

2019 Income Tax Returns

STEVENS INSTITUTE OF TECHNOLOGY



STEVENS INSTITUTE OF TECHNOLOGY Instructions for Filing Form 990-T

990-T - Exempt Organization Business Income Tax Return For the year ended June 30, 2020

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by May 17, 2021 with:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

		For cale	ndar year 2019 or other tax year begin					20 <u>∠ ∪</u> .	2	919
	tment of the Treasury al Revenue Service	▶ Do	► Go to www.irs.gov/Form990 not enter SSN numbers on this form a					:)(3)	Open to Pu	blic Inspection for rganizations Only
A	Check box if				ne changed and see in			D Emplo	yer identific	ation number
	address changed							(Emp l o	oyees' trust, see	instructions.)
ВЕх	empt under section		STEVENS INSTITUTE O	F TE	CHNOLOGY					
Χ	501(C <u>)(</u> 3)	Print	Number, street, and room or suite no. I	faP.O.	box, see instructions.			22-1	487354	
	408(e) 220(e)	Type							ated busines	s activity code
	408A530(a)		ONE CASTLE POINT ON					(000		
	529(a)	_	City or town, state or province, country	∕, and Z	IP or foreign postal co	de		F000	00 710	
	ok value of all assets end of year		HOBOKEN, NJ 07030					52000	00 /10	0000
0	4E 202 000		up exemption number (See instructi			T==.()		1		
	45,203,088.		3,1	` '	poration	501(c)		<u> 401(a)</u>		Other trust
			nization's unrelated trades or busine ILETIC FACILITY PUBLIC		_		-		(or first) un	
			end of the previous sentence, cor				complete Parts I			describe the
	ade or business, th		•	npiete	Farts I and II, Comp	лете а эт	chedule ivi for ear	on addition	ıaı	
		•	corporation a subsidiary in an affili	ated or	oun or a narent-sub	nsidiary c	ontrolled group?			Yes X No
	_		identifying number of the parent cor	_		rolalal y o	ontrolled group.] 100 110
			DUIS MAYER, ED.D.	<u> </u>		elephon	e number ▶ 20	1-216-	-8761	
			or Business Income		(A) Income		(B) Expen			C) Net
1 a	Gross receipts or	sales								
b	Less returns and allowa	ances	c Balance ▶	1c						
2	Cost of goods so	Id (Sched	ule A, line 7)	2						
3	Gross profit, Sub	tract line	2 from line 1c	3						
4a	Capital gain net i	ncome (a	ttach Schedule D)	4a						
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b						
С	Capital loss dedu	ction for t	rusts	4c						
5	Income (loss) from a p	artnership o	an S corporation (attach statement)	5					4	
6	Rent income (Sch	edule C)		6						
7	Unrelated debt-fir	nanced in	come (Schedule E)	7						
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8						
9			1(c)(7), (9), or (17) organization (Schedule G)	9						
10		-	ncome (Schedule I)	10						
11			lule J)	11	5.0	000	7 m C I 1			50,808.
12			tions; attach schedule)	12		808.	ATCH 1		+	50,808.
13 Par			ough 12	13			eductions) (I) oductic	one muet	
Га			ne unrelated business incom		iis ioi iiiiilalioi			Jeducii	Jiis iiiust	be directly
14	Compensation of	officers,	directors, and trustees (Schedule K)					14		
15										27,404.
16	Repairs and main	itenance						16		
17	Bad debts							17		
18	Interest (attach s	chedule)	(see instructions)					18		
19								19		
20			4562)							
21			on Schedule A and elsewhere on re					21b		
22										
23			compensation plans							2 540
24			·						_	3,548.
25			Schedule I)						-	
26			chedule J)							19,856.
27			chedule)						+	50,808.
28			s 14 through 27						+	JU,0U0.
29			le income before net operating						+	
30 31			g loss arising in tax years beginnir e income. Subtract line 30 from line						+	
J I	OTHERATER DRIVING	oo taxabl	o moonie. Gubtiactime 30 Horil IIIIe	<u> </u>	<u> </u>	<u></u>	<u> </u>	31		

For Paperwork Reduction Act Notice, see instructions.

