 on page 11 of the instructions

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence 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 c through h.)
- 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 other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Forms <b>990 / 990-PF</b>	<b>Other Notes and Loans Receivable</b>	<b>2004</b>
For calendar year 2004, or tax year beginning <b>5/01/04</b> , and ending		<b>4/30/05</b>

Name <b>FLORIDA INSTITUTE OF TECHNOLOGY INC</b>	Employer Identification Number <b>59-6046500</b>
--	---

**FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION**

Name of borrower	Relationship to disqualified person
(1) <b>FINANCIAL AID/PERKINS LOANS</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	<b>8,017,592</b>	<b>7,487,977</b>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>8,017,592</b>	<b>7,487,977</b>	

**FLORIDA INSTITUTE OF TECHNOLOGY, INC.**  
**EIN: 59-6046500**

Worksheet

OTHER NOTES PAYABLE  
FYE APRIL 30, 2005

FORM 990 - PART IV - LINE 64b

	<u>Amount</u>
Bank note payable, interest at 4.8327%, payable on demand	8,162,867
Financing arrangements payable, variable interest rates, due through 2008	649,910
Financing arrangements payable, variable interest rates, due through 2013	<u>407,464</u>
<b>Totals:</b>	<u><u>9,220,241</u></u>

The University has pledged substantially all of its long lived assets and unrestricted revenues as collateral for the above mortgage and other notes payable

**FLORIDA INSTITUTE OF TECHNOLOGY, INC.**  
**EIN: 59-6046500**

Worksheet

TAX-EXEMPT BOND LIABILITIES  
FYE APRIL 30, 2005

FORM 990 - PART IV - LINE 64a

	<u>Amount</u>
Science Building Bonds of 1969, 3% to 6% due through 2009	98,000
Educational Complex Bonds, 3% to 6% due through 2006	8,000
Pinellas County Pooled Loan Bonds, Series 1985, 7% due through 2005 (Loan IV)	75,565
Revenue Bonds of 2002, 3.55% to 6.04% due through 2032	29,290,000
Interest Rate Swap liability	2,855,568
Discount on Bonds	<u>(167,433)</u>
<b>Total:</b>	<u><u>32,159,700</u></u>

The University has pledged substantially all of its long lived assets and unrestricted revenues as collateral for the above bonds

59-6046500

# Federal Statements

FYE: 4/30/2005

## Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
ROYALTY	\$ 1,002,877
TOTAL	\$ <u>1,002,877</u>



**Federal Statements****Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
VARIOUS EQUIPMENT ITEMS								
PURCHASE					\$	\$ 495,434	\$ 444,103	\$ -51,331
CHIEFTAIN NT21TP								
PURCHASE					198,001	290,020	253,160	161,141
DECATHLON REFURBISH 5303Z								
PURCHASE					64,500	82,670	82,670	64,500
N11FT								
PURCHASE					750,000	828,392	73,211	-5,181
COMPUTER DISPLAY								
PURCHASE					2,672	3,888	425	-791
TOTAL					<u>\$1,015,173</u>	<u>\$1,700,404</u>	<u>\$ 853,569</u>	<u>\$ 168,338</u>

**FLORIDA INSTITUTE OF TECHNOLOGY, INC.**  
**EIN: 59-6046500**

Attachment 3

OTHER CHANGES IN FUND BALANCE  
FYE APRIL 30, 2005

FORM 990 - PART 1 - LINE 20

Prior Period Adjustment	(932,722)
Decrease in fair value of interest rate swap.	(544,992)
Net realized and unrealized gain on investments	<u>1,334,918</u>
Net decrease in fund balance	<u><u>(142,796)</u></u>

**FLORIDA INSTITUTE OF TECHNOLOGY, INC.**  
**EIN: 59-6046500**

Attachment 4

GRANTS AND ALLOCATIONS  
FYE APRIL 30, 2005

FORM 990 - PART II - LINE 22

<u>Type of Scholarship Funding</u>	<u>Amount</u>
Tuition Remission	1,068,051
General Scholarships	1,037,681
Athletics Scholarships	1,735,825
ROTC Scholarships	271,563
Presidential Scholarships	9,255,024
Merit Scholarships	580,148
Government Scholarships	1,907,280
State Scholarships	2,932,369
Endowed Scholarships	773,568
Graduate Scholarships	61,299
Research Scholarships	879,702
Teaching Scholarships	1,271,349
Florida Tech Grant	4,591,258
Perkins Loans	28,633
	<hr/>
TOTAL CASH GRANTS.	<u><u>26,393,749</u></u>

