



2019 Income Tax Returns

STEVENS INSTITUTE OF TECHNOLOGY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STEVENS INSTITUTE OF TECHNOLOGY			D Employer identification number 22-1487354
	Doing Business As			E Telephone number (201) 216-8761
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 448,665,261.
	ONE CASTLE POINT ON HUDSON			
City or town, state or province, country, and ZIP or foreign postal code HOBOKEN, NJ 07030			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: LOUIS MAYER ONE CASTLE POINT ON HUDSON, HOBOKEN, NJ 07030			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: WWW.STEVENS.EDU			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1870 M State of legal domicile: NJ	

Part I Summary

Activities & Governance	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 UNDERGRADUATE, MASTERS AND DOCTORATE DEGREES AND TO CONDUCT RESEARCH.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 30.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 28.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 3,665.
	6 Total number of volunteers (estimate if necessary)	6 589.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 16,868.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,175,213. Current Year 12,292,442.
	9 Program service revenue (Part VIII, line 2g)	328,790,996. 350,778,342.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,571,520. 16,645,326.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,993,445. 3,206,652.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	353,531,174. 382,922,762.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		149,311,629. 162,158,746.
16a Professional fundraising fees (Part IX, column (A), line 11e)		133,040. 141,375.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,863,681.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		92,427,998. 98,207,515.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		325,325,973. 354,310,960.
19 Revenue less expenses. Subtract line 18 from line 12	28,205,201. 28,611,802.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 610,769,155. End of Year 845,203,088.
	21 Total liabilities (Part X, line 26)	202,832,286. 411,561,037.
	22 Net assets or fund balances. Subtract line 21 from line 20	407,936,869. 433,642,051.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	LOUIS MAYER CFO, VP FIN, TREASUR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name PHILLIP GROFF	Preparer's signature 	Date 4/1/2021	Check <input type="checkbox"/> if self-employed	PTIN P01247783
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 212-758-9700	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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.**

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number (EIN) or 22-1487354
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE CASTLE POINT ON HUDSON	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOBOKEN, NJ 07030	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LOUIS MAYER, ED.D.

• The books are in the care of ► 5 MARINE VIEW PLAZA, SUITE 501 HOBOKEN NJ 07030

Telephone No. ► 201 216-8761 Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20____ or
- tax year beginning 07/01, 2018, and ending 06/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 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? [] Yes [X] No

[] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

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

4 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 \$ 249,075,570. including grants of \$ 93,803,324.) (Revenue \$ 290,726,041.)

EDUCATIONAL INSTRUCTION: IN THE ACADEMIC YEAR 2019-2020, STEVENS' ENROLLMENT WAS 3,659 UNDERGRADUATE STUDENTS AND 3,900 GRADUATE STUDENTS. 724 STUDENTS GRADUATED WITH BACHELOR OF ENGINEERING, SCIENCE OR ARTS DEGREES, 1,344 STUDENTS RECEIVED MASTER'S IN ENGINEERING, SCIENCE, BUSINESS ADMINISTRATION OR ARTS. 54 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 \$ 32,212,163. including grants of \$) (Revenue \$ 25,357,982.)

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. CLOSE INTERACTIONS BETWEEN PROFESSORS AND STUDENTS ALLOW FOR GREATER ACADEMIC AND SOCIAL DEVELOPMENT. THERE ARE OVER 120 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 \$ 32,527,939. including grants of \$) (Revenue \$ 37,245,239.)

RESEARCH: THE RESEARCH ENTERPRISE INCLUDES ACADEMIC RESEARCH, NATIONAL RESEARCH CENTERS AND CROSS-DISCIPLINARY RESEARCH INITIATIVES WITH AFFILIATED ORGANIZATIONS AND INFRASTRUCTURE. CREATIVE AND ENTREPRENEURIAL RESEARCH IS AN INTEGRAL PART OF THE STEVENS MISSION. THE INSTITUTE 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 on Schedule O.)

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

4e Total program service expenses 313,815,672.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22 through 38 cover various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a through 1c cover Form 1096 reporting and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question, Yes, No. Rows include 2a (employees: 3,665), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (30), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD, MA, MI, NH, NC, OR, PA, SC,
18 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.
19 Describe on 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII

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. See instructions for the order in which to list the persons above.