Form **8868**

(Rev. January 2020)

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. 1545-0047

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

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.					
All corporation	6-Month Extension of Time. Only submons required to file an income tax return otherm 7004 to request an extension of time to f	r than For	m 990-T (including 1120	O-C filers), partnerships,	RE	MICs,	and trusts	-
Evno or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	ımbe	r (TIN)		-
Гуре or orint	STEVENS INSTITUTE OF TECHNOLOG	ΞY		22-148735	4			
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.					-
iling your	ONE CASTLE POINT ON HUDSON							_
eturn. See nstructions.	City, town or post office, state, and ZIP code. For HOBOKEN, NJ 07030	a foreign ad	dress, see instructions.					
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)			07	-
Application		Return	Application				Return	-
s For	F 000 F7	Code	Is For				Code	-
<u>-orm 990 or</u> -orm 990 - BL	Form 990-EZ	01 02	Form 990-T (corporati	on)			07	-
orm 4720 (03	Form 4720 (other that	n individua l)			09	-
Form 990-PF	•	04	Form 5227	ir iriaividual)			10	-
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	-
	(trust other than above)	06	Form 8870				12	-
Telephone If the orga If this is foo	anization does not have an office or place of a Group Return, enter the organization's for a group, check this box ▶	business ir ur digit Gro f it is for pa	Fax No. ▶ the United States, checoup Exemption Number (ck this box		 If t and a	this is	
for the	st an automatic 6-month extension of time unorganization named above. The extension is calendar year 20 or tax year beginning	for the org	ganization's return for:	$\frac{21}{2}$, to file the exempt $\frac{21}{2}$, to file the exempt				-
	ax year entered in line 1 is for less than 12 m	onths, che	ck reason: Initial re	eturn Final retur	n			
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the	tentative tax, less any				-
	undable credits. See instructions.				3a	\$	0.	_
	application is for Forms 990-PF, 990-T,		-				^	
	ted tax payments made. Include any prior yea				3b	\$	0.	-
	e due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this form, if rec	quired, by using EFTPS	2-		\cap	
•	are going to make an electronic funds withdrawa		it) with this Form 8868 se	e Form 8453-FO and Form	3c		for payment	-
nstructions.	a are going to make an electronic funds withdrawa	i (un ect uen	it <i>)</i> with this i Oilli 0000, Se	S I Silli 0400-EO aliu FUII	. 00	, 3-EO	ror payment	
	ct and Paperwork Reduction Act Notice, see inst	uctions.			For	n 886	8 (Rev. 1-2020	-

