

2018 Income Tax Returns

STEVENS INSTITUTE OF TECHNOLOGY

Return of Organization Exempt From Income Tax

Form **990**

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

on 30 1(c), 327, or 4347(a)(1) or the internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19 D Employer identification number C Name of organization B Check if applicable: STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change ONE CASTLE POINT ON HUDSON (201) 216-8761Initial return City or town, state or province, country, and ZIP or foreign postal code Amended HOBOKEN, NJ 07030 G Gross receipts \$ 387,658,282. Application pending F Name and address of principal officer: LOUIS MAYER H(a) Is this a group return for Yes Χ Nο subordinates' ONE CASTLE POINT ON HUDSON, HOBOKEN, No Yes H(b) Are all subordinates included? X | 501(c)(3) 501(c)(4947(a)(1) or If "No," attach a list. (see instructions) Website: ▶ WWW.STEVENS.EDU H(c) Group exemption number Form of organization: X Corporation L Year of formation: 1870 M State of legal domicile: NJ Other > Summary 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE EDUCATIONAL SERVICES TO INDIVIDUALS IN PURSUIT OF Governance UNDERGRADUATE, MASTERS AND DOCTORATE DEGREES AND TO CONDUCT RESEARCH. if the organization discontinued its operations or disposed of more than 25% of its net assets. 30. Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 27. 3,230. Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 629. -78,832. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 34,904,846. 13,175,213. **COPY FOR** 311,117,231 328,790,996. Program service revenue (Part VIII, line 2g) **PUBLIC INSPECTION** 5,294,606. 8,571,520. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 2,993,445. 2,935,676. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 354,252,359. 353,531,174. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 83,453,306. 77,240,413. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 138,743,057. 149,311,629. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation.

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

(Part IX column (D) line 25) ▶ 5,208,877. 82,679. 133,040. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ _ _ _ 83,952,287. 92,427,998. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 300,018,436. 325,325,973. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 54,233,923. 28,205,201. Revenue less expenses. Subtract line 18 from line 12 s or **End of Year Beginning of Current Year** ets 610,769,155. 577,869,085. 20 Total assets (Part X, line 16) 202,832,286. Total liabilities (Part X, line 26) 199,080,870. 21 378,788,215. 407,936,869. 22 Net assets or fund balances. Subtract line 21 from line 20. 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 Signature of officer Date Here LOUIS MAYER CFO, VP FIN, TREASUR Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check Paid PHILLIP GROFF 4/2/2020 self-employed P01247783 ► KPMG LLP Firm's EIN ▶ 13-5565207 Firm's name Use Only Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102 212-758-9700 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).					
	ons required to file an income tax return othe		· · · · · · · · · · · · · · · · · · ·	0-C filers), partnerships.	RE	MICs.	and trust	ts
	orm 7004 to request an extension of time to fi			, , , , , , , , , , , , , , , , , , ,		,		
				Enter filer's identifyin	a nu	mber. s	see instruc	tions
	Name of exempt organization or other filer, see in	structions.		Employer identification nu	_			<u></u>
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orint	STEVENS INSTITUTE OF TECHNOLOG	ΞY		22-148735	4			
ile by the	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SS	SN)			
lue date for iling your	ONE CASTLE POINT ON HUDSON	•		Coolar coodiny nambor (co	511)			
eturn. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.					
nstructions.	HOBOKEN, NJ 07030	Ü	,					
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nter the Re	eturn Code for the return that this application	is for (file	a separate application t	or each return)	• • •		Ľĭ	ت
Application		Return	Application				Retu	
s For		Code	Is For				Cod	
	Form 990-EZ	01	Form 990-T (corporate	tion)			07	
orm 990-bl		02	Form 1041-A	uori)				
		03		an individual)			08	
Form 4720 (Form 990-PF			Form 4720 (other tha	in individual)				
		04	Form 5227				10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
-01111 990-1	(trust other than above)	06	Form 8870				12	
The beels	LOUIS MAYER, ED		TIME EAT HADAKEN	I NIT 07020				
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Talambana	- N- > 201 216 2761		N- N					
	e No. ► 201 216-8761		Fax No. ▶	ale this lane	_		_ [
	anization does not have an office or place of b						_	
II this is to	or a Group Return, enter the organization's for	ur aigit Gra	oup Exemption Number	(GEN)	$\overline{}$	_	this is	
	e group, check this box		art of the group, check	this dox		and a	ttacn	
	e names and EINs of all members the extensi		05/15 20	20 4-41-41			4:	
-	est an automatic 6-month extension of time ur			20, to file the exempt	org	anıza	tion retui	rn
for the	organization named above. The extension is	for the org	ganization's return for:					
P	calendar year 20 or	1 00 1 (2	06/20	00	1 0		
	tax year beginning07/0	$_{-}^{\perp}$, 20 $_{-}^{18}$	and ending		20_	<u>19</u> .		
• 15.11								
	ax year entered in line 1 is for less than 12 m	onths, chec	ck reason: Initial r	eturn Final return	า			
	hange in accounting period	00 T 470		toutether tour love our				
	application is for Forms 990-BL, 990-PF, 99	90-1, 4/20), or 6069, enter the	tentative tax, less any	_			0
	undable credits. See instructions.	4700	0000	6 1 1 1 1 1 1 1 1	3a	\$		0.
	application is for Forms 990-PF, 990-T,							0
	ted tax payments made. Include any prior yea				3b	\$		0.
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re	equirea, by using EF1PS				0
-	onic Federal Tax Payment System). See instru				3с		_	0.
	u are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, s	ee Form 8453-EO and Form	1 887	′9-EO	for payme	ent
nstructions.								
or Privacy A	act and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n 886 8	B (Rev. 1-2	2019)

STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 230,643,066. including grants of \$ 83,453,306.) (Revenue \$ EDUCATIONAL INSTRUCTION: IN THE ACADEMIC YEAR 2018-19, STEVENS' ENROLLMENT WAS 3,431 UNDERGRADUATE STUDENTS AND 3,857 GRADUATE STUDENTS. 762 STUDENTS GRADUATED WITH BACHELOR OF ENGINEERING, SCIENCE OR ARTS DEGREES, 1,622 STUDENTS RECEIVED MASTER'S IN ENGINEERING, SCIENCE, BUSINESS ADMINISTRATION OR ARTS. 53 PHD DEGREES WERE ALSO CONFERRED. IN ADDITION, STEVENS COLLABORATED WITH NUMEROUS DOMESTIC AND INTERNATIONAL UNIVERSITIES AND OTHER EDUCATIONAL PROGRAMS TO PROVIDE COURSES AND TRAINING TO INTERNATIONAL STUDENTS. STEVENS EMPHASIZES INNOVATION AND TEACHES ENTREPRENEURSHIP THROUGHOUT ITS CURRICULUM WITH THE AIM OF ENABLING THE INTEGRATION OF TECHNOLOGICAL AND MARKET KNOWLEDGE. 4b (Code:) (Expenses \$ 34, 415, 498. including grants of \$) (Revenue \$ 32,352,272. STUDENT LIFE: STEVENS INSTITUTE MAINTAINS A 55 ACRE CAMPUS IN HOBOKEN, NEW JERSEY AND PROVIDES STUDENTS WITH ON CAMPUS AND OFF CAMPUS HOUSING AS WELL AS SEVERAL DINING FACILITIES. INTERACTIONS BETWEEN PROFESSORS AND STUDENTS ALLOW FOR GREATER ACADEMIC AND SOCIAL DEVELOPMENT. THERE ARE OVER 130 CLUBS, ORGANIZATIONS AND VARSITY SPORTS THAT OFFER THE STUDENTS AMPLE OPPORTUNITY TO PARTICIPATE, BROADEN AND ENRICH THEIR STUDENT LIFE. THE S.C. WILLIAMS LIBRARY SERVES AS THE INSTITUTE'S INTELLECTUAL, CULTURAL AND SOCIAL CENTER CAPITALIZING ON A RESOURCEFUL STAFF AND NEW TECHNOLOGIES TO FOSTER A STIMULATING ENVIRONMENT FOR TEACHING, LEARNING AND SCIENTIFIC DISCOVERY. 4c (Code:) (Expenses \$ 29,532,736. including grants of \$) (Revenue \$ 32,471,998. RESEARCH: THE RESEARCH ENTERPRISE INCLUDES ACADEMIC RESEARCH. NATIONAL RESEARCH CENTERS AND CROSS-DISCIPLINARY RESEARCH INITIATIVES WITH AFFILIATED ORGANIZATIONS AND INFRASTRUCTURE. CREATIVE AND ENTREPRENEURAL RESEARCH IS AN INTEGRAL PART OF THE STEVENS MISSION. THE UNIVERSITY HAS BEEN RECOGNIZED BY BOTH THE U.S. DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF HOMELAND SECURITY AS A NATIONAL CENTER OF EXCELLENCE IN THE AREAS OF SYSTEMS ENGINEERING, PORT SECURITY AND INFORMATION ASSURANCE. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 294,591,300.

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Form **990** (2018)

Form 990 (2018)
Part IV Page 3

	IV Checklist of Required Schedules		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
	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? If "Yes," complete Schedule C, Part II	4	X	
		4	- 21	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		╀
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			t
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		t
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	complete Schedule D, Part VI	11a	Х	+
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		٠	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	ļ
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			T
	Schedule D. Parts XI and XII.	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			t
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X	_
	- 1111111111111111111111111111111111111		X	+
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	+
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		,,	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	+
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			Τ
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			T
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			t
	If "Yes," complete Schedule G, Part III	19		
		_		$^{+}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		+
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		+
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Dort IV column (A) line 12 If "Vee " complete Cahadula I Dorta Land II	24	ı	1
Ą	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	_

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27		20		21
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		X
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7,670			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?		Х	
				

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Form **990** (2018)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a 3,230			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ĺ
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, -		٦,
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 or note to any line in this Part VI Section A. Governing Body and Management No 30 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 27 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Χ Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AK, CO, DC, MD, MI, NH, NC, OR, PA, SC,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

| X | Own website | Another's website | X | Upon request | Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ►

LOUIS MAYER, ED.D. 5 MARINE VIEW PLAZA, SUITE 501 HOBOKEN, NJ 07030 201-216-8761

Form **990** (2018)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 (list any	box,	unles	Pos neck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)STEPHEN T. BOSWELL	3.00									
CHAIRMAN/TRUSTEE	0.	Х		Χ				0.	0.	0.
(2)THOMAS A. CORCORAN	1.00									
VICE CHAIRMAN/TRUSTEE	0.	X		Χ				0.	0.	0.
(3) RICHARD R. ROSCITT	1.00									
VICE CHAIRMAN/TRUSTEE	0.	Х		Χ				0.	0.	0.
(4) JOHN A. SCHEPISI	1.00									
VICE CHAIRMAN/TRUSTEE	0.	X		Χ				0.	0.	0.
(5) SHANE Q. ARLINGTON	1.00									
TRUSTEE TO 9/26/18	0.	Х						0.	0.	0.
(6) SALEEL AWSARE	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)LAWRENCE T. BABBIO, JR	1.00									_
TRUSTEE	0.	X						0.	0.	0.
(8)CRISTIAN S. COLLADO	1.00									_
TRUSTEE AS OF 5/21/19	0.	X						225.	0.	0.
(9)PHILIP P. CROWLEY	1.00							_	_	_
TRUSTEE	0.	X						0.	0.	0.
(10)JOHN R. DEARBORN	1.00							_	_	_
TRUSTEE	0.	X						0.	0.	0.
(11)JOSEPH DEL GUERICO	1.00							_	_	_
TRUSTEE	0.	X						0.	0.	0.
(12)WILLIAM DESTLER	1.00									
TRUSTEE	0.	X						0.	0.	0.
(13) JOSEPH G. DIPOMPEO	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(14) EMILIO A. FERNANDEZ	1.00							_	_	_
TRUSTEE	0.	X						0.	0.	0.

