

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 09-01-2007 and ending 08-31-2008

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 NEW YORK INSTITUTE OF TECHNOLOGY

Number and street (or P O box if mail is not delivered to street address) Room/suite
 P O BOX 8000 NORTHERN BLVD

City or town, state or country, and ZIP + 4
 Old Westbury, NY 11568

D Employer identification number
 11-1788788

E Telephone number
 (516) 686-7533

F Accounting method Cash Accrual
 Other (specify) ▶

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

G Web site: ▶ N/A

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 236,540,401



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

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	2,262,604	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 2,262,604 noncash \$ _____)	1e		2,262,604
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		225,651,838
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		1,821,893
	5	Dividends and interest from securities	5		982,000
	6a	Gross rents	6a	1,468,408	
	b	Less rental expenses	6b		
c	Net rental income or (loss) subtract line 6b from line 6a	6c		1,468,408	
7	Other investment income (describe <input checked="" type="checkbox"/>)	7		1,149,542	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	Less cost or other basis and sales expenses	8a			
	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c			
8d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1b) <input checked="" type="checkbox"/>	9a	476,010		
	b Less direct expenses other than fundraising expenses	9b	243,759		
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			232,251
10a	Gross sales of inventory, less returns and allowances	10a	2,728,106		
	b Less cost of goods sold	10b	584,826		
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			2,143,280
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		235,711,816	
EXPENSES	13	Program services (from line 44, column (B))	13		212,657,620
	14	Management and general (from line 44, column (C))	14		7,641,511
	15	Fundraising (from line 44, column (D))	15		5,264,374
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses Add lines 16 and 44, column (A)	17		225,563,505
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 12	18		10,148,311
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		74,699,605
	20	Other changes in net assets or fund balances (attach explanation)	20		-5,039,396
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		79,808,520

Part II Statement of Functional Expenses

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 the instructions.)

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
22a Grants paid from donor advised funds (attach Schedule)  (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule)  (cash \$ 27,488,670 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	27,488,670	27,488,670	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,085,724	1,042,295	43,429
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	175,000		175,000
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	72,995,567	69,652,370	2,905,224
27 Pension plan contributions not included on lines 25a, b and c	27	3,890,290	3,734,678	155,612
28 Employee benefits not included on lines 25a - 27	28	15,213,239	14,573,233	607,221
29 Payroll taxes	29	6,146,454	5,874,737	244,783
30 Professional fundraising fees	30	150,000		150,000
31 Accounting fees	31	342,720	329,011	13,709
32 Legal fees	32	1,420,610	1,364,416	56,194
33 Supplies	33	4,029,085	3,867,523	161,147
34 Telephone	34	713,566	685,024	28,541
35 Postage and shipping	35	799,249	747,686	31,154
36 Occupancy	36	16,529,800	15,868,608	661,192
37 Equipment rental and maintenance	37	2,776,525	2,665,462	111,064
38 Printing and publications	38	1,746,463	1,510,797	62,941
39 Travel	39	2,657,918	2,399,085	99,962
40 Conferences, conventions, and meetings	40	1,693,724	1,528,785	63,699
41 Interest	41	5,035,437	4,844,433	191,004
42 Depreciation, depletion, etc (attach schedule)	42	10,295,842	9,883,463	412,379
43 Other expenses not covered above (itemize)				
a Insurance	43a	2,914,151	2,914,151	
b CONTRACT SERVICES	43b	8,113,151	8,113,151	
c FOOD SERVICE	43c	71,799	71,799	
d Consulting	43d	7,271,784	6,980,913	290,871
e GLOBAL PROGRAMS	43e	19,746,887	18,955,038	791,850
f OTHER EXPENSES	43f	11,962,810	7,562,292	237,495
g REALIZED LOSSES	43g	297,040		297,040
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	225,563,505	212,657,620	7,641,511

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 the instructions.)

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.