59-6046500

**Federal Statements**

FYE: 4/30/2005

**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
OUTSIDE SERVICES	4,600,078	3,158,580	1,365,266	76,232
INSURANCE	271,844	9,942	261,902	
OTHER TAXES	145,138	55	145,083	
FOOD SERVICE SUPPLIES	1,458,833	1,217	1,457,616	
LIBRARY EXPENSES	636,270	636,270		
BAD DEBT	1,489,802	898,704	532,619	58,479
AMORTIZATION	373,327		373,327	
LICENSES AND PERMITS	402,559	264,575	137,548	436
RECRUITING	9,326	9,200	126	
GRADUATION	39,266	39,266		
MAINTENANCE	1,252,273	144,435	1,071,293	36,545
BANK FEES	407,118	24,477	382,641	
MEMBERSHIP FEES	314,254	165,857	131,334	17,063
OTHER EXPENSES	3,916,618	1,605,931	2,281,160	29,527
TOTAL	<u>\$15,316,706</u>	<u>\$ 6,958,509</u>	<u>\$ 8,139,915</u>	<u>\$ 218,282</u>

**Federal Statements****Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US AND STATE GOVERNMENT SHORT TERM INVESTMENTS	1,699,671	1,413,522	MARKET
CORPORATE STOCK COMMON STOCKS	26,049,060	26,405,411	MARKET
EQUITY MUTUAL FUNDS	229,553	235,252	MARKET
CORPORATE BONDS DEBT MUTUAL FUNDS	8,094,820	8,756,028	MARKET
	<u>36,073,104</u>	<u>36,810,213</u>	

**Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
BUILDINGS AND EQUIPMENT	\$ 123882983	\$43,428,014	\$ 129190041	\$44,341,550
TOTAL	<u>\$ 123882983</u>	<u>\$43,428,014</u>	<u>\$ 129190041</u>	<u>\$44,341,550</u>

**Statement 8 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CASH WITH FIDUCIARY	\$ 3,604,304	\$ 2,175,546
TOTAL	<u>\$ 3,604,304</u>	<u>\$ 2,175,546</u>

**Statement 9 - Form 990, Part IV, Line 62 - Deferred Revenue**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS AND DEFERRED REVENUE	\$ 3,166,428	\$ 4,001,853
TOTAL	<u>\$ 3,166,428</u>	<u>\$ 4,001,853</u>

**Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
REFUNDABLE GOVERNMENT LOANS	\$ 5,060,712	\$ 4,957,956
ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE	774,994	733,788
TOTAL	<u>\$ 5,835,706</u>	<u>\$ 5,691,744</u>

**Federal Statements****Statement 11 - Form 990, Part IV-A - Other Revenue Included on Return**

<u>Description</u>	<u>Amount</u>
STUDENT AID	\$23,589,820
INSURANCE RECOVERY	<u>1,075,383</u>
TOTAL	<u>\$24,665,203</u>

**Statement 12 - Form 990, Part IV-B - Other Expenses Included on Return**

<u>Description</u>	<u>Amount</u>
STUDENT AID	\$23,589,820
TOTAL	<u>\$23,589,820</u>

**Federal Statements****Statement 13 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees**

Name	Address	Average Hours	Compensation	Benefits	Expenses	
	City, State, Zip	Title				
JOSEPH ARMUL	MELBOURNE FL 32940	4368 CHASTAIN DRIVE VP FIANCIAL	40+	163,200	18,664	0
RONALD BAILEY	MELBOURNE FL 32940	6760 STILL POINT DRIVE DEAN, COLLEG	40+	62,742	3,508	0
ANTHONY J. CANTANESE	MELBOURNE BEACH FL 32951	4668 HIGHWAY A1A PRESIDENT	40+	412,500	33,555	0
MARSHA DUNCAN	MELBOURNE FL 32904	675 SHERIDAN WOODS DR. VP STUDENT	40+	125,860	11,268	0
THOMAS FOX	MELBOURNE FL 32940	295 CHATSWORTH DRIVE SR VP ADVANC	40+	175,438	15,965	0
A.T. HOLLINGSWORTH	COCOA FL 32922	93 DELANNOY AVENUE APT. 801 DEAN, SCHOOL	40+	133,727	8,649	0
MARY BETH KENKEL	MERRITT ISLAND FL 32952	1200 OLD PARSONAGE DRIVE DEAN, SCHOOL	40+	106,878	13,476	0
MICHAEL K. KARIM	MELBOURNE BEACH FL 32951	604 SHANNON AVENUE DEAN, SCHOOL	40+	104,137	11,473	0
T. DWAYNE MCCAY	MELBOURNE BEACH FL 32951	228 LOGGERHEAD DRIVE PROVOST	40+	205,000	17,026	0
RONALD MARSHALL	MELBOURNE BEACH FL 32951	604 SHANNON AVENUE DEAN, SCHOOL	40+	87,906	12,838	0
GORDON NELSON	MELBOURNE FL 32902	P.O. BOX 2366 DEAN, COLLEG	40+	122,902	9,602	0
ROBERT SULLIVAN	ROCKLEDGE FL 32955	6225 CAPSTAN COURT VP RESEARCH	40+	172,126	17,115	0

**Federal Statements**

**Statement 14 - Form 990, Part VI, Line 82b - Donated Services**

Description	Amount
UNDETERMINABLE	\$ _____
TOTAL	\$ <u>0</u>



**Federal Statements**

**Statement 15 - Form 990, Part VIII - Relationship of Activities**

Line No.