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NARIMAN FARVARDIN PRESIDENT/TRUSTEE	55.00 0.	X		X				1,593,296.	0.	28,141.
(2) CHRISTOPHE PIERRE PROVOST	55.00 0.				X			567,493.	0.	43,581.
(3) GREGORY PRASTACOS DEAN	55.00 0.				X			434,178.	0.	52,256.
(4) LOUIS J. MAYER VP OF FINANCE/TREASURER, CFO	55.00 0.			X				423,386.	0.	52,256.
(5) KATHY L. SCHULZ VP & GENERAL COUNSEL/SECRETARY	55.00 0.			X				419,779.	0.	33,316.
(6) CONSTANTIN CHASSAPIS VICE PROVOST	55.00 0.					X		370,233.	0.	46,366.
(7) DINESH VERMA PROFESSOR/EXEC DIR	55.00 0.					X		352,431.	0.	49,456.
(8) GEORGE KORFIATIS PROFESSOR	55.00 0.					X		351,476.	0.	46,366.
(9) JEAN ZU DEAN	55.00 0.				X			341,380.	0.	33,316.
(10) HADY SALLOUM PROFESSOR	55.00 0.					X		324,901.	0.	47,079.
(11) MUHAMMAD HAJJ CHAIR/PROFESSOR	55.00 0.					X		325,893.	0.	43,566.
(12) YEHIA MASSOUD DEAN	55.00 0.				X			314,228.	0.	47,856.
(13) DAVID DODD VP INFO TECH/CIO TO 12/31/19	55.00 0.				X			313,002.	0.	46,366.
(14) ROBERT MAFFIA VP FOR FACILITIES/OPERATIONS	55.00 0.				X			303,044.	0.	50,760.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARYBETH MURPHY VP FOR ENROLLMT/STUDENT AFFAIR	55.00 0.				X			309,193.	0.	36,116.
(16) MOHAMMAD DEGHANI VICE PROVOST TO 7/31/19	55.00 0.				X			284,168.	0.	29,559.
(17) ANTHONY BARRESE FORMER KEY EMPLOYEE	55.00 0.						X	272,404.	0.	39,660.
(18) DILHAN KALYON INT. VICE PROV AS OF 8/12/19	55.00 0.				X			254,360.	0.	42,491.
(19) WARREN PETTY VP FOR HUMAN RESOURCES	55.00 0.				X			266,012.	0.	22,388.
(20) MICHAEL ZUR MUEHLEN TRUSTEE/PROFESSOR TO 2/15/20	55.00 0.	X						242,793.	0.	37,980.
(21) JOSEPH E. CASSIDY AVP FINANCE/ASST TREAS	55.00 0.			X				249,453.	0.	22,476.
(22) ELIZABETH SHELTON AVP FOR INVEST/ASST TREASURER	55.00 0.			X				206,654.	0.	32,539.
(23) KEITH G. SHEPPARD TRUSTEE/PROFESSOR TO 11/21/19	55.00 0.	X						208,745.	0.	28,582.
(24) JENNIFER MCDONOUGH VP FOR DEVELOPMENT TO 7/12/19	55.00 0.				X			187,245.	0.	19,898.
(25) DAWN DA SILVA AVP DEV/ALUM 7/12/19 - 5/8/20	55.00 0.				X			187,012.	0.	14,538.
1b Sub-total								9,102,759.	0.	946,908.
c Total from continuation sheets to Part VII, Section A								635,431.	0.	51,369.
d Total (add lines 1b and 1c)								9,738,190.	0.	998,277.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 339

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

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 **▶** 155

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) WILLIAM REMINGTON ----- FORMER KEY EMPLOYEE	55.00 ----- 0.						X	197,986.	0.	1,816.
(27) MICHAEL PARENTE ----- INT. VP INFO TECH AS OF 1/1/20	55.00 ----- 0.				X			180,789.	0.	12,741.
(28) YI GUO ----- TRUSTEE/PROF. AS OF 3/26/20	55.00 ----- 0.	X						158,572.	0.	21,394.
(29) TONIANN BIONDOLILLO ----- ASST. SEC/EXEC. ASST.	55.00 ----- 0.			X				85,644.	0.	15,418.
(30) KAITLIN GILI ----- TRUSTEE AS OF 6/26/20	1.00 ----- 0.	X						8,590.	0.	0.
(31) CRISTIAN COLLADO ----- TRUSTEE	1.00 ----- 0.	X						3,850.	0.	0.
(32) STEPHEN T. BOSWELL ----- CHAIRMAN/TRUSTEE	3.00 ----- 0.	X	X					0.	0.	0.
(33) THOMAS A. CORCORAN ----- VICE CHAIRMAN/TRUSTEE	1.00 ----- 0.	X	X					0.	0.	0.
(34) RICHARD R. ROSCITT ----- VICE CHAIRMAN/TRUSTEE	1.00 ----- 0.	X	X					0.	0.	0.
(35) JOHN A. SCHEPISI ----- VICE CHAIRMAN/TRUSTEE	1.00 ----- 0.	X	X					0.	0.	0.
(36) SALEEL V. AWSARE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								635,431.	0.	51,369.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 339