What is the organization's primary exempt purpose? NYIT PROVIDES UNDERGRADUATE, GRADUATE, AND DOCTORAL INSTRUCTIONS TO A DIVERSE STUDENT POPULATION APPROXIMATELY 11,831 STUDENTS THAT ATTENDED THE INSTITUTION AND 3,227 GRADUATED LAST YEAR 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) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a None (Grants and allocations \$ 27,484,601) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	205,459,197
b THE CONFERENCE CENTER PROVIDES TRAINING FOR STUDENTS AND OUR MEDICAL OUTREACH CENTERES PROVIDE TRAINING TO STUDENTS AND NEEDED MEDICAL SERVICES TO THE COMMUNITY (Grants and allocations \$ 1) If this amount includes foreign grants, check here <input type="checkbox"/>	5,298,990
c THE INSTITUTION PERFORMS RESEARCH FOR FEDERAL, STATE, AND LOCAL GOVERNMENT AS WELL AS RESEARCH FOR LARGE CORPORATIONS (Grants and allocations \$ 1) If this amount includes foreign grants, check here <input type="checkbox"/>	1,899,433
d _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	212,657,620

Part IV Balance Sheets (See 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
Assets	45 Cash—non-interest-bearing				45	
	46 Savings and temporary cash investments			79,585,217	46	84,314,513
	47a Accounts receivable	47a	27,599,387			
	b Less allowance for doubtful accounts	47b	11,122,843	15,698,165	47c	16,476,544
	48a Pledges receivable	48a	628,401			
	b Less allowance for doubtful accounts	48b			48c	628,401
	49 Grants receivable			1,386,227	49	1,314,366
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			51,886,257	54a	52,959,731
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a	49,761,000				
b Less accumulated depreciation (attach schedule)	55b		49,664,000	55c	49,761,000	
56 Investments—other (attach schedule)				56		
57a Land, buildings, and equipment basis	57a	197,578,356				
b Less accumulated depreciation (attach schedule)	57b	91,086,097	103,407,811	57c	106,492,259	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			11,283,478	58	11,157,230	
59 Total assets (must equal line 74) Add lines 45 through 58			312,911,155	59	323,104,044	
Liabilities	60 Accounts payable and accrued expenses			27,386,807	60	27,949,548
	61 Grants payable				61	
	62 Deferred revenue			50,280,213	62	54,068,267
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)			71,687,809	64a	71,056,961
	b Mortgages and other notes payable (attach schedule)			27,400,000	64b	25,150,000
	65 Other liabilities (describe <input type="checkbox"/> _____)			61,456,721	65	65,070,748
66 Total liabilities Add lines 60 through 65			238,211,550	66	243,295,524	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted				67	
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	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 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			74,699,605	73	79,808,520
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			312,911,155	74	323,104,044

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	208,235,480
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	-27,476,336
	Add lines b1 through b4	b	-27,476,336
c	Subtract line b from line a	c	235,711,816
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	-27,476,336
e	Total revenue (Part I, line 12) Add lines c and d	e	235,711,816

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	201,206,155
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	-24,357,350
	Add lines b1 through b4	b	-24,357,350
c	Subtract line b from line a	c	225,563,505
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	225,563,505

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>20</u>		
75b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		No
75c	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions		No
75d	d Does the organization have a written conflict of interest policy?	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
ALEX SCHURE P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	0	175,000		
MATTHEW SCHURE P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	0	0		
PHILLIP MUNSON P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	0	0		
DR JAMES CHEEK P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	0	0		

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	No
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	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
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?	80a	Yes
81a	b If "Yes," enter the name of the organization WHEATLEY ADVERTISING CORP _____ and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>		
81b	b Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information (continued)

Yes No

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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b 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
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of CONTROLLERS OFFICE Telephone no (516) 686-7533
NORTHERN BLVD
GERRY HOUSE ROOM 200
Located at Old Westbury, NY ZIP + 4 11568
91b 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)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country See Additional Data Table

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 92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (Tuition and fees, Educational activities, Sales and auxiliary, Government appropriations, Other sources), Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Other investment income, Gain or (loss) from sales of assets, and Subtotal.

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

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

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (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.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?					No

Please Sign Here	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.			
	*****			2009-07-14
	Signature of officer		Date	
	DANIEL MCGOVERN ASSISTANT TREASURER/CONTR Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	NEW YORK INSTITUTE OF TECHNOLOGY	Date	2009-07-14	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	NEW YORK INSTITUTE OF TECHNOLOGY NORTH BLVD GERRY HOUSE Old Westbury, NY 11568			EIN	Phone no (516) 686-7533

