

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 9/01, **2010, and ending** 8/31, **2011**

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

NEW YORK INSTITUTE OF TECHNOLOGY
NORTHERN BLVD
OLD WESTBURY, NY 11568

D Employer Identification Number

11-1788788

E Telephone number

516-686-7533

G Gross receipts \$ 328,376,101.

F Name and address of principal officer: Edward Guiliano
Same As C Above

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

H(b) Are all affiliates included? Yes No
If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ NYIT.EDU

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 1955

M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To provide career-oriented professional education; To offer access to opportunity to all qualified students; To support applications-oriented research that benefits the larger world.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	3,466
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	3,173,231.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 4,302,945. Current Year: 4,102,182.
	9	Program service revenue (Part VIII, line 2g)	243,152,803. 246,791,862.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,950,659. 4,339,241.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,458,515. 3,918,346.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	250,864,922. 259,151,631.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	121,437,128. 127,125,783.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	896. 84,530.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,025,587.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	94,499,786. 95,507,129.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	247,288,117. 257,035,113.	
19	Revenue less expenses. Subtract line 18 from line 12	3,576,805. 2,116,518.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 320,022,796. End of Year: 320,938,585.
	21	Total liabilities (Part X, line 26)	230,682,200. 227,794,623.
	22	Net assets or fund balances. Subtract line 21 from line 20	89,340,596. 93,143,962.

Part II Signature Block

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

Sign Here

Signature of officer: Leonard Aubrey Date: _____
Type or print name and title: Treasurer

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: Self-Prepared Date: _____
Check if self-employed PTIN: _____
Firm's name: _____ Firm's EIN: _____
Firm's address: _____ Phone no.: _____

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

To provide career-oriented professional education; To offer access to opportunity to all qualified students; To support applications-oriented research that benefits the larger world.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 237,346,496. including grants of \$) (Revenue \$ 246,168,184.)

NYIT provides undergraduate, graduate, and doctoral instructions to a diverse student population. Approximately 14,214 students that attended the institution and 2,977 graduated last year.

4b (Code:) (Expenses \$ 3,781,230. including grants of \$) (Revenue \$ 1,363,655.)

Our medical outreach centers provide training to students and needed medical services to the community.

4c (Code:) (Expenses \$ 1,824,944. including grants of \$ 1,824,944.) (Revenue \$ 1,824,944.)

The institution performs research for Federal, State, and Local Governments as well as research for large corporations.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 242,952,670.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	222		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a	3,466		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X		
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	X		
4 a	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)?	4 a	X		
4 b	If 'Yes,' enter the name of the foreign country: ► <u>Canada</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X	
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X	
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		X	
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b			
7	Organizations that may receive deductible contributions under section 170(c).				
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X		
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X	
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d			
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X	
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X	
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g			
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
9 a	Did the organization make any taxable distributions under section 4966?	9 a			
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b			
10	Section 501(c)(7) organizations. Enter:				
10 a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a			
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b			
11	Section 501(c)(12) organizations. Enter:				
11 a	Gross income from members or shareholders.	11 a			
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a			
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13 a			
Note. See the instructions for additional information the organization must report on Schedule O.					
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b			
13 c	Enter the amount of reserves on hand	13 c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X	
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b			

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

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year.	1 a	14	
b Enter the number of voting members included in line 1a, above, who are independent	1 b	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ DANIEL MCGOVERN NORTHERN BLVD GERRY HOUSE ROOM 200 OLD WESTBURY NY 11568 516-686-7533

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Edward Guiliano President & CEO	40	X		X				1,150,129.	0.	39,584.
(2) Linda Davila Chairman	5	X						0.	0.	0.
(3) Bharat Bhatt Trustee	5	X						0.	0.	0.
(4) Paul Amoruso Trustee	5	X						0.	0.	0.
(5) Rory Cutaia Trustee	5	X						0.	0.	0.
(6) Richard Daly Trustee	5	X						0.	0.	0.
(7) Robert Evanson Trustee	5	X						0.	0.	0.
(8) Peter Ferentinos Trustee	5	X						0.	0.	0.
(9) General Richard Cody Trustee	5	X						0.	0.	0.
(10) Deborah Verderame Marci Trustee	5	X						0.	0.	0.
(11) Cristina Mendoza Esq. Trustee	5	X						0.	0.	0.
(12) Michael Merlo Trustee	5	X						0.	0.	0.
(13) Kevin Silva Trustee	5	X						0.	0.	0.
(14) Eli Wachtel Trustee	5	X						0.	0.	0.
(15) Leonard Aubrey CFO	40			X				262,382.	0.	35,509.
(16) Stephen Kloepfer Secretary	40			X				273,988.	0.	15,967.
(17) Daniel McGovern Controller	40			X				157,577.	0.	36,891.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Jacquelyn Nealon VP Enrollment, Communications &	40			X			213,045.	0.	47,144.	
(19) Ibrahim Bodur VP IT & Infrastructure	40			X			219,587.	0.	31,399.	
(20) Barbara Ross-Lee VP Health Affairs	40				X		287,168.	0.	39,670.	
(21) Wolfgang Gilliar Department Chair	40				X		265,029.	0.	42,233.	
(22) Thomas Scandalis Dean Medical School	40				X		310,543.	0.	49,050.	
(23) Jess Boronico Dean School Mgmt.	40				X		255,843.	0.	19,650.	
(24) Richard Pizer Vice President	40				X		264,117.	0.	26,659.	
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total							3,659,408.	0.	383,756.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,659,408.	0.	383,756.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 227