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

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) LAWRENCE T. BABBIO, JR TRUSTEE	1.00 0.	X					0.	0.	0.	
(38) PHILIP P. CROWLEY TRUSTEE	1.00 0.	X					0.	0.	0.	
(39) JOHN R. DEARBORN TRUSTEE	1.00 0.	X					0.	0.	0.	
(40) JOSEPH DEL GUERCIO TRUSTEE	1.00 0.	X					0.	0.	0.	
(41) WILLIAM W. DESTLER TRUSTEE	1.00 0.	X					0.	0.	0.	
(42) JOSEPH G. DIPOMPEO TRUSTEE	1.00 0.	X					0.	0.	0.	
(43) EMILIO A. FERNANDEZ TRUSTEE	1.00 0.	X					0.	0.	0.	
(44) JOHN "SEAN" J. HANLON IV TRUSTEE	1.00 0.	X					0.	0.	0.	
(45) MATTHEW B. HUNT TRUSTEE TO 9/1/19	1.00 0.	X					0.	0.	0.	
(46) DANIELLA M. KRANJAC TRUSTEE TO 12/11/19	1.00 0.	X					0.	0.	0.	
(47) A. MICHAEL LIPPER TRUSTEE AS OF 10/15/19	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 339

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

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) LISA M. MASCOLO ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(49) THOMAS NATHANSON ----- TRUSTEE AS OF 6/26/20	1.00 ----- 0.	X						0.	0.	0.
(50) ELIZABETH C. PALLONE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(51) SAMUEL P. RECKFORD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(52) ANNMARIE RIZZO ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(53) VIRGINIA P. RUESTERHOLZ ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(54) RONALD E. SALLUZZO ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(55) THOMAS H. SCHOLL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(56) OLIVIA SCHREIBER ----- TRUSTEE TO 6/26/20	1.00 ----- 0.	X						0.	0.	0.
(57) FRANK J. SEMCER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(58) LOUIS A. STEINBERG ----- TRUSTEE AS OF 12/11/19	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 339

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

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 **▶**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	9,900.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	2,646,614.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	9,635,928.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 464,990.				
	h	Total. Add lines 1a-1f ▶		12,292,442.				
	Program Service Revenue	2a	TUITION & FEES	Business Code	611600	289,223,137.	289,223,137.	
b		RESEARCH REVENUE		541610	37,245,239.	37,245,239.		
c		STUDENT HOUSING		611710	16,042,577.	16,042,577.		
d		STUDENT DINING		611710	7,459,090.	7,459,090.		
e		TECHNICAL LEADERSHIP & ENTREPRENEURSHIP		611600	711,494.	711,494.		
f		All other program service revenue			96,805.	96,805.		
g		Total. Add lines 2a-2f ▶			350,778,342.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			7,472,404.		-33,940.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			119,552.		119,552.	
	6a	Gross rents	6a	(i) Real	599.			
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	599.				
	d	Net rental income or (loss) ▶			599.		599.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	66,640,421.	8,275,000.		
				(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b	65,742,499.				
c	Gain or (loss)	7c	897,922.	8,275,000.				
d	Net gain or (loss) ▶			9,172,922.		9,172,922.		
8a	Gross income from fundraising events (not including \$ 9,900. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			8b	0.				
			8c	0.				
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
b	Less: direct expenses	9b		0.				
c	Net income or (loss) from gaming activities. ▶			0.				
10a	Gross sales of inventory, less returns and allowances	10a		0.				
			10b	0.				
			10c	0.				
Miscellaneous Revenue	11a	DINING SERVICES CONTRACT	Business Code	900099	663,814.	663,814.		
	b	STUDENT ORGANIZATIONS/CLUBS		900099	449,000.	449,000.		
	c	PARKING		812930	358,437.	107,664.	250,773.	
	d	All other revenue			1,615,250.	1,330,442.	50,808.	
	e	Total. Add lines 11a-11d ▶			3,086,501.			
12	Total revenue. See instructions ▶			382,922,762.	353,329,262.	16,868.	17,284,190.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	777,330.	1	321,013.
	2 Savings and temporary cash investments	66,356,997.	2	75,822,967.
	3 Pledges and grants receivable, net	24,608,961.	3	20,276,317.
	4 Accounts receivable, net.	18,947,541.	4	16,430,265.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	9,373,684.	9	14,687,670.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 526,384,042.		
	b Less: accumulated depreciation.	10b 184,919,446.	254,678,373.	10c 341,464,596.
	11 Investments - publicly traded securities.	ATCH 3	167,760,149.	11 171,185,534.
	12 Investments - other securities. See Part IV, line 11		46,304,562.	12 47,339,952.
	13 Investments - program-related. See Part IV, line 11.		0.	13 0.
	14 Intangible assets		0.	14 0.
	15 Other assets. See Part IV, line 11		21,961,558.	15 157,674,774.
16 Total assets. Add lines 1 through 15 (must equal line 33)		610,769,155.	16 845,203,088.	
Liabilities	17 Accounts payable and accrued expenses	28,475,047.	17	40,203,866.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	11,362,487.	19	12,144,766.
	20 Tax-exempt bond liabilities.	136,866,579.	20	341,574,916.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	5,900,000.	24	0.
	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	20,228,173.	25	17,637,489.
	26 Total liabilities. Add lines 17 through 25.	202,832,286.	26	411,561,037.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	160,610,292.	27	202,015,448.
	28 Net assets with donor restrictions.	247,326,577.	28	231,626,603.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	407,936,869.	32	433,642,051.
33 Total liabilities and net assets/fund balances.	610,769,155.	33	845,203,088.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	382,922,762.
2	Total expenses (must equal Part IX, column (A), line 25)	2	354,310,960.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,611,802.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	407,936,869.
5	Net unrealized gains (losses) on investments	5	-1,848,026.
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 on Schedule O)	9	-1,058,594.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	433,642,051.