Form **990** (2018)

JSA

Form 990 (2018) Page **8**

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

	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe d a d	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	OHN "SEAN" J. HANLON IV	1.00									•
	RUSTEE	1.00	X						0.	0.	0.
	ATTHEW B. HUNT RUSTEE	0.	X						0.	0.	0.
	ANIELLA M. KRANJAC	1.00	Λ						0.	0.	
	RUSTEE	0.	X						0.	0.	0.
	AINER MARTINI	55.00									
T	RUSTEE/PROFESSOR TO 5/21/19	0.	Х						175,746.	0.	32,307.
	ISA M. MASCOLO	1.00									· · · · · · · · · · · · · · · · · · ·
T	RUSTEE	0.	Х						0.	0.	0.
20) E	LIZABETH C. PALLONE	1.00									
T	RUSTEE	0.	Х						0.	0.	0.
21) S	AMUEL P. RECKFORD	1.00									
T	RUSTEE	0.	Х						0.	0.	0.
22) Al	NNMARIE RIZZO	1.00									
	RUSTEE	0.	X						0.	0.	0.
·	IRGINIA P. RUESTERHOLZ	1.00									
	RUSTEE	0.	Х						0.	0.	0.
	ONALD E. SALLUZZO	1.00									0
	RUSTEE	1.00	X						0.	0.	0.
	HOMAS H. SCHOLL RUSTEE	1.00	X						0.	0.	0
									225.	0.	0.
1b Su	b-total								8,558,175.	0.	884,129.
	tal from continuation sheets to Part VII, So tal (add lines 1b and 1c)	_						>	8,558,400.	0.	884,129.
2 To	tal number of individuals (including but not portable compensation from the organization	limited to t		liste							001,123.
	,	•									Yes No
3 Dio	d the organization list any former offic	er directo	ır or	tri	ıste	<u> </u>	kev e	mn	Novee or highes	t compensated	100 110
	ployee on line 1a? If "Yes," complete Schedu										3 X
	r any individual listed on line 1a, is the										
	panization and related organizations gre										
	, lividual										4 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 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 ▶ 148

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Part VII

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Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and I	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	Average Position Reportable compensation box, unless person is both an officer and a director/trustee)		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) OLIVIA SCHREIBER TRUSTEE	1.00	X						4,621.	0.	0.
27) FRANK J. SEMCER TRUSTEE	1.00	Х						0.	0.	0.
28) KEITH G. SHEPPARD TRUSTEE AS OF 5/21/19	55.00	Х						232,092.	0.	25,460.
29) J. SCOTT SWENSEN TRUSTEE	1.00	Х						0.	0.	0.
30) VICTORIA VELASO TRUSTEE	1.00	Х						0.	0.	0.
31) MICHAEL ZUR MUEHLEN TRUSTEE/PROFESSOR	55.00	Х						235,529.	0.	35,463.
32) NARIMAN FARVARDIN PRESIDENT/TRUSTEE	55.00	Х		Х				1,042,087.	0.	27,641.
33) TONIANN BIONDOLILLO ASST CORP SEC	55.00			Х				78,315.	0.	14,209.
34) JOSEPH E. CASSIDY AVP FINANCE	55.00			Х				241,837.	0.	21,825.
35) LOUIS J. MAYER VP FINANCE/TREAS	55.00			Х				407,789.	0.	49,598.
36) KATHY L. SCHULZ VP, GENERAL COUNSEL/SECRETARY	55.00			Х				379,185.	0.	29,920.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>						> >			
2 Total number of individuals (including but not reportable compensation from the organization)		hose 307		d al	bov	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?	. If	"Yes	;"	complete Schedu	le J for such	4 X
 individual Did any person listed on line 1a receive or for services rendered to the organization? If "Y 	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	4 X 5 X
Section B. Independent Contractors	co, comple	.5 561		0	,01	34011	,,,,,			
Complete this table for your five highest com	nensated i	ndene	ende	ent o	con	tracto	rs t	hat received more	than \$100 000 c	of

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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Form 990 (2018) Page **8**

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ıplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) ELIZABETH SHELTON AVP INVESTMENTS/ASSIST TREAS	55.00			X				206,273.	0.	19,013.
38) MOHAMMAD DEHGHANI	55.00			Λ				200,273.	0.	19,013.
VICE PROVOST	0.				X			404,892.	0.	48,743.
39) DAVID DODD VP FOR INFO TECHNOLOGY	55.00				Х			271,753.	0.	44,284.
40) ROBERT MAFFIA	55.00									
VP FOR FACILITIES	0.				Х			293,754.	0.	46,889.
41) MARYBETH MURPHY VP ENROLLMENT MANAGEMENT	55.00				X			298,889.	0.	34,954.
42) WARREN PETTY	55.00				21			230,003.	· ·	34,334.
VP HUMAN RESOURCES	0.				X			252,080.	0.	21,129.
43) CHRISTOPHE PIERRE	55.00									
PROVOST	0.				Х			550 , 556.	0.	41,481.
44) GREGORY PRASTACOS	55.00									
DEAN	0.				Х			419,422.	0.	49,598.
45) WILLIAM REMINGTON	55.00				3.7			256 704	0	07 641
VP DEVELOPMENT TO 12/31/18 46) JEAN ZU	55.00				Х			356,794.	0.	27,641.
DEAN ZO	- 33.00				X			339,509.	0.	36,828.
47) YEHIA MASSOUD	55.00									
DEAN AS OF 1/1/18	0.				Х			330,467.	0.	44,139.
1b Sub-total							>			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						>			
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste				re	ceived more than	\$100,000 of	
· · · · · · · · · · · · · · · · · · ·										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15 	0,0	00?) If	"Yes	."	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or	accrue col	mnen	sati	on f	fr∩n	n anv	un	related organization	on or individual	

Section B. Independent Contractors

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

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Χ

Part VII Section A. Officers, Directors, Tru		y ⊏iĭ	ihio			anu F	ııyı			•	—
(A) Name and title	(B) Average hours per week (list any	age Position Report compens						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	1		d a di		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensati from the organizatio and related organization	on ed
18) GEORGE KORFIATIS	55.00										
PROFESSOR	0.					Х		470,443.	0.	43,0)49
19) CONSTANTIN CHASSAPIS	55.00										
VICE PROVOST	0.					Х		359,422.	0.	44,2	231
50) DINESH VERMA	55.00										
PROFESSOR/EXEC DIRECTOR	0.					X		323,583.	0.	44,4	173 —
51) CHRISTOS CHRISTODOULATOS	55.00							200 270		01.0	20
PROFESSOR	0.					X		309,370.	0.	21,2	281
2) HADY SALLOUM	55.00					\ \ <u>\</u>		227 042		40 /	10
PROFESSOR 3) ANTHONY BARRESE	55.00					X		337,942.	0.	42,4	<u>+</u> ∠
PROFESSOR/ FORMER KEY EMPLOYEE	0.						Х	235,825.	0.	37 , 5	53
Sub-total C Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				> > re	ceived more than	\$100,000 of		
	·									Yes	N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X	
For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	If	"Yes	3,"	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	ron	n any	un	related organization	on or individual	5	
Section B. Independent Contractors	,						,			- 1	_
Complete this table for your five highest comcompensation from the organization. Report of year.											

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
2 1a	3	Federated campaigns	1a					
<u> </u>	b	Membership dues	1b					
₹ (Fundraising events		207,156.				
<u> </u>	b	Related organizations	1d					
<u> </u>	Э	Government grants (contribu	tions) 1e	3,082,367.				
<u> </u>	f	All other contributions, gifts,	grants,					
5		and similar amounts not included		9,885,690.				
ਜ਼ ∣ ੋ	_	Noncash contributions included i Total. Add lines 1a-1f		1,567,472.	13,175,213.			
				Business Code				
2 2		TUITION & FEES		611600	265,206,413.	265,206,413.		
	1 D	RESEARCH REVENUE		541610	32,471,999.	32,471,999.		
22	C	STUDENT HOUSING		611710	20,861,635.	20,861,635.		
	d	STUDENT DINING		611710	9,468,479.	9,468,479.		
	Э	TECHNICAL LEADERSHIP INST	RUCTION	611600	620,655.	620,655.		
· 1		All other program service rev			161,815.	161,815.		
	<u>g</u>	Total. Add lines 2a-2f		<u></u>	328,790,996.	T		
3		Investment income (inc	luding dividen	ds, interest,				
		and other similar amounts).			8,492,692.		-164,492.	8,657,18
4		Income from investment of	•	•	0.			
5		Royalties	(i) Real	(ii) Personal	27,850.			27,85
			()	(II) I elsoliai				
66		Gross rents	10,341.					
'		Less: rental expenses	10,341.					
		Rental income or (loss)			10,341.			10,34
78		Net rental income or (loss). Gross amount from sales of	(i) Securities	(ii) Other	10,341.			10,34
'	•	assets other than inventory	33,926,995.					
Ι.	0	Less: cost or other basis	, ,					
'	,	and sales expenses	33,825,452.	22,715.				
Ι.	С	Gain or (loss)	101,543.	-22,715.				
	d	Net gain or (loss)			78,828.			78,82
١.,		Gross income from fundra						
		events (not including \$	207,156.					
		of contributions reported on	line 1c).					
88		See Part IV, line 18	a	108,055.				
, ı	o	Less: direct expenses	b	278,941.				
'	С	Net income or (loss) from fu	ndraising events	▶	-170,886.			-170,88
98	3	Gross income from gaming						
		See Part IV, line 19	a					
1		Less: direct expenses						
'	С	Net income or (loss) from g	_		0.			
10a	1	Gross sales of inventoreturns and allowances	•	0.				
١.		Less: cost of goods sold						
		Net income or (loss) from sal			0.			
		Miscellaneous Revenue		Business Code				
11a		NON-REFUNDABLE DEPOSITS		900099	491,500.	491,500.		
	•	CAREER FAIR REVENUE		900099	190,550.	190,550.		
	c	PARKING		812930	379,409.			379,40
- ['		All other revenue			2,064,681.	1,978,871.	85,660.	15
(J.							

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).

000	Check if Schedule O contains a response or note to any line in this Part IX							
<u>Do</u>			(B)					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	83,453,306.	83,453,306.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
	trustees, and key employees	7,211,332.	2,278,614.	4,555,760.	376,958.			
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.	104 120 020	7 750 055	0 600 100			
7	Other salaries and wages	114,509,202.	104,130,838.	7,758,255.	2,620,109.			
8	Pension plan accruals and contributions (include	(200 122	E EOC 771	(27, 260	155 101			
	section 401(k) and 403(b) employer contributions)	6,299,132.	5,506,771.	637,260.	155,101.			
9	Other employee benefits	14,651,196. 6,640,767.	12,808,240. 5,805,433.	1,482,207. 671,822.	360,749. 163,512.			
10	Payroll taxes	0,040,707.	3,003,433.	0/1,022.	103,312.			
	Fees for services (non-employees):	0.						
	Management	1,034,587.	561,066.	473,521.				
	Legal	568,083.	301,000.	568,083.				
	Accounting	276,019.		276,019.				
	Lobbying Professional fundraising services. See Part IV, line 17	133,040.			133,040.			
	Investment management fees	837,393.	827,046.	10,347.	<u> </u>			
	Other. (If line 11g amount exceeds 10% of line 25, column	,		,				
3	(A) amount, list line 11g expenses on Schedule O.).	17,979,587.	13,612,229.	3,933,875.	433,483.			
12	Advertising and promotion	1,103,785.	853,265.	250,240.	280.			
13	Office expenses	2,478,101.	2,100,868.	115,219.	262,014.			
14	Information technology	3,988,989.	3,705,299.	255,554.	28,136.			
15	Royalties	0.						
16	Occupancy	13,276,216.	12,883,176.	393,037.	3.			
17	Travel	3,730,326.	3,523,698.	143,639.	62,989.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.	505.000					
19	Conferences, conventions, and meetings	774,748.	707,063.	54,810.	12,875.			
20	Interest	3,862,683.	3,653,151.	209,532.				
21	Payments to affiliates	0. 14,267,935.	13,493,968.	773,967.				
22	Depreciation, depletion, and amortization	1,288,250.	221.	1,288,029.				
23	Insurance	1,200,230.	221.	1,200,029.				
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
•	REPAIRS & MAINTENANCE	7,385,127.	7,061,244.	310,524.	13,359.			
_	RESEARCH CONTRACTS	5,730,588.	5,726,938.	3,650.				
~	HOSPITALITY	3,622,591.	3,096,459.	222,482.	303,650.			
-	LOSS ON SALE OF EQUIPMENT	1,376,787.	1,376,787.					
	All other expenses	8,846,203.	7,425,620.	1,137,964.	282,619.			
	Total functional expenses. Add lines 1 through 24e	325,325,973.	294,591,300.	25,525,796.	5,208,877.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.						
_	, , , , , , , , , , , , , , , , , , , ,	3.1			Form 990 (2018)			