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Hogan & Hartson LLP 555 Thirteenth Street Washington, DC 20004	Legal	525,657.
Munn Rabot 33 W 17th Street New York, NY 10011	Advertising	378,000.
Covington and Burling 1201 Pennsylvania Ave NW Washington, DC 20004	Legal	202,675.
Aequitas 575 Madison Ave New York, NY 10022	Real Estate Consult	180,000.
Zivkovic Connolly Architects 511 West 25th Street New York, NY 10001	Architecture	152,712.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 10

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c 86,670.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 2,564,921.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,450,591.					
	g Noncash contributions included in lns 1a-1f: \$						
	h Total. Add lines 1a-1f		4,102,182.				
PROGRAM SERVICE REVENUE	2 a Tuition and Fees		Business Code				
		611600	234241819.	234241819.			
	b Sales and Auxillary	721310	9,608,442.	9,219,130.	389,312.		
	c Other Income	900099	1,577,946.	1,577,946.			
	d Educational Activities	611600	1,363,655.	1,363,655.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		246791862.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		2,717,462.		58,734.	2,658,728.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	1,193,161.				
		(ii) Personal					
		b Less: rental expenses					
	c Rental income or (loss)	1,193,161.					
	d Net rental income or (loss)		1,193,161.			1,193,161.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	70183162.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	68561383.				
	c Gain or (loss)	1,621,779.					
	d Net gain or (loss)		1,621,779.			1,621,779.	
	8 a Gross income from fundraising events (not including. \$ 86,670. of contributions reported on line 1c). See Part IV, line 18	a	224,860.				
		b Less: direct expenses	224,860.				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a	3,163,412.					
	b Less: cost of goods sold	438,227.					
	c Net income or (loss) from sales of inventory		2,725,185.		2,725,185.		
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			259151631.	246402550.	3,173,231.	5,473,668.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	34,317,671.	34,317,671.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,643,197.	2,537,469.	105,728.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	85,396,560.	81,485,398.	3,398,783.	512,379.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,290,567.	5,048,259.	210,565.	31,743.
9 Other employee benefits	26,746,227.	25,521,250.	1,064,500.	160,477.
10 Payroll taxes	7,049,232.	6,726,378.	280,559.	42,295.
11 Fees for services (non-employees):				
a Management				
b Legal	2,065,292.	1,983,597.	81,695.	
c Accounting	346,856.	332,981.	13,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	84,530.			84,530.
f Investment management fees				
g Other	16,647,351.	14,982,616.	1,664,735.	
12 Advertising and promotion	3,513,086.	3,039,034.	126,608.	347,444.
13 Office expenses	4,844,741.	4,360,267.	339,132.	145,342.
14 Information technology				
15 Royalties				
16 Occupancy	17,662,145.	16,955,659.	706,486.	
17 Travel	2,376,140.	2,144,747.	89,364.	142,029.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,157,267.	1,947,188.	81,133.	128,946.
20 Interest	4,402,176.	4,235,193.	166,983.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,026,325.	11,544,635.	481,690.	
23 Insurance	3,058,477.	2,920,846.	122,339.	15,292.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>Global Program Expenses</u>	11,703,010.	11,233,720.	469,291.	
b <u>All Other</u>	8,302,160.	5,396,402.	2,490,647.	415,110.
c <u>Equipment rental and Maint</u>	3,532,538.	3,391,233.	141,305.	
d <u>Hospital Rotations</u>	1,616,600.	1,616,600.		
e <u>Busing</u>	717,012.	717,012.		
f All other expenses	535,953.	514,515.	21,438.	
25 Total functional expenses. Add lines 1 through 24f	257,035,113.	242,952,670.	12,056,856.	2,025,587.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		1
	2	Savings and temporary cash investments	47,836,929.	2 65,356,156.
	3	Pledges and grants receivable, net	37,051,077.	3 3,506,138.
	4	Accounts receivable, net	16,757,640.	4 17,732,893.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	115,002.	8 114,816.
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 258,914,287.	
	b	Less: accumulated depreciation	10b 123,648,690.	10c 135,265,597.
	11	Investments — publicly traded securities	38,809,925.	11 43,051,049.
	12	Investments — other securities. See Part IV, line 11	9,196,823.	12 9,859,176.
	13	Investments — program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	45,861,329.	15 46,052,760.
16	Total assets. Add lines 1 through 15 (must equal line 34)	320,022,796.	16 320,938,585.	
LIABILITIES	17	Accounts payable and accrued expenses	30,861,139.	17 38,287,419.
	18	Grants payable		18
	19	Deferred revenue	61,977,750.	19 48,178,754.
	20	Tax-exempt bond liabilities	69,588,420.	20 68,753,757.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	22,750,000.	23 19,305,000.
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D	45,504,891.	25 53,269,693.
	26	Total liabilities. Add lines 17 through 25	230,682,200.	26 227,794,623.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27	Unrestricted net assets	87,558,440.	27 91,411,006.
	28	Temporarily restricted net assets	1,268,566.	28 1,153,564.
	29	Permanently restricted net assets	513,590.	29 579,392.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances.	89,340,596.	33 93,143,962.
34	Total liabilities and net assets/fund balances.	320,022,796.	34 320,938,585.	