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section 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? <i>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.</i>	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? <i>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.</i>	2	

Section 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)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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 OTHER INCOME

DINING SERVICES CONTRACT	\$ 663,814
STUDENT ORGANIZATIONS	449,000
PARKING	358,437
ALL OTHER REVENUE	1,564,442

TOTAL OTHER INCOME	\$ 3,035,693

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
---	--

Organization type (check one):

Filers of:

Section:

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, 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 totaling \$5,000 or more during the year ▶ \$ _____

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).

Name of organization **STEVENS INSTITUTE OF TECHNOLOGY**

Employer identification number
22-1487354

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **STEVENS INSTITUTE OF TECHNOLOGY**

Employer identification number
22-1487354

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 315,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 250,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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.

(a) No. from Part I	(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 Part I	(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 Part I	(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 Part I	(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
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **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.**

Department of the Treasury
Internal Revenue Service

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 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described...; b If "Yes," enter the amount of any tax incurred...; c If "Yes," enter the amount of any tax incurred by organization managers...; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 5 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

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 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, STEM SCHOLARSHIP PROGRAMS FOR UNDERREPRESENTED MINORITY STUDENTS, COVID-19 IMPACTS, AND VARIOUS SPECIAL INITIATIVES/NEEDS. IN ADDITION, THEY PROVIDE OVERSIGHT TO OUTSIDE CONSULTANTS AND ARE DIRECTLY ENGAGED IN ACTIVITIES RELATED TO STEVENS' FEDERAL RESEARCH INITIATIVES.

BETH MCGRATH, VICE PRESIDENT OF 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 D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

▶ 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.

2019

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part 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.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ 45,000.

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

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

Schedule D (Form 990) 2019

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	224,304,000.	206,806,000.	183,934,000.	166,024,661.	173,680,721.
b Contributions	2,856,781.	6,994,156.	19,393,944.	9,140,730.	1,908,265.
c Net investment earnings, gains, and losses	4,103,638.	15,638,833.	9,051,558.	15,132,869.	-3,516,117.
d Grants or scholarships	2,523,056.	2,148,623.	2,038,014.	6,364,260.	6,048,208.
e Other expenditures for facilities and programs	3,731,363.	2,986,366.	3,535,488.		
f Administrative expenses					
g End of year balance	225,010,000.	224,304,000.	206,806,000.	183,934,000.	166,024,661.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 7.8100 %
- b** Permanent endowment ▶ 92.1900 %
- c** Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations	X	
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,721,146.		1,721,146.
b Buildings		444,679,995.	141,069,257.	303,610,738.
c Leasehold improvements				
d Equipment		58,492,702.	29,555,947.	28,936,755.
e Other		21,490,199.	14,294,242.	7,195,957.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				341,464,596.