Page 2

Par	t III	Total Unrelated Business Taxabl	e Income							
32	Total o	of unrelated business taxable income cor	nputed from all ι	unrelated trad	es or businesses	(see				
	instruct	ions)					32			
33	Amount	ts paid for disallowed fringes					33			
34		ble contributions (see instructions for limitation					34			
35		unrelated business taxable income before	•							
00		the sum of lines 32 and 33	•	•			35			0.
26							33			
36		on for net operating loss arising in		•	•	•	00			
		ions)					36			
37		unrelated business taxable income before spe					37		1 (
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for excep	tions)			38		⊥,(000.
39	Unrelat	ed business taxable income. Subtract line	38 from line 37.	If line 38 is	s greater than line	37,				
	enter th	e smaller of zero or line 37	<u> </u>				39			0.
Par	t IV	Tax Computation								
40	Organia	zations Taxable as Corporations. Multiply line 3	39 by 21% (0.21)			▶	40			
41					on. Income tax					
	the amo	ount on line 39 from: Tax rate schedule o		•)		41			
42		ax. See instructions		•			42			
43	_	tive minimum tax (trusts only)					43			
44		Noncompliant Facility Income. See instructions					44			
45		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies	<u> </u>	<u> </u>	• • •	45			
	t V	Tax and Payments								
	U	tax credit (corporations attach Form 1118; true		/ 						
		redits (see instructions)								
		I business credit. Attach Form 3800 (see instruc	•							
d	Credit f	or prior year minimum tax (attach Form 8801 o	r 8827) .	46	d					
е	Total ci	redits. Add lines 46a through 46d					46e			
47	Subtrac	t line 46e from <u>line 45 </u>	. <u></u> <u></u>	<u>.</u>	<u></u>		47			
48	Other ta	xes. Check if from: Form 4255 Form 8611	Form 8697	Form 8866	Other (attach sched	lule)	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)					49			0.
50		et 965 tax liability paid from Form 965-A or For					50			
		nts: A 2018 overpayment credited to 2019		` '' 1	i i					
		stimated tax payments								
		posited with Form 8868								
	_	organizations: Tax paid or withheld at source (s	•							
		withholding (see instructions)								
f		or small employer health insurance premiums (f					
g	Other c	redits, adjustments, and payments: Form 2	439							
	F	orm 4136 Other _		_ Total ▶ <u>51</u>	g					
52	Total p	ayments. Add lines 51a through 51g					52			
53	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached				53			
54	Tax due	e. If line 52 is less than the total of lines 49, 50	, and 53, enter amou	nt owed		▶	54			
55	Overpa	yment. If line 52 is larger than the total of lines	s 49, 50, and 53, ent	er amount over	paid	▶	55			
56	Enter the	e amount of line 55 you want: Credited to 2020 est	mated tax		Refunde	d 🕨	56			
Par	t VI	Statements Regarding Certain A	ctivities and O	ther Inforn	nation (see instru	ıction	3)			
57	At anv	time during the 2019 calendar year, did			,		•	uthority	Yes	No
	•	financial account (bank, securities, or oth	•		•					
		Form 114, Report of Foreign Bank and	,	-			•			
		, ,	i manciai Account	J. II 165, (onter the halfle Of	uie	ioi c igii	Country		Х
	here ►		the Control of	- 21 (1) 1						X
58	_	the tax year, did the organization receive a dist		s it the grantor	or, or transferor to, a	a torei	gn trust?			Λ
		see instructions for other forms the organizatio	•							
<u>59</u>		ne amount of tax-exempt interest received or ac							1	
<u> </u>	l tri	nder penalties of perjury, I declare that I have examined ue, correct, and complete. Declaration of preparer (other than to				the b	est of my	knowledge a	nd be l i	et, it is
Sig	n 📐		1			Ма	y the IR	S discuss	this r	eturn
Her		JOUIS MAYER		- ' 	P FIN, TREASUR	wit	h the pr	ep <u>arer</u> sho		
	S	ignature of officer	Date	Title		(se	e instructions	i)? X Yes	<u> </u>	No
		Drint/Time and another page	Dropororlo oignoturo		Date			PTIN		
D-:	1	Print/Type preparer's name	Preparer's signature	20081		Check	if لــــا ،	' ' '''		
Paid		PHILLIP GROFF	Preparer's signature	1886	4/1/2021		d if mployed	P0124	778	3_
Prep	l parer Only		Freparers signature	1896		self-e	mployed			

STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Form 990-T (2019) Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ ESTIMATED UNRELATED SALES Inventory at end of year Inventory at beginning of year. Purchases 2 Cost of goods sold. Subtract line 3 3 Cost of labor 6 from line 5. Enter here and in Part 4a Additional section 263A costs Yes No (attach schedule) 4a Do the rules of section 263A (with respect to **b** Other costs (attach schedule) . 4b property produced or acquired for resale) apply Total. Add lines 1 through 4b . 5 to the organization? . . Χ Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deductions directly connected with the income for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) 50% or if the rent is based on profit or income) more than 50%) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) ▶ Part I, line 6, column (B) ▶ Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions of or allocable to acquisition debt on or 7. Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) (1) % % (2) (3) % % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).