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	259,151,631.
2	Total expenses (must equal Part IX, column (A), line 25)	2	257,035,113.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,116,518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,340,596.
5	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	5	1,686,848.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	93,143,962.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization NEW YORK INSTITUTE OF TECHNOLOGY	Employer identification number 11-1788788
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a 1
b Total acreage restricted by conservation easements	2b 32,249
c Number of conservation easements on a certified historic structure included in (a)	2c 1
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 1

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	88,263,263.	82,452,716.	97,043,939.		
b Contributions	153,980.	6,421,148.	98,038.		
c Net investment earnings, gains, and losses	5,214,023.	-608,851.	-14,686,791.		
d Grants or scholarships	-8,338.	-1,750.	-2,500.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	93,622,928.	88,263,263.	82,452.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 99.00 %
- b Permanent endowment ▶ 1.00 %
- c Term endowment ▶ %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds. See Part XIV

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,798,837.		4,798,837.
b Buildings		156,004,543.	74,823,268.	81,181,275.
c Leasehold improvements				
d Equipment		64,980,687.	38,990,629.	25,990,058.
e Other		33,130,220.	9,834,793.	23,295,427.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				135,265,597.

BAA

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) Investments in real estate, at FMV	40,109,500.
(2) Other Assets	5,943,260.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)	46,052,760.

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Capital Lease Obligations	1,020,805.
(3) Post Retirement Health benefits	37,654,902.
(4) Refundable Grants and US Government	14,593,986.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	53,269,693.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses Of Endowment Fund

The institution intends to increase endowment balances so that one day there will be sufficient earnings to fund scholarships and programatic expenditures as authorized by the Board of Trustees.

Client 1

NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

7/20/12

04:01PM

Schedule D, Part XII, Line 4b**Other Revenue Included On Form 990 But Not Included In F/S**

deSeversky Cost of Goods Sold.....	\$	-438,228.
Gold Coast.....		-224,860.
International Insurance.....		-452.
Lehman Merchant Bank Taxes.....		54,884.
misc.....		3.
Misc exp for McWilliams and Holston.....		53,869.
Property Held for resale.....		388,000.
Scholarships.....		34,302,656.
Wheatley.....		-87.
	Total	<u>\$ 34,135,785.</u>

Schedule D, Part XIII, Line 4b**Other Expenses Included On Form 990 But Not Included In F/S**

deSeversky Cost of Goods Sold.....	\$	-438,228.
FASB Post Retirement Benefits.....		3,291,771.
Gold Coast.....		-224,860.
International Insurance.....		-452.
Lehman Merchant Bank Taxes.....		54,884.
Misc expenses for Macwillams and Holston.....		53,869.
Scholarships.....		34,302,656.
	Total	<u>\$ 37,039,640.</u>

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.**

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.....	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II. <u>NYIT's racially non-discriminatory policy is published in our catalog which is available to all students. It is also published in all brochures that are sent to the student population. NYIT also states the policy in its advertising.</u>	X	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?.....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?..... If you answered 'No' to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?.....		X
b Admissions policies?.....		X
c Employment of faculty or administrative staff?.....		X
d Scholarships or other financial assistance?.....		X
e Educational policies?.....		X
f Use of facilities?.....		X
g Athletic programs?.....		X
h Other extracurricular activities?..... If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?.....	X	
b Has the organization's right to such aid ever been revoked or suspended?..... If you answered 'Yes' to either line 6a or line 6b, explain on Part II. See Part II		X
7 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,' explain on Part II.....	X	

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency

The institution performs research for Federal, State, and Local Governments as well as research for large corporations.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Middle East	3	218	Program Services	Education	21,986,270.
(2) Asia	2	25	Program Services	Education	2,775,137.
(3) North America	1	35	Program Services	Education	1,905,494.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.....	6	278			26,666,901.
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	6	278			26,666,901.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. . . . Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 0

3 Enter total number of other organizations or entities ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926).* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A).* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471).* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621).* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865).* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Susan Unlin 156 5th ave New York NY 10010		X		311,530.	84,530.	227,000.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total▶				311,530.	84,530.	227,000.