Part VII Investments - Other Securities.

Complete if the organization answered "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	10,387,290.	FMV
(B) TRUSTS HELD BY OTHERS	6,093,228.	FMV
(C) SPLIT INTEREST AGREEMENTS	2,713,043.	FMV
(D) PRIVATE EQUITY	28,047,370.	FMV
(E) OTHER	99,021.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	47,339,952.	

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) DEPOSITS WITH BOND TRUSTEES	157,629,774.
(2) ARTWORK	45,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	157,674,774.

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	6,739,476.
(3) ANNUITIES PAYABLE	2,112,206.
(4) CONDITIONAL ASSET RETIREMENT	4,728,886.
(5) REFUNDABLE ADVANCES	3,163,996.
(6) CAPITAL LEASE OBLIGATION	892,925.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,637,489.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

COLLECTIONS OF ART, HISTORICAL TREASURES AND ARCHIVES -

FORM 990, SCHEDULE D, PART III

STEVENS MAINTAINS A COLLECTION OF VARIOUS WORKS OF ART, HISTORICAL TREASURES, ARCHIVES AND OTHER SIMILAR ASSETS THAT ARE ON PUBLIC DISPLAY IN ITS LIBRARY AND OTHER LOCATIONS ON CAMPUS 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.

**SCHEDULE E
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number
22-1487354

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
6b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** 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 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. ADDITIONALLY, IN THE CURRENT FISCAL YEAR, THE UNIVERSITY RECEIVED CARES ACT HEERF FUNDING.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

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

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? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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.	2.	PROGRAM SERVICES	CONFERENCES/SPEAKING	2,675.
(2) EAST ASIA AND THE PACIFIC	0.	24.	PROGRAM SERVICES	CONFERENCES/SPEAKING	62,164.
(3) EUROPE	0.	66.	PROGRAM SERVICES	CONFERENCES/SPEAKING	186,339.
(4) MIDDLE EAST AND NORTH AFRICA	0.	3.	PROGRAM SERVICES	CONFERENCES/SPEAKING	14,352.
(5) NORTH AMERICA	0.	22.	PROGRAM SERVICES	CONFERENCES/SPEAKING	33,329.
(6) RUSSIA/INDEPENDENT STATES	0.	1.	PROGRAM SERVICES	CONFERENCES/SPEAKING	1,986.
(7) SOUTH AMERICA	0.	3.	PROGRAM SERVICES	CONFERENCES/SPEAKING	7,589.
(8) EAST ASIA AND THE PACIFIC	0.	8.	PROGRAM SERVICES	RECRUITING - STUDENTS	88,091.
(9) EUROPE	0.	2.	PROGRAM SERVICES	RECRUITING - STUDENTS	7,851.
(10) SOUTH ASIA	0.	6.	PROGRAM SERVICES	RECRUITING - STUDENTS	94,375.
(11) SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	RECRUITING - STUDENTS	10,366.
(12) CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	FIELD RESEARCH	750.
(13) EUROPE	0.	2.	PROGRAM SERVICES	FIELD RESEARCH	46,628.
(14) EAST ASIA AND THE PACIFIC	0.	2.	PROGRAM SERVICES	INSTITUTIONAL DEVELOPM	18,937.
(15) EUROPE	0.	2.	PROGRAM SERVICES	INSTITUTIONAL DEVELOPM	6,082.
(16) SOUTH AMERICA	0.	1.	PROGRAM SERVICES	INSTITUTIONAL DEVELOPM	2,415.
(17) SOUTH ASIA	0.	1.	PROGRAM SERVICES	INSTITUTIONAL DEVELOPM	8,143.
3a Subtotal		147.			592,072.
b Total from continuation sheets to Part I					29,764,375.
c Totals (add lines 3a and 3b)		147.			30,356,447.

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

Schedule F (Form 990) 2019

JSA
9E1274 1.000

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

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

- 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? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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.	0.	INVESTMENTS		17,868,815.
(2) EUROPE	0.	0.	INVESTMENTS		11,895,560.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b 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) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of 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)							

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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** **No**

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
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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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EAB GLOBAL, INC	DIG & DIR. MAIL MKT.		X		103,541.	-103,541.
2 PENTERA INC	DIG & DIR. MAIL MKT.		X		27,472.	-27,472.
3 GT MARKETING LTD	DIR MAIL MKT.		X		10,362.	-10,362.
4						
5						
6						
7						
8						
9						
10						
Total					141,375.	-141,375.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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).