Form **990** (2018)

Form 990 (2018) Page **11**

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X							
			(A)		(B)			
	1		Beginning of year		End of year			
	1	Cash - non-interest-bearing	638,517.		777,330.			
	2	Savings and temporary cash investments	69,821,467.	2	66,356,997.			
	3	Pledges and grants receivable, net	39,778,172.	3	24,608,961.			
	4	Accounts receivable, net	19,444,004.	4	18,947,541.			
	5	Loans and other receivables from current and former officers, directors,						
		trustees, key employees, and highest compensated employees.	_					
	١.	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.			
	6	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			0			
S		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.			
Assets	7	Notes and loans receivable, net	0.	7	0.			
Ą	8	Inventories for sale or use	0.	8	0.			
	9	Prepaid expenses and deferred charges	2,000,518.	9	9,373,684.			
	10 a	Land, buildings, and equipment: cost or						
	١.	other basis. Complete Part VI of Schedule D 10a 430, 641, 457.	100 117 247		254 670 272			
		Less: accumulated depreciation	198,117,347. 151,173,609.		254,678,373. 167,760,149.			
	11	Investments - publicly traded securities ATCH 3	35,771,314.	11	46,304,562.			
	12	Investments - other securities. See Part IV, line 11	33,771,314.	12	40,304,362.			
	13	Investments - program-related. See Part IV, line 11	0.	13	0.			
	14	Intangible assets	61,124,137.	14	21,961,558.			
	15 16	Other assets. See Part IV, line 11	577,869,085.	15 16	610,769,155.			
	17	Total assets. Add lines 1 through 15 (must equal line 34)	22,385,256.	17	28,475,047.			
	18	Accounts payable and accrued expenses	0.	18	0.			
	19	Deferred revenue	15,100,133.	19	11,362,487.			
	20	Tax-exempt bond liabilities	140,570,696.	20	136,866,579.			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.			
တ္သ	22	Loans and other payables to current and former officers, directors,						
Liabilities		trustees, key employees, highest compensated employees, and						
abil		disqualified persons. Complete Part II of Schedule L	0.	22	0.			
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.			
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	5,900,000.			
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X						
		of Schedule D	21,024,785.	25	20,228,173.			
	26	Total liabilities. Add lines 17 through 25	199,080,870.	26	202,832,286.			
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.						
Fund Balances	27	Unrestricted net assets	132,074,462.	27	160,610,292.			
Bal	28	Temporarily restricted net assets	129,892,503.	28	129,190,274.			
둳	29	Permanently restricted net assets	116,821,250.	29	118,136,303.			
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds		30				
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32				
Net	33	Total net assets or fund balances	378,788,215.	33	407,936,869.			
	34	Total liabilities and net assets/fund balances	577,869,085.	34	610,769,155.			
	34	Total liabilities and net assets/fund balances	577,869,085.	34	610,769,155.			

Form **990** (2018)

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OIIII J	70 (2010)				ı uş	gc • -
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			31,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2 325,325,9		73.		
3	Revenue less expenses. Subtract line 2 from line 1	3			05,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	8,7	88,2	215.
5	Net unrealized gains (losses) on investments	5	1	1,1	58,8	305.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	0,2	15,3	352.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	40	7,9	36,8	869.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
~	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversial	ht			
·	of the audit, review, or compilation of its financial statements and selection of an independent acc	-		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3 9	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
Ja	the Single Audit Act and OMB Circular A-133?	. IOIIII I		3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lerao th	• • –			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Χ	

SCHEDULE A (Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

Рa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this na	art) See instructions	<u> </u>
	_	anization is not a private fou	<u> </u>					···
1		A church, convention of chu		•		•	•	
2	X	A school described in secti						
3		A hospital or a cooperative						
4		A medical research organiz						(iii) Enter the
-		hospital's name, city, and st		conjunction with a not	spital ue	scribed ii	ir section 170(b)(1)(A)	(III). Litter the
5				a college or universit		d or one	aratad by a gayarama	ental unit described in
3			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.)					
_					هــــها الم	: 470/	(I= \ / 4 \ / 4 \ / 4 \ /\	
6	\vdash	A federal, state, or local go	•				, , , , , ,	46
7		An organization that norma	-	•	pport ire	om a go	vernmental unit or ire	om the general public
_		described in section 170(b)		·	D4 II \			
8	\vdash	A community trust describe					l i	land mank sallana
9		An agricultural research org						
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	the college or
		university:				•		
0		An organization that norma receipts from activities rela	lly receives: (1) meted to its exempt f	ore than 331/3 % of its	support ertain e	trom co	intributions, membersi	np fees, and gross
		support from gross investm	nent income and u	nrelated business tax	able inco	me (les	s section 511 tax) from	businesses
		acquired by the organizatio				•	•	
11		An organization organized	•	•	-			
2		An organization organized	•	•				
		of one or more publicly su	· ·					
		Check the box in lines 12a t	=			_	•	-
а		$oxedsymbol{oxed}$ Type I. A supporting orga	•	•	-		•	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
		_ supporting organization. \	•					
b		☐ Type II. A supporting org	•					
		control or management o	• • • •	=	the sam	e persor	ns that control or man	age the supported
		_ organization(s). You must	complete Part IV	, Sections A and C.				
С		oxdot Type III functionally integrates						lly integrated with,
		$_{_}$ its supported organizatior		•				
d	L	Type III non-functionally			-			- ' '
		that is not functionally into	-		_		•	d an attentiveness
		_ requirement (see instruct	•	-				
е		_ Check this box if the orga						I, Type III
		functionally integrated, or					tion.	
		ter the number of supported						
g		ovide the following information			G-A L. H.		(v) Amount of monetary	(si) Amount of
	(1) 14	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing		(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
_								
E)								
Γota	ai						1	

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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.)

2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2014 25,805,184.	(b) 2015	(c) 2016 22,968,900.	(d) 2017	(e) 2018	(f) Total
2	membership fees received. (Do not include any "unusual grants.")	25,805,184.	8,675,979.	22 968 900			
3	organization's benefit and either paid to or expended on its behalf			22/300/300.	34,904,846.	13,175,213.	105,530,122.
	The						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	25,805,184.	8,675,979.	22,968,900.	34,904,846.	13,175,213.	105,530,122.
	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)						17,507,043.
	Public support. Subtract line 5 from line 4						88,023,079.
	ion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	, , , , , ,	25,805,184.	8,675,979.	22,968,900.	34,904,846.	13,175,213.	105,530,122.
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,793,076.	3,490,579.	4,164,121.	5,910,248.	8,695,375.	25,053,399.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,218,877.	4,760,448.	4,081,092.	4,163,674.	3,148,535.	21,372,626.
11	Total support. Add lines 7 through 10						151,956,147.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,480,758,841.
	First five years. If the Form 990 is for organization, check this box and stop here.						
	ion C. Computation of Public Supp						57.93 %
	Public support percentage for 2018 (lin	. ,	•			14	55.99%
	Public support percentage from 2017 3					15	
	331/3% support test - 2018. If the org						
	box and stop here . The organization qu 331/3% support test - 2017. If the org			-			
	this box and stop here. The organization	n qualifies as a	publicly support	ted organization			▶ 🔲
	7a 10%-facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	b 10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
18	Private foundation. If the organization instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check t	this box and see	▶□

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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

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

Sec	tion A. Public Support			, i	<u>'</u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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							
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T		T	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,	,					
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd. third fourth	or fifth tax v	rear as a section	501(c)(3)
	organization, check this box and stop here .	•			•		```
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	
	•			12 column (f))		17	%
17 10	Investment income percentage for 2018 (lin						
18	Investment income percentage from 2017 S					18	
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3 %, check		="	•			
20	Private foundation. If the organization of	ald not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions 🟲 📗

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Page **5** Schedule A (Form 990 or 990-EZ) 2018

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
sect	ion D. All Type III Supporting Organizations		14	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_	·	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
a	The organization satisfied the Activities Test. Complete line 2 below.	u uou	0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017 Excess from 2018

Part V

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

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

SCHEDULE A, PART II, LINE 10 - DETAIL OF O	THER INCOME
GROSS INCOME FROM FUNDRAISING ACTIVITIES	\$ 108,055
NON-REFUNDABLE DEPOSITS	491,500
PARKING	379,409
CAREER FAIR REVENUE	190,550
ALL OTHER REVENUE	1,979,021
TOTAL OTHER INCOME	\$ 3,148,535

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2

Name of organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

> Person **Payroll**

Noncash (Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

noncash contributions.)

Χ

1,000,000.

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,113,125.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 469 , 500.	Person Payroll Noncash

\$

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$334,350.	Person Payroll Noncash (Complete Part II for

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5			Person
		s 325,000.	Payroll Noncash
		Ψ	
			(Complete Part II for

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

CECUIDITTEC_DIDITCLY TRADED	
2 SECURITIES-PUBLICLY TRADED	
\$ 1,000,000. VAR	
(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (See instructions.)	(d) e received
(a) No. from Part I Description of noncash property given (c) (b) FMV (or estimate) (See instructions.)	(d) e received
\$	
(a) No. from Part I Description of noncash property given (c) (b) FMV (or estimate) (See instructions.)	(d) e received
(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (See instructions.)	(d) e received
(a) No. from Part I Description of noncash property given (c) (b) FMV (or estimate) (See instructions.)	(d) e received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization STEVENS INSTITUTE OF TECHNOLOGY Employer identification number 22-1487354 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

•	Section 50 f(c)(3) organizations	that have filed Form 5700 (election un	ider section 50 r(n)). Co	implete Part II-A. Do not con	ipiete Part II-b.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elect	on under section 501(h)): Complete Part II-B. Do no	ot complete Part II-A.
Tax)	(see separate instructions), ther		Tax) (see separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	VENS INSTITUTE OF TE			22-148	
Pai	-	organization is exempt under			
1		organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	nstructions for
	definition of "political campa	•			
2		xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instructio	ns)		
Par		organization is exempt under			
1	Enter the amount of any exc	ise tax incurred by the organization	on under section 495	5 ▶ \$	
2		sise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.			=	
Par	<u> </u>	organization is exempt under			5).
1		xpended by the filing organizatio			
2		ng organization's funds contributed			
	527 exempt function activities	es		▶\$	
3		enditures. Add lines 1 and 2. Er			
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	oer (EIN) of all section	on 527 political organiza	ations to which the filing
		s. For each organization listed, er			
		ributions received that were pron nd or a political action committee (
			1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)			_		
(5)			-		
(6)			-		
		İ	T. Control of the Con	1	I.