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

NY

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

REVENUE		(a) Event #1 Wine Dinner an (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))	
	1	Gross receipts	311,530.			311,530.
2	Less: Charitable contributions	86,670.			86,670.	
3	Gross income (line 1 minus line 2)	224,860.			224,860.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	224,860.			224,860.
	10	Direct expense summary. Add lines 4- through 9 in column (d)				224,860.
11	Net income summary. Combine line 3, column (d), and line 10					

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ -----

Address ▶

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations ▶ 0

3 Enter total number of other organizations ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	3,335		34,317,671.	FMV	Scholarships
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The Grants Department and the Finanacial Aid office oversee all grants, government loans and scholarship expenditures. All grant expenses are approved by the appropriate individuals before payments are made. On an annual basis an audit is conducted in accordance with governmental policies.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2010

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part I Questions Regarding Compensation

		Yes	No								
<p>1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>		<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.....</p>		1b	X								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?.....</p>		2	X								
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>		<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?.....</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?.....</p> <p>If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		4a	X								
		4b	X								
		4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>											
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?.....</p> <p>b Any related organization?.....</p> <p>If 'Yes' to line 5a or 5b, describe in Part III.</p>		5a	X								
		5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?.....</p> <p>b Any related organization?.....</p> <p>If 'Yes' to line 6a or 6b, describe in Part III.</p>		6a	X								
		6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III..... Part III</p>		7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.....</p>		8	X								
<p>9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....</p>		9									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 Edward Guilian	(i)	501,921.	500,000.	148,208.	24,500.	15,084.	1,189,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Leonard Aubrey	(i)	254,033.	0.	8,349.	20,339.	15,170.	297,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Stephen Kloeph	(i)	242,988.	25,000.	6,000.	3,793.	12,174.	289,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Daniel McGover	(i)	157,577.	0.	0.	17,175.	19,716.	194,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Jacquelyn Neal	(i)	207,295.	0.	5,750.	22,594.	24,550.	260,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Ibrahim Bodur	(i)	213,837.	0.	5,750.	16,315.	15,084.	250,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Barbara Ross-L	(i)	287,168.	0.	0.	24,500.	15,170.	326,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Wolfgang Gilli	(i)	265,029.	0.	0.	17,885.	24,348.	307,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Thomas Scandal	(i)	310,543.	0.	0.	24,500.	24,550.	359,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Jess Boronico	(i)	255,843.	0.	0.	17,150.	2,500.	275,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 Richard Pizer	(i)	264,117.	0.	0.	15,446.	11,213.	290,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a - Relevant Information Regarding Compensation Benefits

The President has at times traveled first class as a convenience of his employment. A housing allowance has also been provided to the President. The institution supplied the President with an automobile for use as needed for university-related business, along with a driver. Amount considered taxable have been included as reportable compensation on his W-2. For 2010 the Chief Executive recieved a longevity bonus.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NYC IDA Civic Facility Rev	13-2906040	64971CM43	3/01/2003	520,000.	Renovation and Improvements		X		X		
B NYC IDA Civic Facility Rev	13-2906040	64971CM50	3/01/2003	570,000.	Renovations and Improvements		X		X		
C NYC IDA Civic Facility Rev	13-2906040	64971CM68	3/01/2003	585,000.	Renovations and Improvements		X		X		
D NYC IDA Civic Facility Rev	13-2906040	64971CM76	3/01/2003	595,000.	Renovations and Improvements		X		X		

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired	4,130,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	12,796,497.		61,354,645.					
4 Gross proceeds in reserve funds	1,248,939.		6,063,619.					
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	353,366.							
8 Credit enhancement from proceeds	678,000.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	10,468,670.							
11 Other spent proceeds	383.		61,354,645.					
12 Other unspent proceeds	47,139.							
13 Year of substantial completion	2005							
14 Were the bonds issued as part of a current refunding issue?		X	X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X	X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?.....		X						
b Are there any research agreements that may result in private business use of bond-financed property?.....		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?..		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.....▶	30.000 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.....▶								
6 Total of lines 4 and 5.....	30.000 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?.....								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?.....	X			X				
2 Is the bond issue a variable rate issue?.....		X		X				
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?.....		X		X				
b Name of provider.....								
c Term of hedge.....								
d Was the hedge superintegrated?.....								
e Was the hedge terminated?.....								
4a Were gross proceeds invested in a GIC?.....		X		X				
b Name of provider.....								
c Term of GIC.....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?...								
5 Were any gross proceeds invested beyond an available temporary period?.....	X			X				
6 Did the bond issue qualify for an exception to rebate?.....		X	X					