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

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
NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
DR THOMAS SCANDALIS 33 VAIL STREET Northport, NY 11768	DEAN 40 00	292,698	1,826,384	0
DR BARBARA ROSS-LEE 6417 BAVERVIC BLVD West Bloomfield, MI 48325	VICE PRESIDENT 40 00	271,791	1,629,539	0
DR RICHARD PIZER 100 RUGBY ROAD Brooklyn, NY 11226	VICE PRESIDENT 40 00	2,464,605	1,623,249	0
DR WILFGANG GILLIAR 83 BEDELL AVE Hempstead, NY 11550	DEPARTMENT CHAIR 40 00	24,622,279	1,622,353	0
DR HESKIA HESKIAOFF 501 EAST 79TH STREET APT 9C New York, NY 10075	DEAN 40 00	22,164,363	1,543,824	0
Total number of other employees paid over \$50,000	655			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
FLETCHER THOMPSON ARCHITECTURE 345 SEVENTH AVE STE 15N New York, NY 10001	ARCHITECTURE	50,297,221
MUNN RABOT 33 WEST 17TH STREET New York, NY 10011	ADVERTISING	375,000
CARLO LIZZA SONS PAVING 50 ENGEL STREET Hicksville, NY 11801	PAVING	360,025
FULBRIGHT AND JAWORSKI 666 5TH AVE New York, NY 10103	LEGAL	28,859,173
PRICE WATERHOUSE COOPERS P O BOX 7247-8001 Philadelphia, PA 19170	ACCOUNTING	275,778
Total number of others receiving over \$50,000 for professional services	176	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AEQUITAS 575 MADISON AVE New York, NY 10022	REAL ESTATE	115,000
Total number of other contractors receiving over \$50,000 for other services		

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶ <u>\$ 48,000</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1	Yes	
<p>2 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.) </p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? </p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) </p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 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					
18 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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 0
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 11b, 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
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))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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
29 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?	29 Yes	
30 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?	30 Yes	
31 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) NYIT CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM A NATIONAL AND WORLDWIDE POPULATION NYIT FOLLOWS A RACIALLY NON-DISCRIMINATORY POLICY IN THE STUDENT HANDBOOK THERE IS A STATEMENT OF OUR NON-DISCRIMINATORY POLICIES	31 Yes	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a Yes	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c Yes	
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, attach a separate statement) _____ _____	32d Yes	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	No
b Admissions policies?	33b	No
c Employment of faculty or administrative staff?	33c	No
d Scholarships or other financial assistance?	33d	No
e Educational policies?	33e	No
f Use of facilities?	33f	No
g Athletic programs?	33g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) _____ _____	33h	No
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a Yes	
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	34b	No
35 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	35 Yes	

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)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

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		0
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 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	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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

	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		48,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines c through h.)			48,000

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

TY 2007 Cash Grants Paid Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Class of Activity	Recipient's name	Address	Amount	Relationship
GRANTS	VARIOUS	p o box 8000 p o box 8000 old westbury, NY 11568	27,488,670	

TY 2007

DAFCashGrantsPaidSchedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Class of Activity	Recipient's name	Address	Amount	Relationship
Scholarships	various	p o box 8000 old westbury, NY 11568		

TY 2007 Depreciation and Depletion Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Asset	Amount
	10,295,842

TY 2007 Investments - Land Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
	49,761,000		49,761,000

TY 2007 Land etc. Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	4,798,837		4,798,837
BUILDING AND IMPROEMENTS	126,539,441	57,958,682	68,580,759
MACHINERY AND EQUIP & F&F	55,378,031	30,589,599	24,788,432
LIBRARY BOOKS	10,862,047	2,537,816	8,324,231

TY 2007 Mortgages and Notes Payable Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Total Mortgage Amount:

Item No.	1
Lender's Name	NYIT TAXABLE BOND
Lender's Title	
Relationship to Insider	
Original Amount of Loan	38350000
Balance Due	25150000
Date of Note	2001-03
Maturity Date	2016-03
Repayment Terms	
Interest Rate	7.380000000000
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Description	Beginning of Year Amount	End of Year Amount
OTHER ASSETS	11,283,478	11,157,230

Form 990, Part VI, Line 91b - If "Yes," enter the name of the foreign country:

Country
CA
JO

TY 2007 Other Changes in Net Assets Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Description	Amount
Unrealized Gains and Losses	-519,210
Land Disposition and Other General Expenses	50,092
Change in FV & FI payments under interest rate SWAPS	-4,770,278
Unrealized Gains and Losses ON LAND	200,000

TY 2007 Other Expenses Included Schedule**Name:** NEW YORK INSTITUTE OF TECHNOLOGY**EIN:** 11-1788788**Software ID:** 07000225**Software Version:** 2007