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

Schedule C (Form 990 or 990-EZ) 2018

Sch	redule C (Form 990 or 990-EZ) 2018	SIEAFI	2 INSITI	OIE OF IECHNO	LOGI	22-1	40/334	Page Z
Pá	art II-A Complete if the org section 501(h)).	ganizati	on is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction unde	r
A				affiliated group (an excess lobbying exp		ach affiliated group mem	iber's name	,
В	Check ▶ if the filing organize	zation ch	ecked box A	A and "limited contr	ol" provisions app	oly.		
	Limits (The term "expendit		ying Expendence		.)	(a) Filing organization's totals	(b) Affil group t	
1 a	a Total lobbying expenditures to i	nfluence	public opini	on (grass roots lob	bying)			
	Total lobbying expenditures to i				· - · -			
	Total lobbying expenditures (ad		_					
	d Other exempt purpose expendi				H			
	Total exempt purpose expendit							
f	Lobbying nontaxable amount.	Enter th	e amount	from the following	table in both			
	columns.							
	If the amount on line 1e, column (a	ı) or (b) is:	The lobbyir	ig nontaxable amount	is:			
	Not over \$500,000		20% of the	amount on line 1e.				
	Over \$500,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.			
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.			
	Over \$1,500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess	over \$1,500,000.			
	Over \$17,000,000		\$1,000,000					
	g Grassroots nontaxable amount	•			<u>-</u>			
	n Subtract line 1g from line 1a. If							
	Subtract line 1f from line 1c. If							
j	If there is an amount other th				•			
	reporting section 4911 tax for t						Yes	No
				aging Period Unde	, ,			
	(Some organizations tha			11(h) election do no te instructions for			ins below.	
		Lohk	ving Exner	nditures During 4-Y	ear Δveraging Pe	riod		
		LODI	ying Exper	lattares baring 4-1	Tan Averaging i e	i iod		
	Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) T	otal
28	Lobbying nontaxable amount							
k	Lobbying ceiling amount							
	(150% of line 2a, column (e))							
(Total lobbying expenditures							
C	d Grassroots nontaxable amount							
•	Grassroots ceiling amount (150% of line 2d, column (e))							
		1		I	i			

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 576	88		
-		(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amoui	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
•	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X					
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	X	X			65	833
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			05,	033
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?		Λ		3	65	833
j	Total. Add lines 1c through 1i		Х			00,	000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912						
b c	If "Yes," enter the amount of any tax incurred under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	າ		
	501(c)(6).	` , , ,	•				
						es/	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					:-	
	answered "Yes."	OK (0) Pa	rt III-A	i, iirie s	, 15	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo						
_	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es.		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio	n of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information	d a.c.	ın lint	. Dort	II A line	1	d
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate te instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a grou	ıp iist), Part	II-A, III	2S I	anu
2 (30	e instructions), and i artii-b, line 1.7430, complete this partion any additional information.						
SEF	PAGE 4						
	·						

Schedule C (Form 990 or 990-EZ) 2018

Page 4

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

PART II-B, LINE 1G - LOBBYING

STEVENS INSTITUTE OF TECHNOLOGY HIRED VARIOUS OUTSIDE CONSULTANTS TO UNDERTAKE LOBBYING ACTIVITIES RELATED TO EDUCATIONAL AND OTHER MISSION RELATED INITIATIVES ON ITS BEHALF. STAFF PARTICIPATES INDIRECTLY IN ACTIVITIES SUCH AS MEETING WITH NEW JERSEY AND HOBOKEN ELECTED AND APPOINTED OFFICIALS TO PROMOTE STEVENS AND ITS PRIORITY PROGRAMS AND INITIATIVES SUCH AS CAPITAL PROJECTS AND FUNDING INITIATIVES. IN ADDITION, THEY PROVIDE OVERSIGHT TO OUTSIDE CONSULTANTS AND ARE DIRECTLY ENGAGED IN ACTIVITIES RELATED TO STEVENS' FEDERAL RESEARCH INITIATIVES.

BETH MCGRATH, VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY RELATIONS AND CHIEF OF STAFF, IS REGISTERED AS A LOBBYIST IN THE STATE OF NEW JERSEY.

SHE SPENDS APPROXIMATELY 20% OF HER TIME ON NEW JERSEY-FOCUSED HIGHER EDUCATION AND TECHNOLOGY ISSUES.

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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: -5,400.

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Assets included in Form 990, Part X......

Schedule D (Form 990) 2018

▶ \$

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	easures, or	Other Similar	Assets (con	tinued)	rage =
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of the	following that	are a signific	ant use	of its
	collection items (check all that app	oly):						
а	X Public exhibition		d Loan	or exchange	programs			
b	X Scholarly research		e Other					
С	X Preservation for future gene	erations						
4	Provide a description of the orga	nization's collections	and explain how	they further	the organizatio	n's exempt pu	urpose ii	n Part
	XIII.							
5	During the year, did the organization	on solicit or receive o	lonations of art, hist	orical treasu	res, or other sim	ıilar		
	assets to be sold to raise funds rat	her than to be mainta	ained as part of the	organization'	s collection?		Yes	X No
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line	9, or reported	an amount o	n Form	
	990, Part X, line 21.							
1 a	Is the organization an agent, truste						_	_
	included on Form 990, Part X?					🔲	Yes	No
b	If "Yes," explain the arrangement i	in Part XIII and comp	olete the following tal	ble:				
						Amount		
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance							
2a	Did the organization include an an						_	X No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanatior	n has been pr	ovided on Part X	311 <u>.</u>		
Pa	rt V Endowment Funds.							
	Complete if the organiza							
		(a) Current year	(b) Prior year	(c) Two years	. ,) Four year	
1a	Beginning of year balance	206,806,000.	183,934,000.	166,024,			73,055	
b	Contributions	6,994,156.	19,393,944.	9,140,	730. 1,9	08,265.	3,683	<u>,046</u> .
С	Net investment earnings, gains,							
	and losses	15,638,833.	9,051,558.	15,132,		16,117.		<u>,160</u> .
d	Grants or scholarships	2,148,623.	2,038,014.	6,364,	260. 6,0	48,208.	4,547	,864.
е	Other expenditures for facilities							
	and programs	2,986,366.	3,535,488.					
f	Administrative expenses							
g	End of year balance	224,304,000.	206,806,000.	183,934,	000. 166,0	24,661. 1	73,680	<u>,721</u> .
2	Provide the estimated percentage	of the current year	end balance (line 1g	column (a))	held as:			
а	Board designated or quasi-endown	nent ► 7.7000	_%					
b	Permanent endowment ▶ 51.							
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a	•						
3 a	Are there endowment funds not in	the possession of the	ne organization that	are held and	d administered fo	or the		
	organization by:					_	Yes	No
	(i) unrelated organizations					_	a(i) X	
	(ii) related organizations					_	a(ii)	X
b	If "Yes" on line 3a(ii), are the relat	•	•				3b	
4	Describe in Part XIII the intended		tion's endowment fu	nds.				
Pa	rt VI Land, Buildings, and Equation Complete if the organization	ui pment. ation answered "V	es" on Form 990	Part IV line	11a See For	m 990 Part :	X line 1	Λ
	Description of property	(a) Cost or		or other basis	(c) Accumulated		ook value	0.
		(inves	tment) (d	other)	depreciation	` '		
1a	Land			763,196.	105 001 55		1,763,	
b	Buildings		357,2	206,459.	135,891,286	. 22	1,315,	173.
С	Leasehold improvements							
d	Equipment		· · · · · · · · · · · · · · · · · · ·	162,706.	24,394,623		8,768,	
	Other		· ·	509,096.	15,677,175		2,831,	
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Forn	n 990, Part X, colum	n (B), line 10	c.) 🗼 🕩	▶ 25	4,678,	373.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 3

Scriedule D (F	01111 990) 2016		Fage
Dort VII	Investments	Other Securities	•

Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	10,500,412.	FMV
(B) TRUSTS HELD BY OTHERS	5,995,761.	FMV
(C) SPLIT INTEREST AGREEMENTS	2,803,734.	FMV
(D) OTHER	69,837.	FMV
(E) PRIVATE EQUITY	26,934,818.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	46,304,562.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT BENEFIT OBL	5,724,298.
(3) ANNUITIES PAYABLE	1,931,492.
(4) CONDITIONAL ASSET RETIREMENT	5,960,527.
(5) REFUNDABLE ADVANCES	4,730,902.
(6) CAPITAL LEASE OBLIGATION	1,880,954.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,228,173.

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

Schedule D (Form 990) 2018

JSA 8E1270 1.000 Schedule D (Form 990) 2018 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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 (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
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		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
	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:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

COLLECTIONS OF ART, HISTORICAL TREASURES - FORM 990, SCHEDULE D, PART III VARIOUS PIECES OF ART THAT HAVE BEEN DONATED ARE ON PUBLIC DISPLAY FOR THE ENRICHMENT AND ENJOYMENT OF VISITORS, FACULTY, STAFF AND STUDENTS.

ENDOWMENT FUNDS - FORM 990, SCHEDULE D, PART V, LINE 4 THE UNIVERSITY'S ENDOWMENT FUND IS INTENDED TO SUPPORT SCHOLARSHIPS FOR UNDERGRADUATE AND GRADUATE STUDENTS AND TO PROVIDE FINANCIAL ASSISTANCE FOR PROGRAMS AND SERVICES CONDUCTED BY THE UNIVERSITY.

INCOME TAXES - FORM 990, SCHEDULE D, PART X THE UNIVERSITY HAS BEEN CLASSIFIED AS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE AND SIMILAR STATE OF NEW JERSEY TAX PROVISIONS. FEDERAL LAW IMPOSES TAX ON INCOME THAT IS NOT RELATED TO AN ORGANIZATION'S TAX-EXEMPT PURPOSES OR OTHERWISE EXCLUDED UNDER THE CODE.

THE UNIVERSITY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME, DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. MANAGEMENT OF THE UNIVERSITY BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS. THE TAX YEARS ENDED 2016, 2017, 2018 AND 2019 ARE OPEN TO AUDIT FOR FEDERAL PURPOSES.

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY Employer identification number

22-1487354

	rt I		YES	N
	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?	1	Х	
	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?	2	Х	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	3	X	
	describe. If "No," please explain. If you need more space, use Part II			
	SEE SUPPLEMENTAL PAGE			
	Does the organization maintain the following?		v	
a h	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	\vdash
b	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	L
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		
	Administration of the O			
b	Admissions policies?	5b		
С	Employment of faculty or administrative staff?	5c		
C	Employment of faculty of administrative staffs.	30		
d	Scholarships or other financial assistance?	5d		
	•			
е	Educational policies?	5e		
f	Use of facilities?	5f		
•	Ose of facilities:			
g	Athletic programs?	5g		
h	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	011		
а	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
	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	7	X	1

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Schedule E (Form 990 or 990-EZ) (2018)

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

NONDISCRIMINATION POLICY - PART I, LINE 3

STEVENS INSTITUTE OF TECHNOLOGY'S NONDISCRIMINATION POLICY IS AVAILABLE ON THE ADMISSIONS APPLICATION WEBPAGE FOR PROSPECTIVE STUDENTS AND IN THE STUDENT HANDBOOK WHICH IS AVAILABLE IN THE POLICY LIBRARY ON THE STEVENS WEBSITE AND AVAILABLE TO ALL STUDENTS AT ORIENTATION AND REGISTRATION.