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Additional Information

*The Organization has selected each 12-month period for part I. Bond issue A to end on March 27. The difference between Part II Line 3 Bond issue A and the issue price of Bond issue A is due to investment earnings, in the amount of \$265,927.26, and accrued interest deposited in the Debt Service Reserve Fund, in the amount of \$34,542.99.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?.....								
b Are there any research agreements that may result in private business use of bond-financed property?.....								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?..								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.....▶		0%		0%		0%		0%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.....▶		0%		0%		0%		0%
6 Total of lines 4 and 5.....		0%		0%		0%		0%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?.....								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?.....								
2 Is the bond issue a variable rate issue?.....								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?.....								
b Name of provider.....								
c Term of hedge.....								
d Was the hedge superintegrated?.....								
e Was the hedge terminated?.....								
4a Were gross proceeds invested in a GIC?.....								
b Name of provider.....								
c Term of GIC.....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?...								
5 Were any gross proceeds invested beyond an available temporary period?.....								
6 Did the bond issue qualify for an exception to rebate?.....								

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Additional Information (continued)

**The organization has selected each 12-month period for Part I. Bond issue B to end March 2.

***Building Improvement.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NYC IDA Civic Facility Rev	13-2906040	64971CM84	3/01/2003	605,000.	Renovations and Improvements		X		X		
B NYC IDA Civic Facility Rev	13-2906040	64971CM92	3/01/2003	620,000.	Renovations and Improvemnts		X		X		
C NYC IDA Civic Facility Rev	13-2906040	64971CN26	3/01/2003	635,000.	Renovations and Improvements		X		X		
D NYC IDA Civic Facility Rev	13-2906040	64971CN34	3/01/2003	655,000.	Renovations and Improvements		X		X		

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?								
15 Were the bonds issued as part of an advance refunding issue?								
16 Has the final allocation of proceeds been made?								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?.....								
b Are there any research agreements that may result in private business use of bond-financed property?.....								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?..								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.....▶		0%		0%		0%		0%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.....▶		0%		0%		0%		0%
6 Total of lines 4 and 5.....		0%		0%		0%		0%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?.....								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?.....								
2 Is the bond issue a variable rate issue?.....								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?.....								
b Name of provider.....								
c Term of hedge.....								
d Was the hedge superintegrated?.....								
e Was the hedge terminated?.....								
4a Were gross proceeds invested in a GIC?.....								
b Name of provider.....								
c Term of GIC.....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?...								
5 Were any gross proceeds invested beyond an available temporary period?.....								
6 Did the bond issue qualify for an exception to rebate?.....								

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NYC IDA Civic Facility Rev	13-2906040	64971CN42	3/01/2003	675,000.	Renovations and Improvements		X		X		
B NYC IDA Civic Facility Rev	13-2906040	64971CN59	3/01/2003	705,000.	Renovations and Improvements		X		X		
C NYC IDA Civic Facility Rev	13-2906040	64971CN67	3/01/2003	4,055,000.	Renovations and Improvements		X		X		
D NYC IDA Civic Facility Rev	13-2906040	64971CN75	3/01/2003	1,785,000.	Renovations and Improvements		X		X		

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?								
15 Were the bonds issued as part of an advance refunding issue?								
16 Has the final allocation of proceeds been made?								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?.....								
b Are there any research agreements that may result in private business use of bond-financed property?.....								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?..								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.....▶		0%		0%		0%		0%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.....▶		0%		0%		0%		0%
6 Total of lines 4 and 5.....		0%		0%		0%		0%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?.....								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?.....								
2 Is the bond issue a variable rate issue?.....								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?.....								
b Name of provider.....								
c Term of hedge.....								
d Was the hedge superintegrated?.....								
e Was the hedge terminated?.....								
4a Were gross proceeds invested in a GIC?.....								
b Name of provider.....								
c Term of GIC.....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?...								
5 Were any gross proceeds invested beyond an available temporary period?.....								
6 Did the bond issue qualify for an exception to rebate?.....								