Form **990-T** (2019)

Total dividends-received deductions included in column 8.

Page 4

Schedule F – Interest, Ann	uities, Royalties			om Contro ontrolled Or			ions (se	e instruction	ons)	
		Exe	прі Сс	mirolled Of	ganizado 	JIIS	T = = .			
Name of controlled organization	2. Employer identification numb	ei i		ated income nstructions)	1	of specified ents made	included			6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations	·			•					
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specifical		includ	rt of column ed in the co ation's gross	ntrolling		1. Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals		tion 501	 (c)(7),	(9), or (17	▶ ′) Orga	Part I	nere and on , line 8, colui	mn (A).		ter here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of	income		3. Deduction directly contact (attach sci	nnected			t-asides schedule)	sides 5. Total deductions	
(1)										
(2)										
(3)										
(4)										
	Enter here and o									Enter here and on page 1 Part I, line 9, column (B)
Totals ▶										
Schedule I-Exploited Exe	empt Activity In	come, Ot	her Th	an Advert	ising Ir	come (s	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper direct connecte producti unrela business i	ly d with on of ted	4. Net incor from unrela or business 2 minus co If a gain, c cols. 5 thr	ted tradé (column lumn 3). ompute	from ac is not ι	s income tivity that inrelated s income	6. Experatributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
(1)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 25.
Totals ▶										
Schedule J– Advertising Ir	· · · · · · · · · · · · · · · · · · ·									
Part I Income From Per	iodicals Report	ed on a C	onsol	idated Ba	sis	1		1		
1. Name of periodical	2. Gross advertising income	3. Dire advertisinç		4. Adver gain or (los 2 minus c a gain, co cols. 5 thr	ss) (col. ol. 3). If mpute	1	culation ome	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)) ▶										

Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Z tillough 7 on u	in to by in to back	0.,				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instr	ructions)		
•				3. Percent of	4 Companyatio	on attributable to

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1. Part II. line 14			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

06/30 .20 20 07/01 . 2019, and ending For calendar year 2019 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization

b

2

3

7

10

11

12

STEVENS INSTITUTE OF TECHNOLOGY

Unrelated Business Activity Code (see instructions) ► 520000

Exploited exempt activity income (Schedule I)

Other income (See instructions; attach schedule)

Total. Combine lines 3 through 12.....

Employer identification number

22-1487354

Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENT **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales c Balance ▶ Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)..... 2 Gross profit. Subtract line 2 from line 1c 3 3,361. 3,361. 4a Capital gain net income (attach Schedule D) 4a -5,749-5,749.b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach -31,552. **-31,552.** statement) ATCH 3 . 5 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17)

-33**,**940.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

10

11

12

Compensation of officers, directors, and trustees (Schedule K)	14	
Salaries and wages	15	
	1	
Interest (attach schedule) (see instructions)	18	
	1	250.
Depreciation (attach Form 4562)		
Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
Depletion	22	
	1	
Employee benefit programs	24	
Excess exempt expenses (Schedule I)	25	
Other deductions (attach schedule)	27	2,532.
Total deductions. Add lines 14 through 27	28	2,782.
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-36,722.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
instructions).	30	
Unrelated business taxable income. Subtract line 30 from line 29	31	-36,722.
	Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	Bad debts

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

-33,940.

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME ATHLETICS - OPEN/LESSONS - PUBLIC

50,808.

PART I - LINE 12 - OTHER INCOME

50,808.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES OTHER DIRECT EXPENSES

1,688. 18,168.

PART II - LINE 27 - OTHER DEDUCTIONS

19,856.