GOVERNMENTAL FUNDING PART I, LINE 6A

STEVENS INSTITUTE OF TECHNOLOGY RECEIVES FUNDING FROM VARIOUS GOVERNMENTAL SOURCES INCLUDING, BUT NOT LIMITED TO, PELL, FEDERAL DIRECT LOAN PROGRAMS, PERKINS AND FSEOG.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

	Form 990, Part IV, line 14b	o.			_					
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the									
	grants or assistance?				L	X Yes No				
2	For grantmakers. Describe in Foutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance				
3	Activities per Region. (The follow	owing 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region				
(1)	CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	CONFERENCES/SPEAKING	12,657.				
(2)	EAST ASIA AND THE PACIFIC	0.	34.	PROGRAM SERVICES	CONFERENCES/SPEAKING	94,741.				
(3)	EUROPE	0.	100.	PROGRAM SERVICES	CONFERENCES/SPEAKING	157,934.				
(4)	MIDDLE EAST AND NORTH AFRICA	0.	5.	PROGRAM SERVICES	CONFERENCES/SPEAKING	13,361.				
(5)	NORTH AMERICA	0.	29.	PROGRAM SERVICES	CONFERENCES/SPEAKING	47,690.				
(6)	SOUTH AMERICA	0.	4.	PROGRAM SERVICES	CONFERENCES/SPEAKING	5,848.				
(7)	SOUTH ASIA	0.	2.	PROGRAM SERVICES	CONFERENCES/SPEAKING	1,282.				
(8)	SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	CONFERENCES/SPEAKING	12,689.				
(9)	EAST ASIA AND THE PACIFIC	0.	40.	PROGRAM SERVICES	RECRUITING - STUDENTS	220,833.				
(10)	EUROPE	0.	2.	PROGRAM SERVICES	RECRUITING - STUDENTS	1,406.				
(11)	MIDDLE EAST AND NORTH AFRICA	0.	4.	PROGRAM SERVICES	RECRUITING - STUDENTS	13,681.				
(12)	NORTH AMERICA	0.	5.	PROGRAM SERVICES	RECRUITING - STUDENTS	9,175.				
(13)	SOUTH AMERICA	0.	11.	PROGRAM SERVICES	RECRUITING - STUDENTS	8,218.				
(14)	SOUTH ASIA	0.	17.	PROGRAM SERVICES	RECRUITING - STUDENTS	120,633.				
(15)	SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	RECRUITING - STUDENTS	7,149.				
(16)	EUROPE	0.	5.	PROGRAM SERVICES	FIELD RESEARCH	13,366.				
<u> </u>	MIDDLE EAST AND NORTH AFRICA	0.	2.	PROGRAM SERVICES	FIELD RESEARCH	1,250.				
_	Subtotal		263.			741,913.				
b			10			27 701 700				
c	sheets to Part I Totals (add lines 3a and 3b)		19. 282.			27,781,780. 28,523,693.				
•	i otalo (ada mico da ana di)	1	202.							

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

Schedule F (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

Par	rt I	General Information on Activities Outside the United States. Complete if the organization an	swered	"Yes"	on
		Form 990, Part IV, line 14b.			
1	assis	grantmakers. Does the organization maintain records to substantiate the amount of its grants and other stance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the its or assistance?	< Yes	r	No
2	For	grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and	other a	ıssistaı	nce

2 For g outside the United States.

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	4.	PROGRAM SERVICES	INSTITUTIONAL DEVELOPM	1,405.
(2) EAST ASIA AND THE PACIFIC	0.	3.	PROGRAM SERVICES	INSTITUTIONAL DEVELOPM	18,046.
(3) EUROPE	0.	11.	PROGRAM SERVICES	INSTITUTIONAL DEVELOPM	44,433.
(4) NORTH AMERICA	0.	1.	PROGRAM SERVICES	INSTITUTIONAL DEVELOPM	2,157.
(5) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		17,176,469.
(6) EUROPE	0.	0.	INVESTMENTS		10,539,270.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotalb Total from continuation					
sheets to Part I c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2018

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
Part IV line 15, for any regisient who received more than 65,000 Part II are here.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(13)									
(14)									
(15)									
(16)									
b	Enter total number of recipient orga by the IRS, or for which the grantee Enter total number of other organiz	or counsel has prov	rided a section 501(c)(3) ed	quivalency lette	er		•		
								Schedule F	(Form 990) 2018

Schedule F (Form 990) 2018

Part II

Page 3

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

(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 noncash assistance	(g) Description of noncash 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)							

Schedule F (Form 990) 2018

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Part IV Foreign Forms Page 4

ган	l oreign rollins			
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)	X	Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X 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)	X	Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	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)	X	Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X	Yes	☐ No

Schedule F (Form 990) 2018

 Schedule F (Form 990) 2018
 Page 5

Dort V Occasile

Part V Supplemental Information

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

SCHEDULE F, PART IV

STEVENS INSTITUTE OF TECHNOLOGY INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY OR FOREIGN PARTNERSHIP. TO THE EXTENT THAT THOSE INVESTMENTS RESULTED IN TRANSFERS OF PROPERTY THAT EXCEEDED THE APPLICABLE FILING THRESHOLDS, THE FORMS 926, 5471, 8621 AND 8865 ACCOMPANIED THE FILING OF THE UNIVERSITY'S FORM 990-T.

SCHEDULE F, PART I - ACCOUNTING METHOD

THE EXPENDITURES REPORTED IN PART I ARE ON THE ACCRUAL METHOD.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service Go to www.irs.gov/For

► Go to www.irs.gov/Form990 for instructions and the latest instructions.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Χ Χ Internet and email solicitations f Solicitation of government grants Χ Χ Phone solicitations Special fundraising events C Χ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees. X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 DIG & DIR. 102,291 EAB GLOBAL, INC MAIL MKT. X -102,921. 2 DIG & DIR. MAIL MKT. -29,899. PENTERA INC X 29,899 3 DIR MAIL MKT. GT MARKETING LTD 850 -850. X 6 8 9 10 133,040. -133,670. Total 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. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

Schedule G (Form 990 or 990-EZ) 2018

Page 2 Schedule G (Form 990 or 990-FZ) 2018

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts great the state of the	aising event contribut			
		<u> </u>	(a) Event #1 AWARDS GALA	(b) Event #2 GOLF TOURNAMEN	(c) Other events	(d) Total events (add col. (a) through
45			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	233,808.	70,858.	10,645.	315,311
		Less: Contributions	153,058.	47,578.	6,520.	207,156
	3	Gross income (line 1 minus line 2)	80,750.	23,280.	4,125.	108,155
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs		27,065.		27,065
Direct Expenses	7	Food and beverages	140,875.	675.	6,480.	148,030
Direc	8	Entertainment	8,200.			8,200
	9	Other direct expenses	91,724.	3,922.		95,646
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)	<u> </u>	278,941 -170,786 reported more than
Revenue		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
=xpenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
<u> </u>	5	Other direct expenses	Yes %	Voc 0/	Yes %	
	6	Volunteer labor	No Yes	Yes% No	No No	
		Direct expense summary. Add lin Net gaming income summary. Su	_			
9 8	1	Enter the state(s) in which the org	anization conducts ga	ming activities: _ in each of these state		Yes No

Schedule G (Form 990 or 990-EZ) 2018

b If "Yes," explain:

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

No

Sched	ule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
4-	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Manage N
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	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 ▶ \$
Par	t IV Supplemental Information. Provide the explanation 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 provide any additional information
	(see instructions).
SCH	EDULE G, PART 1, LINE 2A
FUN:	DRAISING ACTIVITIES
THE	UNIVERSITY UTILIZED OUTSIDE VENDORS FOR DIGITAL AND DIRECT MARKETING
SER	VICES. IN ADDITION TO THE PROFESSIONAL SERVICE EXPENSES SHOWN IN PART
Ι, '	THE UNIVERSITY PAID \$7,998 FOR POSTAGE EXPENSES.
	Schedule G (Form 990 or 990-EZ) 2018

Sched	ule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
45.	Done the averagination have a contract with a third north from whom the averagination receives gaming
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
h	revenue? Yes No If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party > \$
С	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:
а	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
Par	or spent in the organization's own exempt activities during the tax year ▶ \$ IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
Far	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCH	EDULE G, PART 1, LINE 2B - NAME AND ADDRESS FUNDRAISER
EAB	GLOBAL INC.
192	0 EAST PARHAM ROAD
RIC	HMOND, VA 23228
ספיאי	TEDA INC
ΕĽΝ	TERA, INC
865	O COMMERCE PARK PLACE, SUITE G

Schedule G (Form 990 or 990-EZ) 2018

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Sched	dule G (Form 990 or 990-EZ) 2018 Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Yes No Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
40	formed to administer charitable gaming?
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility
a b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	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 b	retain the state gaming license? Yes No 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 > \$
Par	Supplemental Information. Provide the explanation 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 provide any additional information (see instructions).
IND	IANAPOLIS, IN 46268
GΤ	MARKETING LTD
51	RAILROAD AVENUE
CLO	STER, NJ 07624
	0. b. dala 0 (Farra 000 at 000 F7) 0040

Schedule G (Form 990 or 990-EZ) 2018

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" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization	of the organization								
STEVENS INSTITUTE OF TECHNOLOGY						22-148735	4		
Part I General Information on Grants ar	nd Assistanc	е				'			
Does the organization maintain records to set the selection criteria used to award the grant Describe in Part IV the organization's process.	nts or assistand	ce?					X Yes No		
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		·					es" on Form 990,		
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 noncash assistance	(h) Purpose of grant or assistance		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis	sted in the line	1 table				<u>-</u>	edule I (Form 990) (2018)		

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Schedule I (Form 990) (2018)

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional sp	ace 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 AND GRANTS	3,530.	82,091,086.			
2 PRIZES/AWARDS	553.	1,362,220.			
3					
4					
5					
6					
7					

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

GRANTS AND OTHER ASSISTANCE IN U.S. PART I, LINE 2

SCHOLARSHIPS AND GRANTS ARE AWARDED AS FINANCIAL ASSISTANCE TO STUDENTS
ATTENDING STEVENS INSTITUTE OF TECHNOLOGY. DISTRIBUTION AND APPLICATION
OF FINANCIAL ASSISTANCE ARE BASED ON THE SPECIFIC CRITERIA OF EACH
SCHOLARSHIP AND GRANT AND ARE ADMINISTERED CONSISTENT WITH FEDERAL,
STATE, AND INSTITUTIONAL STUDENT AID POLICIES. SITUATIONS SUCH AS CHANGES
IN FINANCIAL NEED, CHANGES IN FEDERAL AID ELIGIBILITY, CHANGES IN
ENROLLMENT AND RECEIPT OF AID FROM OUTSIDE SOURCES MAY AFFECT A STUDENT'S
ELIGIBILITY TO RECEIVE FUNDING. STEVENS' ADMINISTRATION MONITORS THESE
SITUATIONS ON AN ON-GOING BASIS AND MAKES ANY APPROPRIATE ADJUSTMENTS.