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

OMB No. 1545-0047

2010

Open to Public Inspection

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) <u>Wheatley Advertising</u> <u>P O BOX 8000</u>							
(2) <u>OLD WESTBURY, NY 11568</u> <u>11-2359770</u>	ADVERTISING				N/A	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ----- Wheatley Advertising C/O NYIT Northern Blvd Old Westbury, NY 11568 -----	Advertisin		New York Institute of Technolog				
(2) 11-2359770 ----- ----- -----	g	NY	y	C Corp	100.	100.	100.00
(3) ----- ----- -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.....	X	
b Gift, grant, or capital contribution to other organization(s).....		X
c Gift, grant, or capital contribution from other organization(s).....		X
d Loans or loan guarantees to or for other organization(s).....		X
e Loans or loan guarantees by other organization(s).....		X
f Sale of assets to other organization(s).....		X
g Purchase of assets from other organization(s).....		X
h Exchange of assets.....		X
i Lease of facilities, equipment, or other assets to other organization(s).....		X
j Lease of facilities, equipment, or other assets from other organization(s).....		X
k Performance of services or membership or fundraising solicitations for other organization(s).....		X
l Performance of services or membership or fundraising solicitations by other organization(s).....		X
m Sharing of facilities, equipment, mailing lists, or other assets.....	X	
n Sharing of paid employees.....		X
o Reimbursement paid to other organization for expenses.....	X	
p Reimbursement paid by other organization for expenses.....		X
q Other transfer of cash or property to other organization(s).....		X
r Other transfer of cash or property from other organization(s).....		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Wheatley Advertising	a	1,229,045.	COST
(2) Wheatley Advertising	m	367,364.	FMV
(3) Wheatley Advertising	o	1,229,045.	COST
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____ _____ _____										
(2) _____ _____ _____										
(3) _____ _____ _____										
(4) _____ _____ _____										
(5) _____ _____ _____										
(6) _____ _____ _____										
(7) _____ _____ _____										
(8) _____ _____ _____										

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Other countries for Part V line 4b

Canada, Jordan, Bahrain and Egypt

Form 990, Part VI, Line 11b - Form 990 Review Process

Federal form 990 is reviewed by the Chief Financial Officer, President, General Counsel, outside tax advisor and members of the Board of Trustees prior to the filing. The complete 990 and associated returns are sent via e-mail to all parties.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Conflict of interest forms are distributed to all officers and Board members, and then given to the General Counsel for review. Any conflicts of interest are discussed with the appropriate individuals, and resolved.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgmtment

Compensation of the Chief Executive Officer is objectively determined by a Board appointed compensation committee (Program and Personnel Committee), and outside advisors, 990's obtained from other organizations, and compensation surveys are all used to determine a reasonable compensation package. The Chief Executive Officer also has a written employment contract. For 2010 the Chief Executive received a longevity bonus.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The President reviews compensation of all key employees and objectively sets levels for these individuals. The President interacts with the Human Resource Departments who reviews compensation survey and 990's obtained from other local colleges and universities. The President insures reasonable compensation levels of the College's Vice Presidents, Deans, and other key employees.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Federal form 990, governing documents, conflict of interest policies and financial statements are distributed upon request with the approval of the General Counsel.

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

Certain non-operating activities per financial statement basis have been included in either the revenue or expense sections of form 990 and are required to reconcile to income tax basis.

Form 990, Part XI, Line 5
Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments.....	\$	1,686,764.
Unknown.....		-3.
Wheatley.....		87.
	Total	<u>\$ 1,686,848.</u>

TD F 90-22.1

(Rev March 2011)
Department of the Treasury

Do not use previous editions of this form

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar Year Ended 12/31

2011

Amended

Part I Filer Information

2 Type of Filer				
a <input type="checkbox"/> Individual	b <input type="checkbox"/> Partnership	c <input type="checkbox"/> Corporation	d <input type="checkbox"/> Consolidated	e <input checked="" type="checkbox"/> Fiduciary or Other — Enter type <u>501c3</u>
3 U.S. Taxpayer Identification Number <u>111788788</u>		4 Foreign identification (Complete only if item 3 is not applicable)		5 Individual's Date of Birth MM/DD/YYYY
If filer has no U.S. Identification Number complete item 4.		a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		
b Number _____		c Country of Issue _____		
6 Last Name or Organization Name <u>NEW YORK INSTITUTE OF TECHNOLOGY</u>		7 First Name	8 Middle Initial	
9 Address (Number, Street, and Apartment or Suite Number) <u>NORTHERN BLVD</u>				
10 City <u>OLD WESTBURY</u>		11 State <u>NY</u>	12 ZIP/Postal Code <u>11568</u>	13 Country <u>US</u>
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If 'Yes' enter total number of accounts _____ (If 'Yes' is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No				

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported <u>1,015,552.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
17 Name of Financial Institution in which account is held <u>Citibank</u>				
18 Account number or other designation <u>030027016</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>P O Box 5055</u>		
20 City <u>Amman</u>		21 State, if known	22 Zip/Postal Code, if known <u>11183</u>	23 Country <u>Jordan</u>
Signature				
44 Filer Signature		45 Filer Title, if not reporting a personal account		46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. **See Instructions For Definitions.**