SCHEDULE G, PART 1, LINE 2A

FUNDRAISING ACTIVITIES

THE UNIVERSITY UTILIZED OUTSIDE VENDORS FOR DIGITAL AND DIRECT MARKETING SERVICES. IN ADDITION TO THE PROFESSIONAL SERVICE EXPENSES SHOWN IN PART I, THE UNIVERSITY PAID \$10,011 FOR POSTAGE EXPENSES.

- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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).

SCHEDULE G, PART 1, LINE 2B - NAME AND ADDRESS FUNDRAISER

EAB GLOBAL INC.

1920 EAST PARHAM ROAD

RICHMOND, VA 23228

PENTERA, INC

8650 COMMERCE PARK PLACE, SUITE G

- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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).

INDIANAPOLIS, IN 46268

GT MARKETING LTD

51 RAILROAD AVENUE

CLOSTER, NJ 07624

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

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 space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS AND GRANTS	3,853.	92,321,515.			
2 PRIZES/AWARDS	593.	1,481,809.			
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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For 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

2019

**Open to Public
Inspection**

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal 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 explain

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 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- 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.

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NARIMAN FARVARDIN PRESIDENT/TRUSTEE	843,648.	727,785.	21,863.	28,000.	141.	1,621,437.	0.
CHRISTOPHE PIERRE PROVOST	552,493.	15,000.	0.	25,215.	18,366.	611,074.	0.
GREGORY PRASTACOS DEAN	422,178.	12,000.	0.	28,000.	24,256.	486,434.	0.
LOUIS J. MAYER VP OF FINANCE/TREASURER,CFO	413,386.	10,000.	0.	28,000.	24,256.	475,642.	0.
KATHY L. SCHULZ VP & GENERAL COUNSEL/SECRETARY	409,779.	10,000.	0.	25,200.	8,116.	453,095.	0.
CONSTANTIN CHASSAPIS VICE PROVOST	360,233.	10,000.	0.	28,000.	18,366.	416,599.	0.
DINESH VERMA PROFESSOR/EXEC DIR	340,916.	4,000.	7,515.	25,200.	24,256.	401,887.	0.
GEORGE KORFIATIS PROFESSOR	351,476.	0.	0.	28,000.	18,366.	397,842.	0.
JEAN ZU DEAN	341,380.	0.	0.	25,200.	8,116.	374,696.	0.
HADY SALLIUM PROFESSOR	324,376.	525.	0.	22,823.	24,256.	371,980.	0.
MUHAMMAD HAJJ CHAIR/PROFESSOR	323,979.	1,500.	414.	25,200.	18,366.	369,459.	0.
YEHIA MASSOUD DEAN	310,228.	4,000.	0.	23,600.	24,256.	362,084.	0.
DAVID DODD VP INFO TECH/CIO TO 12/31/19	313,002.	0.	0.	28,000.	18,366.	359,368.	0.
ROBERT MAFFIA VP FOR FACILITIES/OPERATIONS	286,644.	8,000.	8,400.	26,504.	24,256.	353,804.	0.
MARYBETH MURPHY VP FOR ENROLLMT/STUDENT AFFAIR	299,193.	10,000.	0.	28,000.	8,116.	345,309.	0.
MOHAMMAD DEHGhani VICE PROVOST TO 7/31/19	284,168.	0.	0.	16,042.	13,517.	313,727.	0.
	0.	0.	0.	0.	0.	0.	0.