Schedule I (Form 990) (2018)

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SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Inspection Employer identification number

22-1487354

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	Discretionary spending account Yersonal services (such as maid, chauffeur, chef)			
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	41	X	
•	explain	1b	Λ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		X	
	1a?	2	Λ	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 (1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

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

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

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

(A) A)		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RAINER MARTINI	(i)	172,746.	3,000.	0.	10,209.	22,098.	208,053.	0.
1 TRUSTEE/PROFESSOR TO 5/21/19	(ii)	0.	0.	0.	0.	0.	0.	0.
KEITH G. SHEPPARD	(i)	232,092.	0.	0.	18,006.	7,454.	257,552.	0.
2 TRUSTEE AS OF 5/21/19	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL ZUR MUEHLEN	(i)	234,067.	1,462.	0.	13,324.	22,139.	270,992.	0.
3 ^{TRUSTEE/PROFESSOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
NARIMAN FARVARDIN	(i)	811,200.	209,024.	21,863.	27 , 500.	141.	1,069,728.	0.
4 PRESIDENT/TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH E. CASSIDY	(i)	240,537.	1,300.	0.	21,684.	141.	263,662.	0.
5 AVP FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
LOUIS J. MAYER	(i)	397,789.	10,000.	0.	27 , 500.	22,098.	457,387.	0.
6 P FINANCE/TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHY L. SCHULZ	(i)	379,185.	0.	0.	22,500.	7,420.	409,105.	0.
7 ^{VP, GENERAL COUNSEL/SECRETARY}	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH SHELTON	(i)	206,273.	0.	0.	18,872.	141.	225,286.	0.
8 AND INVESTMENTS/ASSIST TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
MOHAMMAD DEHGHANI	(i)	398,892.	6,000.	0.	27,500.	21,243.	453,635.	0.
9 ^{VICE PROVOST}	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID DODD	(i)	267,753.	4,000.	0.	27,500.	16,784.	316,037.	0.
10 P FOR INFO TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT MAFFIA	(i)	277,354.	8,000.	8,400.	24,750.	22,139.	340,643.	0.
11 OF FOR FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
MARYBETH MURPHY	(i)	288,889.	10,000.	0.	27,500.	7,454.	333,843.	0.
12 PERROLLMENT MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
WARREN PETTY	(i)	230,080.	22,000.	0.	20,988.	141.	273,209.	0.
13 ^{VP} HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTOPHE PIERRE	(i)	535,556.	15,000.	0.	24,750.	16,731.	592,037.	0.
14 PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
GREGORY PRASTACOS	(i)	409,422.			0.			
15 ^{DEAN}	(ii) 0.		0.	0.	0.	0.	0.	0.
WILLIAM REMINGTON 16 PROPERTY TO 12/31/18	(i)	356,794.	0.	0.	27,500.	141.	384,435.	0.
16** DEVELORMENT TO 12/01/10	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JEAN ZU	(i)	327,509.	12,000.	0.	24,750.	12,078.	376,337.	0.
1 ^{DEAN}	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE KORFIATIS	(i)	343,083.	127,360.	0.	26,265.	16,784.	513,492.	0.
2 ^{PROFESSOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
CONSTANTIN CHASSAPIS	(i)	349,422.	10,000.	0.	27,500.	16,731.	403,653.	0.
3 VICE PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
DINESH VERMA	(i)	323,583.	0.	0.	22,375.	22,098.	368,056.	0.
4PROFESSOR/EXEC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTOS CHRISTODOULATO	(i)	309 , 370.	0.	0.	21,145.	141.	330 , 656.	0.
5 PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
YEHIA MASSOUD	(i)	304,213.	5,000.	21,254.	22,000.	22,139.	374,606.	0.
6 ^{DEAN AS OF 1/1/18}	(ii)	0.	0.	0.	0.	0.	0.	0.
HADY SALLOUM	(i)	335,942.	2,000.	0.	20,286.	22,144.	380 , 372.	0.
7PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
ANTHONY BARRESE	(i)	233,325.	2,500.	0.	20,755.	16,784.	273,364.	0.
8 PROFESSOR/ FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							- 1-1- 1 (5 000) 0040

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Part III Supplemental Information

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

COMPENSATION INFORMATION PART I, LINE 1

THE STEVENS INSTITUTE OF TECHNOLOGY GUIDELINES REGARDING SPOUSAL TRAVEL ARE INCLUDED IN THE STEVENS BUSINESS AND TRAVEL EXPENSE POLICY. EXPENSES INCURRED FOR ACCOMPANYING COMPANIONS/SPOUSES ARE CONSIDERED PERSONAL IN NATURE EXCEPT ON OCCASIONS WHEN ATTENDANCE OF A COMPANION/SPOUSE AT AN EVENT SERVES A BONA FIDE BUSINESS PURPOSE FOR THE UNIVERSITY AND THE PRESENCE OF THE COMPANION/SPOUSE IS ESSENTIAL (NOT JUST BENEFICIAL) TO THE EMPLOYEE BEING ABLE TO CARRY OUT THE BUSINESS PURPOSE FOR THE UNIVERSITY; GIVEN THAT ATTENDANCE IS ESSENTIAL, THIS IS NOT TAXABLE TO THE EMPLOYEE.

CAMPUS HOUSING IS PROVIDED FOR THE UNIVERSITY PRESIDENT AND IS USED FOR PROGRAM AND DEVELOPMENT PURPOSES. THE FOLLOWING OFFICER/KEY EMPLOYEES ALSO RECEIVED A HOUSING ALLOWANCE WHICH IS INCLUDED IN THEIR TAXABLE INCOME:

YEHIA MASSOUD, DEAN OF THE SCHOOL OF SYSTEMS AND ENTERPRISES

THERE IS ONE INSTANCE IN WHICH A CLUB MEMBERSHIP IS IN THE NAME OF AN INDIVIDUAL DUE TO CLUB IMPOSED MEMBERSHIP RULES. THIS MEMBERSHIP IS

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Part III Supplemental Information

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

SOLELY FOR BUSINESS PURPOSES TO FOSTER RELATIONSHIPS WITHIN THE NEW YORK METROPOLITAN AREA FOR THE UNIVERSITY.

PERSONAL SERVICES ARE PROVIDED TO THE PRESIDENT IN THE FORM OF HOUSEKEEPING BY AN EMPLOYEE OF THE PHYSICAL PLANT DEPARTMENT. THE VALUE OF THESE SERVICES IS INCLUDED AS TAXABLE INCOME AND IS DISCLOSED AS PART OF HIS SCHEDULE J PART II, COLUMN B (III), OTHER REPORTABLE COMPENSATION.

INCENTIVE COMPENSATION, PART I, LINE 7

THE STEVENS INCENTIVE COMPENSATION PLAN PROVIDES A MECHANISM TO REWARD FACULTY, ADMINISTRATIVE LEADERS, AND CERTAIN KEY STAFF FOR EXTRAORDINARY PERFORMANCE OVER A PERIOD OF ONE ACADEMIC YEAR WHERE PERMITTED BY LAW. IN CONTRAST TO MERIT-BASED SALARY INCREASES, ANNUAL INCENTIVES DO NOT INCREASE BASE SALARY. INCENTIVE COMPENSATION MAY BE AWARDED UPON A FINDING BY MANAGEMENT THAT AN EMPLOYEE'S WORK HAS BEEN EXTRAORDINARY AND HAS CLEARLY CONTRIBUTED TOWARD THE GOALS AND MISSION OF STEVENS. INCENTIVE COMPENSATION, EVEN IN CASES OF EXTRAORDINARY PERFORMANCE, IS NOT GUARANTEED, AND DECISIONS REGARDING INCENTIVE COMPENSATION WILL BE SUBJECT TO THE BOARD OF TRUSTEES AND OTHERS' DETERMINATIONS AS TO THE

Schedule J (Form 990) 2018

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Part III Supplemental Information

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

FINANCIAL RESULTS OF THE UNIVERSITY AND OTHER FACTORS NOT SPECIFIED IN THE PLAN. INCENTIVE COMPENSATION FOR FACULTY, STAFF AND ADMINISTRATION ARE RECOMMENDED BY MANAGERIAL STAFF, ARE APPROVED BY THE PRESIDENT AND ARE WITHIN PARAMETERS ESTABLISHED BY THE BOARD OF TRUSTEES. INCENTIVE COMPENSATION FOR EXECUTIVE LEADERS IS RECOMMENDED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES AND APPROVED BY THE HUMAN RESOURCES COMMITTEE OR THE FULL BOARD OF TRUSTEES AS PART OF ITS CONSIDERATION OF THIS GROUP (AND AS FURTHER DESCRIBED IN SCHEDULE O). EACH YEAR, THE HUMAN RESOURCES COMMITTEE APPROVES THE ANNUAL PERFORMANCE GOALS FOR THE EXECUTIVE LEADERS AND WILL REVIEW WITH THE PRESIDENT THE PROCESS FOR DETERMINING THEM FOR EACH OTHER GROUP OR SUB-GROUP OF EMPLOYEES.

COMPENSATION INFORMATION, PART II LINE 4

PART II, LINE 4 CONTAINS INFORMATION ABOUT THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT, DR. NARIMAN FARVARDIN, PAID DURING THE YEAR. ALL AMOUNTS WERE PAID PURSUANT TO THE PRESIDENT'S WRITTEN FIVE-YEAR CONTRACT. IN ADDITION TO HIS ANNUAL BASE SALARY OF \$811,200, THESE AMOUNTS INCLUDE AN ANNUAL INCENTIVE COMPENSATION PAYMENT OF \$209,024 ASSOCIATED WITH ACHIEVEMENT OF SEPARATE METRICS FOR THE UNIVERSITY'S FISCAL YEAR ENDED

Schedule J (Form 990) 2018

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Part III Supplemental Information

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

6/30/18. ALL INCENTIVE COMPENSATION AMOUNTS WERE BASED UPON DETERMINATIONS BY THE FULL BOARD OF TRUSTEES THAT OBJECTIVE METRICS RELATING TO THE UNIVERSITY'S STRATEGIC PLAN WERE ACHIEVED BY THE PRESIDENT AND, IN MANY CASES EXCEEDED WITH EXCEPTIONAL PERFORMANCE. IN ADDITION, SUCH AMOUNTS WERE REVIEWED AND EVALUATED FOR MARKET COMPARABILITY BY THE UNIVERSITY'S INDEPENDENT COMPENSATION CONSULTANT.

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TAX EXEMPT BONDS

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

Part I Bond Issues												_
(a) Issuer name	(b) Issuer EIN	(b) Issuer EIN (c) CUSIP # (d) Date issued			ed (e) Issue price (f) Description of purpose			feased	(h) On behalf of issuer		(i) Poole financir	
							Yes	No	Yes	No	Yes	No
A NJ EDU FAC AUTH STEVENS ISSUE 2017 SERIES A	22-1829511	646066M31	04/04/2017	132,589,361.	1998 & 2007 REFUNDING/0	CAP. PROJ.		Х		Х		Х
B NJ EDU FAC AUTH CAPITAL IMP SERIES 2016B	22-1829511	646066F54	12/20/2016	30,676,062.	FINANCING NEW CONSTRUCTION			х		х	Х	
C NJ EDU FAC AUTH CAPITAL IMP SERIES 2016A	22-1829511	000000000	07/26/2016	20,805,115.	2005 & 2006 REFUNDING			х		х	Х	
D NJ EDU FAC AUTH ELF ISSUE, SERIES 2014B	22-1829511	6460658J4	01/30/2014	8,131,497.	FINANCE IT INFRASTRUCTURE			х		х	х	
Part II Proceeds												
				Α	В	С				D		
1 Amount of bonds retired				2,780,000	. 454,060.	34	13,60	00.		52	9,73	0.
2 Amount of bonds legally defeased												
2 Total proposed of issue				122 500 261	17 575 574	1 10	1 102 407 4 500				0 00	

Pa	rt II Proceeds								
			Α		В	(C		ס
1	Amount of bonds retired	2,7	780,000.	4	54,060.	3	343,600.		29,730.
2	Amount of bonds legally defeased								
3	Total proceeds of issue	132,5	89,361.	17,575,574.		1,1	82,407.	4,5	00,000.
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
7	Issuance costs from proceeds	Ç	911,558.	1	41,074.		2,752.		30,311.
8	Credit enhancement from proceeds								
	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	60,8	355,037.	17,434,500.		1,179,655.		4,4	69,689.
11	Other spent proceeds	55,6	577,803.						
12	Other unspent proceeds	15,1	44,963.						
13				201	8	201	. 6	2017	
	·	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	X			X	X			X
15									
	issued prior to 2018, an advance refunding issue)?		X		X		X		X
16			Х	X		X			X
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х		X		X		X	

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

Schedule K (Form 990) 2018

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STEVENS INSTITUTE OF TECHNOLOGY

	dule K (Form 990) 2018 rt III Private Business Use TAX	X EXEMP	T BONDS						Page 2
га	Filvate Dusiliess Use		A DONDS		В		С		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
•	which owned property financed by tax-exempt bonds?		Х		X		X		Х
2	Are there any lease arrangements that may result in private business use of								
_	bond-financed property?		X		X		X		X
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	X			X	X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	X				X		X	
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	X			X	X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?	X				Х		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 ▶		%		%		%		9
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,		0/		0/		0/		0
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		9/
<u>6</u> 7	Total of lines 4 and 5		% X		X 70		76 X		X
			Λ.		Λ		Λ		Λ
ва	Has there been a sale or disposition of any of the bond-financed property to a		X		X		x		x
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Λ.		- 1		21		21
D	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		9/
_	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		/0		/0		70		/
·	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
•	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	
Pa	rt IV Arbitrage								
	v		Α		В	(С)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х		Х		Х
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	Х		Х		Х		Х	
	Exception to rebate?		Х		Х		Х		Х
	No rebate due?		X		X		X		X

Schedule K (Form 990) 2018

Χ

Χ

Χ

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If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed....