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Part II Continued – Information on Financial Account(s) Owned Separately

Form TD F 90-22.1

Complete a Separate Block for Each Account Owned Separately

Page Number

2 of 5

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year <u>2011</u>		3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>111788788</u>		6 Last Name or Organization Name <u>NEW YORK INSTITUTE OF TECHNOLOGY</u>	
15 Maximum value of account during calendar year reported <u>1,599,721.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>Citibank</u>					
18 Account number or other designation <u>0300027202</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>P O Box 5055</u>			
20 City <u>Amman</u>		21 State, if known		22 Zip/Postal Code, if known <u>11183</u>	
23 Country <u>Jordan</u>					
15 Maximum value of account during calendar year reported <u>0.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>Citibank 11936</u>					
18 Account number or other designation <u>0-005768-012</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>Boomerang Bldg Plot 45</u>			
20 City <u>New Cairo</u>		21 State, if known		22 Zip/Postal Code, if known	
23 Country <u>Egypt</u>					
15 Maximum value of account during calendar year reported <u>11,114.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>Citibank</u>					
18 Account number or other designation <u>0-006695-507</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>Boomerang Bldg Plot 45</u>			
20 City <u>New Cairo</u>		21 State, if known		22 Zip/Postal Code, if known	
23 Country <u>Egypt</u>					
15 Maximum value of account during calendar year reported <u>0.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>Citibank</u>					
18 Account number or other designation <u>700025012</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>Bab-Al-Bahrain Branch</u>			
20 City <u>Manama</u>		21 State, if known		22 Zip/Postal Code, if known	
23 Country <u>Bahrain</u>					
15 Maximum value of account during calendar year reported <u>139,972.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>Citibank</u>					
18 Account number or other designation <u>700025039</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>Bab-Al-Bahrain Branch</u>			
20 City <u>Manama</u>		21 State, if known		22 Zip/Postal Code, if known	
23 Country <u>Bahrain</u>					
15 Maximum value of account during calendar year reported <u>4,168.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>HSBC</u>					
18 Account number or other designation <u>270-367861-001</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>885 West Georgia St</u>			
20 City <u>Vancouver</u>		21 State, if known		22 Zip/Postal Code, if known <u>V6C 3G1</u>	
23 Country <u>Canada</u>					

Part II Continued – Information on Financial Account(s) Owned Separately

Form TD F 90-22.1

Complete a Separate Block for Each Account Owned Separately

Page Number

3 of 5

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year <u>2011</u>		3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>111788788</u>		6 Last Name or Organization Name <u>NEW YORK INSTITUTE OF TECHNOLOGY</u>	
15 Maximum value of account during calendar year reported <u>4,092.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>HSBC</u>					
18 Account number or other designation <u>270-370418-001</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>885 West Georgia St</u>			
20 City <u>Vancouver</u>		21 State, if known	22 Zip/Postal Code, if known <u>V6C 3G1</u>	23 Country <u>Canada</u>	
15 Maximum value of account during calendar year reported <u>4,049.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>HSBC</u>					
18 Account number or other designation <u>270-380434-001</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>885 West Georgia St</u>			
20 City <u>Vancouver</u>		21 State, if known	22 Zip/Postal Code, if known <u>V6C 3G1</u>	23 Country <u>Canada</u>	
15 Maximum value of account during calendar year reported <u>7,519.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>HSBC</u>					
18 Account number or other designation <u>270-380426-001</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>885 West Georgia St</u>			
20 City <u>Vancouver</u>		21 State, if known	22 Zip/Postal Code, if known <u>V6C 3G1</u>	23 Country <u>Canada</u>	
15 Maximum value of account during calendar year reported <u>1,849,033.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>HSBC</u>					
18 Account number or other designation <u>270-161619-070</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>885 West Georgia St</u>			
20 City <u>Vancouver</u>		21 State, if known	22 Zip/Postal Code, if known <u>V6C 3G1</u>	23 Country <u>Canada</u>	
15 Maximum value of account during calendar year reported <u>378,743.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>HSBC</u>					
18 Account number or other designation <u>270-161619-001</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>885 West Georgia St</u>			
20 City <u>Vancouver</u>		21 State, if known	22 Zip/Postal Code, if known <u>V6C 3G1</u>	23 Country <u>Canada</u>	
15 Maximum value of account during calendar year reported <u>33,880.</u>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held <u>HSBC</u>					
18 Account number or other designation <u>270471294-001</u>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>885 West Georgia St</u>			
20 City <u>Vancouver</u>		21 State, if known	22 Zip/Postal Code, if known <u>V6C 3G1</u>	23 Country <u>Canada</u>	