ATTACHMENT 3

PARTNERSHIP INVESTMENT

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS V LP	-263.
ENDOWMENT PRIVATE EQUITY PARTNERS IV, LP	-7.
KKR NORTH AMERICA FUND XI (CAGE), LP	-4,107.
KKR NORTH AMERICA FUND XI (INDIGO) LP	-4,831.
KKR NORTH AMERICA FUND XI	-577 .
KKR NORTH AMERICA FUND XI (PLATINUM), LP	-10,340.
KKR NORTH AMERICA FUND XI (POTAMOI), LP	192.
KKR NORTH AMERICA FUND XI (SAGE), LP	-6 .
KKR NORTH AMERICA FUND XI (WAVE), LP	-3,822.
KKR NORTH AMERICAN FUND XI (TRAIN), LP	-6 , 379.
PLAINS ALL AMERICAN PIPELINE, LP	-1,412.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	<u>-31,552.</u>

ATTACHMENT	4	
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FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

2,532.

PART II - LINE 27 - OTHER DEDUCTIONS

2,532.

Stevens Institute of Technology

EIN: 22-1487354 FYE: 6/30/2020

Net Operating Loss Carryover

Form 990-T

Pre-2018 Net Operating Losses

NOL Utilized In NOL Utilized In

Tax Year	NOL Generated	PY	CY	NOL Carryover
6/30/2009	(47,939)	38,501	-	(9,438)
6/30/2010	(41,688)	-	-	(41,688)
6/30/2011	(19,530)	-	-	(19,530)
6/30/2012	(29,288)	-	-	(29,288)
6/30/2013	(10,310)	-	-	(10,310)
6/30/2014	(17,911)	-	-	(17,911)
6/30/2015	(4,478)	-	-	(4,478)
6/30/2016	(9,612)	-	-	(9,612)
6/30/2017	(51,026)	-	-	(51,026)
6/30/2018	(36,672)	-	-	(36,672)
Total	(268,454)	38,501	_	(229,953)

Partnership Investment - NAICS Code: 520000

NOL Utilized In NOL Utilized In

Tax Year	NOL Generated	PY	CY	NOL Carryover
6/30/2019	(167,196)	-	_	(167,196)
6/30/2020	(36,722)			(36,722)
Total	(203,918)	-	-	(203,918)

Stevens Institute of Technology

EIN: 22-1487354 FYE: 6/30/2020

Capital Loss Carryover Form 990-T

Tax Year	NOL Generated	NOL Utilized	NOL Expired	NOL Carryover
6/30/2015	(30,069)	3,494	(26 , 575)	_
6/30/2016	-	_	_	_
6/30/2017	(383)	_	_	(383)
6/30/2018	(29,727)	_	_	(29,727)
6/30/2019	_	_	-	_
6/30/2020	-	_	-	-
Total	(60,179)	3,494	(26,575)	(30,110)

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2019

Name Employer identification number STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below. Subtract column (e) from or loss from Form(s) Proceeds Cost This form may be easier to complete if you round off cents to 8949. Part II. line 2. column (d) and combine (sales price) (or other basis) column (g) the result with column (a) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 3,361. 3,361. Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 3,361. Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 3,361. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 3,361. Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. Note: If losses exceed gains, see Capital Losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

Form 8949 (2019) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

STEVENS INSTITUTE OF TECHNOLOGY

Social security number or taxpayer identification number

22-1487354

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

m	ore	of the boxes, complete as ma	any forms wit	h the same b	ox checked as y	you need.		
		(D) Long-term transactions re	eported on F	orm(s) 1099-	B showing basis	s was reported to	o the IRS (see Note above)	
Ī		(E) Long-term transactions re	eported on F	orm(s) 1099 -	B showing basis	wasn't reporte	ed to the IRS	
	X	(F) Long-term transactions no	ot reported to	o you on For	n 1099 - B			
1	1	(a)	(b)	(c)	(d)	(e) Cost or other basis.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f).	