3 Is the bond issue a variable rate issue?.....

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No

Χ

Page 3

Νo

Χ

D

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Yes

STEVENS INSTITUTE OF TECHNOLOGY

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4a Has the organization or the governmental issuer entered into a qualified

hedge with respect to the bond issue?......

Schedule K (Form 990) 2018

Part IV Arbitrage (Continued)

d Was the hedge superintegrated?..... 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Χ Χ Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? Х Х Χ Procedures To Undertake Corrective Action Α В С D No Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under Χ JSA 8E1328 1.909 54KT 2231 4/6/2020 Schedule K (Form 990) 2018

3239596

Yes

No

Χ

Yes

No

Χ

Yes

Schedule K (Form 990) 2018 Page 4 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART I, BOND ISSUES A-D

1. BOND ISSUE A - COLUMNS (E) & (F): THESE BONDS WERE ISSUED IN THE PAR AMOUNT OF \$132,589,361 FOR REFUNDING AND LEGAL DEFEASANCE OF THE 1998 SERIES I AND 2007 SERIES A BONDS AND TO FINANCE: (A) THE CONSTRUCTION, RENOVATION AND EQUIPPING OF THE NEW RESEARCH AND ACADEMIC BUILDINGS COMPRISING THE ACADEMIC GATEWAY COMPLEX; (B) THE CONSTRUCTION, RENOVATION AND EXPANSION OF THE EXISTING BABBIO GARAGE; (C) THE CONSTRUCTION, RENOVATION, EXPANSION AND EQUIPPING OF CERTAIN ADDITIONAL FACILITIES AT THE UNIVERSITY FOR RESEARCH AND EDUCATION; (D) PRECONSTRUCTION COSTS RELATED TO A PROPOSED COMBINED STUDENT RESIDENCE AND UNIVERSITY FACILITY.

2. BOND ISSUE B - COLUMNS (E) & (F): THESE BONDS WERE ISSUED PURSUANT TO A LEGISLATIVELY CREATED STATE-BACKED PROGRAM TO FINANCE CAPITAL IMPROVEMENTS FOR NEW JERSEY COLLEGES AND UNIVERSITIES. THE BONDS ARE REPAYABLE IN PART BY STATE APPROPRIATIONS. NJEFA BOND PROCEEDS OF \$142,715,000 WERE RECEIVED FROM A SINGLE ISSUANCE WHICH WAS GRANTED IN VARYING AMOUNTS TO COLLEGES LOCATED IN NEW JERSEY. STEVENS RECEIVED A TOTAL OF \$17,434,500 WHICH REQUIRES THAT THE UNIVERSITY PAY ONE HALF (50%) OF THE DEBT SERVICE OF THE UNDERLYING BONDS. THE \$17,434,500 IS TO BE USED TO FINANCE A PORTION OF THE CONSTRUCTION OF THE ACADEMIC GATEWAY

Schedule K (Form 990) 2018 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

COMPLEX. STEVENS PRINCIPAL PORTION IS \$8,522,585 AND IS RECORDED ON THE BOOKS AS LONG TERM DEBT, PAYABLE OVER 20 YEARS.

- 3. BOND ISSUE C COLUMNS (E) AND (F): THESE BONDS WERE ISSUED IN THE PAR AMOUNT OF \$252,270,000 BY THE NJEFA AND THE POOLED AMOUNT WAS DISTRIBUTED TO VARIOUS NEW JERSEY COLLEGES. STEVENS RECEIVED ALLOCATED PROCEEDS OF \$1,182,407 WHICH WERE USED TO ADVANCE REFUND THE BALANCE OF NJEFA'S CAPITAL IMPROVEMENT FUND ISSUES, SERIES 2005A AND SERIES 2006A. THE 2005A AND 2006A BONDS WERE ISSUED ON AUGUST 10, 2006 AND OCTOBER 26, 2006 RESPECTIVELY.
- 4. BOND ISSUE D COLUMN (A): THESE BONDS WERE ISSUED PURSUANT TO A LEGISLATIVELY CREATED STATE-BACKED PROGRAM, HIGHER EDUCATION EQUIPMENT LEASING FUND, TO FINANCE CAPITAL IMPROVEMENTS FOR NEW JERSEY COLLEGES AND UNIVERSITIES. THE BONDS ARE REPAYABLE IN PART BY STATE APPROPRIATIONS. BOND PROCEEDS OF \$8,131,497 WERE RECEIVED FROM A SINGLE ISSUANCE WHICH WAS GRANTED IN VARYING AMOUNTS TO 6 OF THE PRIVATE COLLEGES LOCATED IN NEW JERSEY. THE UNIVERSITY ENTERED INTO LEASE AGREEMENTS WITH NJEFA FOR A TOTAL OF \$4,500,000 WHICH REQUIRES THAT THE UNIVERSITY PAY ONE FOURTH (25%) OF DEBT SERVICE OF THE UNDERLYING BONDS.

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Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART III, PRIVATE BUSINESS USE, LINES 4 & 5 THE UNIVERSITY HAS SERVICE CONTRACTS AND RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE. THESE AMOUNTS WERE DETERMINED TO BE WITHIN PERMITTED LEVELS, THEREFORE, A PERCENTAGE WAS NOT DISCLOSED. ADDITIONALLY, THE UNIVERSITY HAS RETAINED KPMG TO CONSULT AND REVIEW THE CURRENT PRIVATE BUSINESS USE; THIS REVIEW SHOULD BE COMPLETED IN THE FISCAL YEAR ENDED JUNE 30, 2020.

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Schedule K (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

22-1487354

STEVENS INSTITUTE OF TECHNOLOGY

Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property 30. 1,421,590. Χ FMV Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 Other ▶ (MISC EQUIPMENT 4. 145,163. FMV 25 Χ 2. 719. FMV Other ▶ (FOOD, BEV& OTHER) 26 Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through			
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a		Χ
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a	Х	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NON-CASH CONTRIBUTIONS

LINE 9 - TO THE EXTENT THAT THE UNIVERSITY RECEIVES CONTRIBUTIONS OF SECURITIES, THE UNIVERSITY'S INVESTMENT BROKERAGE BANK IS TASKED SELLING THOSE SECURITIES PROMPTLY.

LINE 32 - THE UNIVERSITY USES VARIOUS GALLERIES TO FACILITATE THE SALE OF ART.

THE UNIVERSITY IS REPORTING IN PART I, COLUMN B, THE NUMBER OF ITEMS RECEIVED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 22-1487354

STEVENS INSTITUTE OF TECHNOLOGY

FORM 990, ITEM C, NAME OF ORGANIZATION

THE FULL LEGAL NAME OF THE UNIVERSITY IS THE TRUSTEES OF THE STEVENS

INSTITUTE OF TECHNOLOGY. STEVENS INSTITUTE OF TECHNOLOGY IS REGISTERED IN

THE STATE OF NEW JERSEY AS A "DOING BUSINESS NAME".

GOVERNING BODY AND MANAGEMENT - FORM 990, PART VI, LINE 3

STEVENS' BOARD OF TRUSTEES DELEGATED TO A PROMINENT INVESTMENT BANK THE

MANAGEMENT OF STEVENS' ENDOWMENT PURSUANT TO CONTRACTS WHICH ADDRESS THE

SCOPE OF THE DELEGATION OF AUTHORITY, MONITORING BY STEVENS' MANAGEMENT

AND THE BOARD, AND REPORTING, AMONG OTHER MATTERS. THE UNIVERSITY

RETAINED ATTAIN, LLC, TO PROVIDE THE SERVICES OF A PROFESSIONAL TRUSTEE

TO SERVE AS THE CHAIR OF STEVENS' AUDIT COMMITTEE (AS CONTEMPLATED BY THE

UNIVERSITY'S BY-LAWS). DURING FISCAL YEAR 2019, THE UNIVERSITY PAID

ATTAIN \$48,690 FOR THESE SERVICES. THIS ROLE WAS FILLED BY RONALD E.

SALLUZZO, PARTNER EMERITUS (RETIRED) IN ATTAIN, LLC,S HIGHER EDUCATION

AND ACADEMIC MEDICAL CENTER PRACTICE.

FORM 990 REVIEW - FORM 990, PART VI, LINE 11B

THIS FORM 990 WAS PREPARED BY MEMBERS OF THE FINANCE AND LEGAL OFFICES OF

THE UNIVERSITY TOGETHER WITH ITS OUTSIDE TAX AND ACCOUNTING FIRM

SPECIALIZING IN HIGHER EDUCATION. THE FORM 990 WAS THEN PRESENTED TO THE

AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL.

FOLLOWING THIS PROCESS AND ANY MODIFICATIONS RECOMMENDED BY THE AUDIT

COMMITTEE, THE FORM 990 WAS PRESENTED TO A MEETING OF THE FULL BOARD OF

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

TRUSTEES OF THE UNIVERSITY AND APPROVED IN ACCORDANCE WITH THE BY-LAWS OF THE UNIVERSITY.

CONFLICT OF INTEREST - FORM 990, PART VI, LINE 12C THE UNIVERSITY'S CONFLICT OF INTEREST POLICY REQUIRES ONGOING COMPLIANCE AND SELF-REPORTING OF CONFLICTS. IT ALSO PROVIDES FOR COMPLETION OF AN ANNUAL DISCLOSURE FORM BY ALL TRUSTEES, OFFICERS AND FACULTY. DISCLOSURE FORM IS REVIEWED BY THE OFFICE OF AUDIT, RISK AND COMPLIANCE, AND DISCLOSURE FORMS FOR TRUSTEES AND OFFICERS ARE REVIEWED BY THE OFFICE OF GENERAL COUNSEL; ALL CONFLICTS OF INTEREST ARE REPORTED TO THE AUDIT COMMITTEE OF THE BOARD AND TO THE BOARD OF TRUSTEES. INFORMATION DISCLOSED IN THE DISCLOSURE FORMS WHICH INDICATES THE PRESENCE OF A CONFLICT IS INVESTIGATED, DISCUSSED WITH RELEVANT PERSONNEL AND, IF NECESSARY, THE CONFLICT IS ELIMINATED OR MANAGED PURSUANT TO A CONFLICT MANAGEMENT PLAN OR DEVICE SUPERVISED BY THE CHAIR OF THE BOARD OF TRUSTEES OR THE CHAIR OF THE AUDIT COMMITTEE, WITH ADVICE FROM THE OFFICE OF AUDIT, RISK AND COMPLIANCE AND THE GENERAL COUNSEL. IN ADDITION, CONFLICTS ARE IDENTIFIED BY THE OFFICERS OF THE INSTITUTION AND STAFF AT OTHER LEVELS OF THE INSTITUTION AS THEY ARISE FROM TIME TO TIME AND ARE REFERRED TO THE OFFICE OF AUDIT, RISK AND COMPLIANCE AND THE GENERAL COUNSEL FOR FURTHER ANALYSIS AND RESOLUTION. CERTAIN CONFLICTS RELATING TO RESEARCH ACTIVITIES MAY BE MANAGED BY THE DIRECTOR OF THE OFFICE OF SPONSORED PROGRAMS, WITH ADVICE FROM THE OFFICE OF AUDIT, RISK AND COMPLIANCE AND THE GENERAL COUNSEL.