Description	Amount
GOLD COAST EXPENSES	243,759
SCHOLARSHIPS	-27,488,671
GAIN OR LOSS ON LANF	55,261
COST OF GOODS SOLD	584,826
FASB 158 ADJUSTMENT	2,544,515
UNREALIZED LOSS	-297,040

Form 990, Part VI, Line 91c - If "Yes," enter the name of the foreign country:

Country
JO
CA
CH

TY 2007 Other Investment Income Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Description	Amount
MASTER RESEACH PARTNERS	305,565
Arclight Partners	448,981
LEHMAN BROTHERS	394,996

TY 2007 Other Liabilities Schedule**Name:** NEW YORK INSTITUTE OF TECHNOLOGY**EIN:** 11-1788788**Software ID:** 07000225**Software Version:** 2007

Description	Beginning of Year Amount	End of Year Amount
POSTRETIERMENT HEALTH BENEFITS	24,747,855	24,668,632
REFUNDABLE GRANTS AND US LOAN	18,812,249	18,399,840
CAPITAL LEASE OBLIGATIONS	2,001,589	2,623,587
FAIR VALUE OF INTEREST RATE SWAPS	15,895,028	19,378,689

TY 2007 Other Revenues Included Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Description	Amount
UNREALIZED LOSS	-519,210
COST OF GOODS SOLD	584,826
GOLD COAST EXPENSES	243,759
SCHOLARSHIPS	-27,488,671
REALIZED LOSSES	-297,040

TY 2007 Sales Of Inventory Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
deSeversky	2,728,106	584,826	2,143,280

TY 2007 Special Events Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
GOLD COAST WINE CLASSIC	476,010		476,010	243,759	232,251

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Item No.	1
Name of Issue	SUFFOLK COUNTY IDA BOND
Purpose	
Amount Outstanding	41000000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	NASSAU COUNTY IDA BOND
Purpose	
Amount Outstanding	20550000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	NYC IDA BOND
Purpose	
Amount Outstanding	9506961
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2007 Non Electing Public Charities Statement

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Statement: SEE GENERAL EXPLANATION

**TY 2007 Explanation of Receipt or
Revocation of Government Financial Aid**

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Statement: NYIT RECEIVES BOTH STATE AND FEDERAL FINAICIAL AID MONIES.

TY 2007 Scholarship Award Statement

Name: NEW YORK INSTITUTE OF TECHNOLOGY

EIN: 11-1788788

Software ID: 07000225

Software Version: 2007

Statement: SCHOLARSHIPS AND GRANTS ARE AWARDED BASED ON NEED AND
ACADEMIC ACHIEVEMENT

TY 2007 Self Dealing Statement**Name:** NEW YORK INSTITUTE OF TECHNOLOGY**EIN:** 11-1788788**Software ID:** 07000225**Software Version:** 2007

Line Number	Explanation
2d	FORM 990 PT V

Additional Data**Software ID:** 07000225**Software Version:** 2007**EIN:** 11-1788788**Name:** NEW YORK INSTITUTE OF TECHNOLOGY**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
EDWARD GUILIANO P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	PRESIDENT 40 00	4,704,075	16,100	134,905
LEONARD AUBREY P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	VICE PRESIDENT 40 00	2,404,305	1,590,315	6,335
DANIEL MCGOVERN P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	ASSISTANT TREASURER 40 00	144,909	1,000,593	9,137
STEPHEN KLOEPHER P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	ASSISTANT SECRETARY 40 00	229,977	160,188	6,000
LINDA DAVILA P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	CHAIR OF THE BOARD 10 00	0		
BHARAT BHATT P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	VICE CHAIRPERSON 5 00	0		
PAUL AMORUSO P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
RICHARD DALY P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
ROBERT EVANSON P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
PETER FERENTINOS P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BRUCE LEIB P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
FRANK LIGUORI P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	SECRETARY 5 00	0		
DEBORAH MARCIANO P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
CRISTINA MENDOZA ESQ P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
MICHAEL MERLO P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
RORY CUTAIA P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
RICHARD TORRENZANO P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
ELI WACHTEL P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
KRISTIN COLE P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
DR RONALD DAGOSTINO P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		

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LOUIS GRASSI P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
KEVIN SILVA P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		
DR NORMAN SVEILICH P O BOX 8000 NORTHERN BLVD Old Westbury, NY 11568	TRUSTEE 5 00	0		