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) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY BARRESE FORMER KEY EMPLOYEE	266,404.	6,000.	0.	21,294.	18,366.	312,064.	0.
DILHAN KALYON	254,360.	0.	0.	26,165.	16,326.	296,851.	0.
2 INT. VICE PROV AS OF 8/12/19	0.	0.	0.	0.	0.	0.	0.
WARREN PETTY	244,012.	22,000.	0.	22,247.	141.	288,400.	0.
3 VP FOR HUMAN RESOURCES	0.	0.	0.	0.	0.	0.	0.
MICHAEL ZUR MUEHLEN	236,793.	6,000.	0.	13,724.	24,256.	280,773.	0.
4 TRUSTEE/PROFESSOR TO 2/15/20	0.	0.	0.	0.	0.	0.	0.
JOSEPH E. CASSIDY	246,953.	2,500.	0.	22,335.	141.	271,929.	0.
5 AVE FINANCE/ASST TREAS	0.	0.	0.	0.	0.	0.	0.
ELIZABETH SHELTON	206,654.	0.	0.	19,344.	13,195.	239,193.	0.
6 AVE FOR INVEST/ASST TREASURER	0.	0.	0.	0.	0.	0.	0.
KEITH G. SHEPPARD	208,745.	0.	0.	20,467.	8,116.	237,328.	0.
7 TRUSTEE/PROFESSOR TO 11/21/19	0.	0.	0.	0.	0.	0.	0.
JENNIFER MCDONOUGH	174,412.	0.	12,833.	15,851.	4,046.	207,142.	0.
8 VP FOR DEVELOPMENT TO 7/12/19	0.	0.	0.	0.	0.	0.	0.
DAWN DA SILVA	177,012.	10,000.	0.	14,397.	141.	201,550.	0.
9 AVE DEV/ALUM 7/12/19 - 5/8/20	0.	0.	0.	0.	0.	0.	0.
WILLIAM REMINGTON	47,986.	150,000.	0.	1,816.	0.	199,802.	0.
10 FORMER KEY EMPLOYEE	0.	0.	0.	0.	0.	0.	0.
MICHAEL PARENTE	173,789.	7,000.	0.	12,600.	141.	193,530.	0.
11 INT. VP INFO TECH AS OF 1/1/20	0.	0.	0.	0.	0.	0.	0.
YI GUO	155,865.	2,000.	707.	13,279.	8,116.	179,967.	0.
12 TRUSTEE/PROF. AS OF 3/26/20	0.	0.	0.	0.	0.	0.	0.
13							
14							
15							
16							

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 PRESIDENT IS CONTRACTUALLY REQUIRED TO LIVE IN CAMPUS HOUSING AND, THEREFORE, IT IS NOT TAXABLE COMPENSATION TO HIM.

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 SOLELY FOR BUSINESS PURPOSES TO FOSTER RELATIONSHIPS WITHIN THE NEW YORK

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.

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 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 FINANCIAL RESULTS OF THE UNIVERSITY AND OTHER FACTORS NOT SPECIFIED IN THE PLAN. INCENTIVE COMPENSATION FOR

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.

FACULTY AND STAFF 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 FULL BOARD OF TRUSTEES AS PART OF ITS CONSIDERATION OF THE PRESIDENT AND THE TOP FIVE HIGHEST COMPENSATED EMPLOYEES LISTED IN SCHEDULE O. EACH YEAR, THE HUMAN RESOURCES COMMITTEE APPROVES THE ANNUAL PERFORMANCE GOALS FOR THE EXECUTIVE LEADERS AND REVIEWS 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 \$843,648, THESE AMOUNTS INCLUDE (I) A ONE-TIME INCENTIVE COMPENSATION PAYMENT OF \$500,000 ASSOCIATED WITH SPECIFIC METRICS SPECIFIED BY THE UNIVERSITY'S BOARD OF TRUSTEES AND ACHIEVED OVER THE COURSE OF A THREE-YEAR PERIOD AND PAYABLE

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.

AT THE END OF THE THIRD YEAR AND (II) AN ANNUAL INCENTIVE COMPENSATION PAYMENT OF \$227,785 ASSOCIATED WITH ACHIEVEMENT OF SEPARATE METRICS FOR THE UNIVERSITY'S FISCAL YEAR ENDED 6/30/2019. ALL INCENTIVE COMPENSATION AMOUNTS WERE BASED UPON DETERMINATIONS BY THE HUMAN RESOURCES COMMITTEE AND 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.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ EDU FAC AUTH STEVENS ISSUE 2020 SERIES A	22-1829511	6460666L9	03/11/2020	209,648,096.	NEW CONSTRUCTION & RENOVATION		X		X		X
B NJ EDU FAC AUTH STEVENS ISSUE 2017 SERIES A	22-1829511	646066M31	04/04/2017	132,589,361.	1998 & 2007 REFUNDING/CAP. PROJ.		X		X		X
C NJ EDU FAC AUTH CAPITAL IMP SERIES 2016B	22-1829511	646066F54	12/20/2016	30,676,062.	FINANCING NEW CONSTRUCTION		X		X		X
D NJ EDU FAC AUTH CAPITAL IMP SERIES 2016A	22-1829511	000000000	07/26/2016	20,805,115.	2005 & 2006 REFUNDING		X		X		X

Employer identification number
22-1487354

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

► 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.