COMPENSATION - FORM 990, PART VI, LINES 15A & 15B

THE COMPENSATION OF THE PRESIDENT AND FIVE HIGHEST COMPENSATED EMPLOYEES

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

22-1487354

OF THE UNIVERSITY WAS APPROVED BY AN INDEPENDENT HUMAN RESOURCES

COMMITTEE OF THE BOARD OF TRUSTEES AND THE FULL BOARD OF TRUSTEES, IN

EACH CASE ACTING AT MEETINGS DULY HELD.

IN ADDITION TO APPROVING THE PRESIDENT'S COMPENSATION FOR CALENDAR YEAR 2018, THE COMPENSATION FOR THE FOLLOWING 5 ADDITIONAL POSITIONS WERE APPROVED:

PROVOST AND UNIVERSITY VICE PRESIDENT

CHIEF FINANCIAL OFFICER, VICE PRESIDENT FOR FINANCE AND TREASURER

VICE PROVOST FOR RESEARCH

VICE PRESIDENT, GENERAL COUNSEL AND SECRETARY

DEAN OF SCHOOL OF BUSINESS

WITH RESPECT TO THE FOLLOWING ADDITIONAL POSITIONS, THE HUMAN RESOURCES

COMMITTEE OF THE BOARD OF TRUSTEES, ACTING ON BEHALF OF THE BOARD OF

TRUSTEES, APPROVED THE COMPENSATION AT DULY HELD MEETINGS OF THE

COMMITTEE. THE BOARD WAS FULLY INFORMED OF THE COMMITTEE'S ACTIONS:

VICE PRESIDENT FOR ALUMNI AND DEVELOPMENT

VICE PRESIDENT FOR FACILITIES AND CAMPUS OPERATIONS

VICE PRESIDENT FOR ENROLLMENT MANAGEMENT AND STUDENT AFFAIRS

VICE PRESIDENT FOR INFORMATION TECHNOLOGY AND CIO

VICE PRESIDENT FOR COMMUNICATIONS AND MARKETING

VICE PRESIDENT FOR HUMAN RESOURCES

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY RELATIONS, CHIEF OF STAFF

FACULTY TRUSTEE (2)

PROFESSOR, ENDOWED CHAIR (FORMER PROVOST)

ALL SUCH COMPENSATION WAS DETERMINED BASED UPON RECOMMENDATIONS FROM THE PRESIDENT (EXCEPT WITH RESPECT TO THE PRESIDENT, WHOSE COMPENSATION IS RECOMMENDED BY THE BOARD OF TRUSTEES, AND THE DEANS AND FACULTY, WHOSE COMPENSATION IS RECOMMENDED BY THE PROVOST). THE UNIVERSITY RETAINS THE SERVICES OF A NATIONALLY PROMINENT COMPENSATION CONSULTING FIRM TO PERFORM A COMPREHENSIVE COMPENSATION ASSESSMENT OF THE SALARIES OF ALL MEMBERS OF THE SENIOR ADMINISTRATION, INCLUDING THE PRESIDENT. THIS STUDY INCLUDES A COMPARISON OF THE UNIVERSITY'S SALARIES WITH A CORE GROUP OF PEER INSTITUTIONS. THE RESULTS OF THE STUDY ARE REVIEWED AND DISCUSSED ANNUALLY WITH THE BOARD'S HUMAN RESOURCES COMMITTEE AND THE BOARD OF TRUSTEES, AS THOSE BODIES APPROVE EXECUTIVE COMPENSATION. THE SECRETARY TO THE BOARD OF TRUSTEES OR THE VICE PRESIDENT OF HUMAN RESOURCES TOOK CONTEMPORANEOUS MINUTES OF EACH MEETING OF THE BOARD AT WHICH THESE COMPENSATION DECISIONS WERE MADE. NEITHER OF THEM TOOK

DISCLOSURE - FORM 990, PART VI, LINE 19

THE GOVERNING DOCUMENTS OF THE UNIVERSITY TOGETHER WITH CHARTERS FOR EACH COMMITTEE OF THE BOARD OF TRUSTEES, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS OF THE UNIVERSITY ARE ALL MADE AVAILABLE ON THE UNIVERSITY'S WEBSITE (WWW.STEVENS.EDU). IN ADDITION, A VARIETY OF OTHER DOCUMENTS AND MATERIALS REGARDING THE UNIVERSITY AND ITS OPERATIONS AS

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

22-1487354

WELL AS THE OTHER POLICIES OF THE UNIVERSITY, ARE ALSO AVAILABLE ON THE WEBSITE.

RECONCILIATION OF NET ASSETS - FORM 990, PART XI, LINE 9

POST-RETIREMENT BENEFITS - OTHER COMPONENTS \$ (326,014)

OF PERIODIC COSTS

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 180,005

UNCOLLECTIBLE CONTRIBUTIONS (10,069,343)

TOTAL \$ (10,215,352)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

STEVENS INSTITUTE OF TECHNOLOGY WAS FOUNDED IN 1870. THE UNIVERSITY IS A NON-PROFIT RESEARCH UNIVERSITY OFFERING MORE THAN 30

UNDERGRADUATE MAJORS INCLUDING PROGRAMS IN ENGINEERING, THE SCIENCES,

COMPUTER SCIENCE, BUSINESS, AND THE HUMANITIES; AND GRADUATE LEVEL

COURSES IN A RANGE OF DISCIPLINES LEADING TO THE MASTERS AND PHD

DEGREES. ACADEMIC RESEARCH IS CARRIED OUT AT EVERY LEVEL OF THE

UNIVERSITY. THE MISSION OF THE INSTITUTE IS ACCOMPLISHED BY THE

ACHIEVEMENT OF THE FOLLOWING CORE GOALS: PROVIDING STUDENTS WITH A

BROAD-BASED, MULTIDISCIPLINARY LEARNING EXPERIENCE IN THE SCIENCES,

ENGINEERING, BUSINESS AND LIBERAL ARTS WHILE STRESSING THE

FUNDAMENTAL CONCEPTS, TECHNIQUES AND ATTITUDES THAT UNDERLIE

DIFFERENT BRANCHES OF TECHNOLOGY; PROMOTING THE PERSONAL DEVELOPMENT

OF THE STUDENT, DEMONSTRATED BY A SENSE OF ETHICAL RESPONSIBILITY,

AWARENESS OF THE SOCIETAL IMPACT OF THEIR PROFESSIONS, DEVELOPMENT OF

LEADERSHIP AND TEAM SKILLS, AND A LOVE OF LEARNING; CREATING

Page 2 Schedule O (Form 990 or 990-EZ) 2018

Name of the organization Employer identification number STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

KNOWLEDGE THROUGH WORLD-CLASS RESEARCH WITH A DISTINCT IMPACT IN FOCUSED AREAS OF NATIONAL IMPORTANCE; NURTURING AN INNOVATIVE ENVIRONMENT WHEREIN STUDENTS, FACULTY AND COLLEAGUES IN INDUSTRY CONTRIBUTE TO THE PROCESS OF CONCEPTION, DESIGN AND MARKETPLACE REALIZATION OF NEW TECHNOLOGIES.

ATTACHMENT 2

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION			
GILBANE BUILDING COMPANY 7 JACKSON WALKWAY PROVIDENCE, RI 02903	CONSTRUCTION	24,356,306.			
COMPASS GROUP USA 417632 2400 YORKMONT ROAD CHARLOTTE, NC 28217	FOOD SERVICE	8,807,789.			
DESIGN COLLECTIVE INC. 601 E PRATT ST, STE 300 BALTIMORE, MD 21202	ARCHITECTURE	3,823,507.			
FRANKOSKI CONSTRUCTION CO INC. 314 DODD ST EAST ORANGE, NJ 07017	CONSTRUCTION	2,534,367.			
UG2 LLC 116 HUNTINGTON AVE, 12TH FLR BOSTON, MA 02116	FACILITY SVCS	2,379,942.			

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Employer identification number Name of the organization STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 ATTACHMENT 3 (CONT'D) FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ENDING COST DESCRIPTION BOOK VALUE OR FMV EQUITY 107,301,978. FMV FIXED INCOME 60,528,007. FMV

TOTALS

167,829,985.

(a)
Name, address, and EIN (if applicable) of disregarded entity

22-1487354

(e) End-of-year assets

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Part I

(1) (2) (3) ► Go to www.irs.gov/Form990 for instructions and the latest information.

(b) Primary activity

(c) Legal domicile (state or foreign country)

(f) Direct controlling entity

OMB No. 1545-0047

STEVENS INSTITUTE OF TECHNOLOGY 22-1487354

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

(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the contract of the co	Complete if th he tax year.	e org	anization answ	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization		ity		(c) (d) Legal domicile (state or foreign country)		(f) Direct controlling entity	cont	(g) 512(b)(13) trolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

Schedule R (Form 990) 2018

(7)

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Schedule R (Form 990) 2018 Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (b) Primary activity (c) Legal domicile (d) Direct controlling (f) Share of total (k) Percentage (a) Name, address, and EIN of (g) Share of end-of-(i) Code V - UBI General or amount in box 20 of Schedule K-1 (Form 1065) related organization entity income year assets ownership (state or foreign country) Yes No Yes No (1) CBM AQUASOL 20-8433247 CASTLE POINT ON HUDSON HOBOKEN TESTING NJ N/A (2) PREDIATOR VISION LLC 20-843332 CASTLE POINT ON HUDSON HOBOKEN TECHNOLOGY NJ N/A N/A 0. 0. (3) INSTREAM MEDIA LLC 20-8433004 CASTLE POINT ON HUDSON HOBOKEN (4) CPE LLC 20-3448123 CASTLE POINT ON HUDSON HOBOKEN RESEARCH N/A N/A NJ (5) (6) (7)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, 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)		(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		on (13) Iled v?
									Yes N	
(1) CASTLE POINT HOLDINGS, INC.	20-4264786									_
ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030		TECH TRANSFER	NJ	STEVENS INSTIT	C CORP	-10,494.	656,559.	100.0000	х	
(2) CHARITABLE REMAINDER TRUST (1)										
		TRUST	OH	NA	TRUST				х	
(3) CHARITABLE REMAINDER UNITRUST (5)										
		TRUST		NA	TRUST				х	
(4)										
(5)										
(6)										_
	•									
(7)										

Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018

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

					$\overline{}$	V					
Not	e: 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						X				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.										
b											
С	c Gift, grant, or capital contribution from related organization(s).										
d	d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)											
	3 , 3 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
f	Dividends from related organization(s)				1f						
					1g		X				
	g Sale of assets to related organization(s)										
	Exchange of assets with related organization(s).				1h 1i		X				
!					1j		X				
J	Lease of facilities, equipment, or other assets to related organization(s)				٠,						
	Lanca of facilities and imment on other constants and annual entire (a)				1k		Х				
in 20000 of the interest, of other decoration of the interest											
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
	in the state of th										
0	Sharing of paid employees with related organization(s)				10	Х	_				
р	Reimbursement paid to related organization(s) for expenses				1p 1q		X				
q Reimbursement paid by related organization(s) for expenses											
							Х				
r Other transfer of cash or property to related organization(s)											
s Other transfer of cash or property from related organization(s)											
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete		ered relationships and trans	action thre	sholds	S					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)						
	Name of related organization	type (a-s)	Amount involved		unt invo		g				
		,, ,									
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
JSA		ı	Sci	nedule R (Form	990)	2018				

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Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(b) (c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?		(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
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
<u>(6)</u>													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(15)													
(16)	\dashv												

Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 Page 5

Supplemental Information Part VII

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

CASTLE POINT HOLDINGS, INC., LISTED ON SCHEDULE R, PART IV, HAS DIRECT OWNERSHIP IN THE LISTED LLCS. THE LLCS ARE INACTIVE AND STEVENS INSTITUTE OF TECHNOLOGY IS IN THE PROCESS OF LIQUIDATING THEM.

SCHEDULE R, PART IV, COLUMN (C)

THE CHARITABLE REMAINDER UNITRUSTS LISTED ON PART IV, LINE 2 HAVE THE FOLLOWING LEGAL DOMICILES:

MD

NJ (2)

NC

PΑ