Description

93A	THE REVENUES ENABLE THE UNIVERSITY TO ACCOMPLISH ITS
93B	MISSION WHICH IS TO PROVIDE EDUCATION TO STUDENTS IN OUR
103E	COMMUNITY AND STATE. THE REVENUES RESULT FROM PROVIDING
	SERVICES TO OUR STUDENTS AND PERFORMING RESEARCH FOR
	PUBLIC AND PRIVATE ENTITIES.

### Federal Statements

#### Statement 16 - Form 990, Part IX - Information Regarding Taxable Subsidiaries

<u>Bus Name</u>		<u>Addr</u>		
<u>EIN</u>	<u>Ownership %</u>	<u>Nature of Activity</u>	<u>Income</u>	<u>EOY Assets</u>
FIT AVIATION, LLC 59-3746142	100.0000	FLIGHT TRAINING 640 HARRY SUTTON ROAD	\$ 3,455	\$ 4,561,086
TOTAL			\$ 3,455	\$ 4,561,086

**Federal Statements****Statement 17 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**

DURING THE YEAR THE UNIVERSITY EITHER DIRECTLY OR INDIRECTLY PAID COMPENSATION OR REIMBURSEMENT OF EXPENSES IN EXCESS OF \$1,000 TO SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, OFFICERS, CREATORS, KEY EMPLOYEES, OR MEMBERS OF THEIR FAMILIES. SEE PART V, FORM 990

**Statement 18 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan Qualifications**

SCHOLARSHIPS, FELLOWSHIPS AND STUDENT LOANS ARE AWARDED BY THE FINANCIAL AID OFFICE BASED UPON THE QUALIFICATIONS OF THE PARTICULAR AWARDING AND LENDING AGENCY.

**Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy**

ALL ADVERTISEMENTS FOR FLORIDA INSTITUTE OF TECHNOLOGY INCLUDE THE NECESSARY INFORMATION REGARDING THE UNIVERSITY'S NON-DISCRIMINATION POLICY.

**Statement 19 - Schedule A, Part V, Line 34 - Governmental Financial Aid**

THE UNIVERSITY PARTICIPATES IN NUMEROUS FEDERAL AND STATE PROGRAMS AS LISTED BELOW:

FEDERAL PROGRAMS:

US DEPARTMENT OF EDUCATION  
US DEPARTMENT OF COMMERCE  
US DEPARTMENT OF DEFENSE  
US DEPARTMENT OF ENERGY  
US DEPARTMENT OF HEALTH AND HUMAN SERVICES  
US DEPARTMENT OF THE INTERIOR  
NASA  
ENVIRONMENTAL PROTECTION AGENCY  
NATIONAL INSTITUTE OF HEALTH  
NATIONAL SCIENCE FOUNDATION  
FEDERAL AID HIGHWAY PROGRAM  
NATIONAL WEATHER SERVICE

STATE PROGRAMS:

FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS  
FLORIDA DEPARTMENT OF EMERGENCY MANAGEMENT  
FLORIDA HIGHWAY PLANNING AND CONSTRUCTION  
DEPARTMENT OF TRANSPORTATION  
EDUCATION PARTNERSHIP PROGRAM  
DEPARTMENT OF STATE  
METEOROLOGIC AND HYDROLOGIC MODERNIZATION DEVELOPMENT  
FLORIDA DEPARTMENT OF EDUCATION  
FLORIDA DEPARTMENT OF HEALTH  
FLORIDA DEPARTMENT OF INSURANCE

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>Florida Institute of Technology, Inc.</b>	Employer identification number <b>59 : 6046500</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>150 W. University Blvd.</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Melbourne, FL 32901-6975</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Florida Institute of Technology, Inc.**  
Telephone No. **( 321 ) 674-8055** FAX No. **( 321 ) 674-7658**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until March 15, 2006.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **Personnel changes in the accounting department have negatively impacted our ability to complete this form by the deadline.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title **Controller** Date 11/16/05

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

**EXTENSION APPROVED**

Director \_\_\_\_\_ By \_\_\_\_\_ Date DEC 08 2005

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)