Part III Information on Financial Account(s) Owned Jointly

Form TD F 90-22.1

Complete a Separate Block for Each Account Owned Jointly

Page Number

4 of 5

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year _ 2011 _	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identicaiton Number Enter identification number here: 111788788	6 Last Name or Organization Name NEW YORK INSTITUTE OF TECHNOLOGY
---	--	---

15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
----------------	---------------------------	-------------------------------------	-------------------

24 Number of joint owners for this account	25 Taxpayer Identification Number of principal joint owner, if known. See instructions.
---	--

26 Last Name or Organization Name of principal joint owner	27 First Name of principal joint owner, if known	28 Middle initial, if known
---	---	------------------------------------

29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known

30 City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known
--------------------------	---------------------------	-------------------------------------	-----------------------------

15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
----------------	---------------------------	-------------------------------------	-------------------

24 Number of joint owners for this account	25 Taxpayer Identification Number of principal joint owner, if known. See instructions.
---	--

26 Last Name or Organization Name of principal joint owner	27 First Name of principal joint owner, if known	28 Middle initial, if known
---	---	------------------------------------

29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known

30 City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known
--------------------------	---------------------------	-------------------------------------	-----------------------------

15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
----------------	---------------------------	-------------------------------------	-------------------

24 Number of joint owners for this account	25 Taxpayer Identification Number of principal joint owner, if known. See instructions.
---	--

26 Last Name or Organization Name of principal joint owner	27 First Name of principal joint owner, if known	28 Middle initial, if known
---	---	------------------------------------

29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known

30 City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known
--------------------------	---------------------------	-------------------------------------	-----------------------------

Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)

Form TD F 90-22.1

Page Number

5 of 5

Complete a Separate Block for Each Account

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year _ 2011 _	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 111788788	6 Last Name or Organization Name NEW YORK INSTITUTE OF TECHNOLOGY
---	--	---

15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other -- Enter type below
--	---

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
----------------	---------------------------	-------------------------------------	-------------------

34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner
---	---

36 First Name	37 Middle initial	38 Address (Number, Street, and Apartment or Suite No.)	
----------------------	--------------------------	--	--

39 City	40 State	41 Zip/Postal Code	42 Country
----------------	-----------------	---------------------------	-------------------

43 Filer's Title with this Owner

15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other -- Enter type below
--	---

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
----------------	---------------------------	-------------------------------------	-------------------

34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner
---	---

36 First Name	37 Middle initial	38 Address (Number, Street, and Apartment or Suite No.)	
----------------------	--------------------------	--	--

39 City	40 State	41 Zip/Postal Code	42 Country
----------------	-----------------	---------------------------	-------------------

43 Filer's Title with this Owner

15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other -- Enter type below
--	---

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
----------------	---------------------------	-------------------------------------	-------------------

34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner
---	---

36 First Name	37 Middle initial	38 Address (Number, Street, and Apartment or Suite No.)	
----------------------	--------------------------	--	--

39 City	40 State	41 Zip/Postal Code	42 Country
----------------	-----------------	---------------------------	-------------------

43 Filer's Title with this Owner

Client 1

NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

7/20/12

04:02PM

Rental Income Worksheet**Facilities Rental Central Islip and OW**

Gross Rental Income.....	\$	1,193,161.
Expenses		
Total Expenses.....	\$	<u>0.</u>
Net Rental Income or Loss	\$	<u><u>1,193,161.</u></u>

Computation of Cost of Goods Sold (Form 990)

1. Inventory at start of year.....	115,002.
2. Purchases.....	438,041.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	0.
6. Total (Add lines 1 through 5).....	<u>553,043.</u>
7. Inventory at end of year.....	<u>114,816.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>438,227.</u></u>

**Form 990, Part IX, Line 24f
Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bad Debt	535,953.	514,515.	21,438.	
Total	<u>\$ 535,953.</u>	<u>\$ 514,515.</u>	<u>\$ 21,438.</u>	<u>\$ 0.</u>

**Schedule D, Part V
Endowment Funds**

	Current Year	Prior Year	Two Yrs. Back	Three Yrs. Back	Four Yrs. Back
Beginning of year balance	88263263.	82452716.	97043939.	0.	0.
Contributions	153,980.	6,421,148.	98,038.		
Investment earnings (losses)	5,214,023.	-608,851.	-14686791.		
Grants or scholarships	-8,338.	-1,750.	-2,500.		
Expend. for facilities & progs					
Administrative expenses					
End of year balance	93622928.	88263263.	82,452.	0.	0.

Computation of Cost of Goods Sold (Form 990-T)

1. Inventory at start of year.....	115,002.
2. Purchases.....	438,041.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.

Computation of Cost of Goods Sold (Form 990-T) (continued)

5. Other costs.....	0.
6. Total (Add lines 1 through 5).....	553,043.
7. Inventory at end of year.....	114,816.
8. Cost of goods sold (Subtract line 7 from line 6).....	<u>438,227.</u>