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an a enter a coo	any, to gain or loss. amount in column (g), de in column (f). rate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
KKR NORTH AMERICA FUND XI (INDIGO			3,361.				3,361
2 Totals. Add the amounts in columns (negative amounts). Enter each total Schedule D, line 8b (if Box D above is checked) or line 10 (if Box D)	here and incluis checked), line	ude on your 9 (if Box E	3,361.				3,361

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2019)

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service ► Attach to your tax return.

Attachment Sequence No. **27**

Name(s) shown on return

STEVENS INSTITUTE OF TECHNOLOGY

22-1

Identifying number 22-1487354

Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) expense of sale acquisition 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions......... 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term **Ordinary Gains and Losses** (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): ATTACHMENT -5,749. 11 Loss, if any, from line 7...... 11 12 12 13 13 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 16 16 -5,749.Combine lines 10 through 16....... 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2019)

22-1487354 Form 4797 (2019) Page 2

Pa	rt III Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252	, 12	54, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254, (a)	or 12	55 property:			(b) Date acquired	(c) Date sold
	<u> </u>		oo proporty.			(mo., day, yr.)	(mo., day, yr.)
A							
B							
	These columns relate to the properties on lines 19A through 19E		Property A	Property B		Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)						
	Cost or other basis plus expense of sale	21					
	Depreciation (or depletion) allowed or allowable						
	Adjusted basis. Subtract line 22 from line 21						
	Adjusted Basici Gustiast into 22 non into 21						
24	Total gain. Subtract line 23 from line 20	24					
	If section 1245 property:						
	Depreciation allowed or allowable from line 22	25a					
	Enter the smaller of line 24 or 25a						
	If section 1250 property: If straight line depreciation was						
	used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions	26a					
	Applicable percentage multiplied by the smaller of						
	line 24 or line 26a. See instructions	26b					
С	Subtract line 26a from line 24. If residential rental property						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976.						
е	Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g					
	If section 1252 property: Skip this section if you didn't						
	dispose of farmland or if this form is being completed for a partnership.						
а	Soil, water, and land clearing expenses	27a					
b	Line 27a multiplied by applicable percentage. See instructions	27b					
c	Enter the smaller of line 24 or 27b	27c					
	If section 1254 property:						
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits,						
	mining exploration costs, and depletion. See instructions • •	28a					
b	Enter the smaller of line 24 or 28a	28b					
29	If section 1255 property:						
а	Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
	Enter the smaller of line 24 or 29a. See instructions .						
Sur	mmary of Part III Gains. Complete propert	ty co	lumns A through	D through line	29k	before going to li	ne 30.
	Total gains for all properties. Add property columns A						
	Add property columns A through D, lines 25b, 26g, 2						
32	Subtract line 31 from line 30. Enter the portion from		•				
_	other than casualty or theft on Form 4797, line 6		70 1 0005(1)(0)	Minan Desiri		32	` !
Par	t IV Recapture Amounts Under Section (see instructions)	IS 1	79 and 280F(b)(2)	When Busine	ess	Use Drops to 50%	or Less
						(a) Section	(b) Section
						179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	/able	in prior years		33		
	Recomputed depreciation. See instructions				34		
	Recapture amount. Subtract line 34 from line 33. Se				35		
_				_			F 4707 (2040)

Form **4797** (2019)

STEVENS INSTITUTE OF TECHNOLOGY Supplement to Form 4797 Part II Detail

ATTACHMENT 1

COMMONETIND CAP NAT RES PART V I.P V		Sold	Price	or Allowable	Basis	for entire year
	VAR	VAR	-5,304.			-5,304.
	VAR	VAR	-301.			-301.
KKR N AMERICA FND XI	VAR	VAR	-144.			-144.
Totals						-5,749.

4:15:29 PM V 19-7.7F

ATTACHMENT 1