OMB No. 1545-0047
2019
Open to Public Inspection

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired		5,220,000.	741,966.	466,889.
2 Amount of bonds legally defeased				
3 Total proceeds of issue	209,648,096.	132,589,361.	17,575,574.	1,182,407.
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	1,000,262.	911,558.	141,074.	2,752.
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	102,087,808.	70,742,204.	17,434,500.	1,179,655.
11 Other spent proceeds		55,677,803.		
12 Other unspent proceeds	106,560,026.	5,257,796.		
13 Year of substantial completion			2018	2016
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 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X	X	X	X
16 Has the final allocation of proceeds been made?	X	X	X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X	X	X

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

Schedule K (Form 990) 2019

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ EDU FAC AUTH ELF ISSUE, SERIES 2014B	22-1829511	6460656J4	01/30/2014	8,131,497.	FINANCE IT INFRASTRUCTURE		X		X		X
B											
C											
D											

Employer identification number
22-1487354

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		655,989.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		4,500,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		30,311.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		4,469,689.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2017						

	Yes		No		Yes		No	
	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						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2019

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.

2019

Open to Public Inspection

Part III Private Business Use

TAX EXEMPT BONDS

Table with 12 columns (A, B, C, D) and 12 rows of questions regarding private business use of bond-financed property.

Part IV Arbitrage

Table with 12 columns (A, B, C, D) and 12 rows of questions regarding arbitrage rules.

Part III Private Business Use

TAX EXEMPT BONDS CONTINUED

Table with 12 columns: Question, A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No). Rows include questions about partnership financing, lease arrangements, management contracts, bond counsel, research agreements, percentage of financed property, and remedial actions.

Part IV Arbitrage

Table with 12 columns: Question, A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No). Rows include questions about Form 8038-T, Arbitrage Rebate, Yield Reduction, and variable rate issues.

Part IV Arbitrage (continued)

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Rows include questions 4a through 7 regarding organizational procedures and investments.

Part V Procedures To Undertake Corrective Action

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Row 1 describes organizational procedures to ensure federal tax requirements are met.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Series of horizontal lines provided for supplemental information.

Part IV Arbitrage (continued)

Table with 4 columns (A, B, C, D) and 7 rows of questions regarding arbitrage and hedge procedures.

Part V Procedures To Undertake Corrective Action

Table with 4 columns (A, B, C, D) and 1 row of questions regarding corrective action procedures.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Multiple horizontal lines for providing supplemental information.

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

SCHEDULE K, PART I, BOND ISSUES

1. NJ EDU FAC AUTH STEVENS ISSUE 2020 SERIES A: THESE BONDS WERE ISSUED IN THE PAR AMOUNT OF \$174,315,000 TO FINANCE: (A) THE CONSTRUCTION, RENOVATION AND EQUIPPING OF THE NEW STUDENT HOUSING AND UNIVERSITY CENTER; (B) FINANCE CAPITAL PROJECTS FOR CONSTRUCTION, RENOVATION, EXPANSION AND EQUIPPING OF CERTAIN ADDITIONAL UNIVERSITY RESEARCH AND EDUCATION BUILDINGS; AND (C) FUND CAPITALIZED INTEREST FOR THE 2020 SERIES A BONDS. TOTAL PROCEEDS OF THE ISSUANCE WERE \$209,648,096 OF WHICH \$38,600,000 WERE USED TO REPAY A LINE OF CREDIT USED FOR CAPITAL EXPENDITURES PRIOR TO THE COMPLETION OF THE ISSUANCE. THE UNIVERSITY GRANTED A PLEDGE OF AND LIEN ON TUITION AS SECURITY FOR THIS LOAN.

2. NJ EDU FAC AUTH STEVENS ISSUE 2017 SERIES A: 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

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

AND UNIVERSITY FACILITY.

3. NJ EDU FAC AUTH CAPITAL IMP SERIES 2016B: 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 COMPLEX. STEVENS PRINCIPAL PORTION IS \$8,522,585 AND IS RECORDED ON THE BOOKS AS LONG TERM DEBT, PAYABLE OVER 20 YEARS. SCHEDULE K, PART II, LINE 1 AMOUNT OF BONDS RETIRED IS A RESULT OF PRINCIPAL PAYMENTS BY THE UNIVERSITY PURSUANT TO AGREEMENTS WITH THE AUTHORITY.

4. NJ EDU FAC AUTH CAPITAL IMP SERIES 2016A: 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 CURRENT REFUND THE BALANCE OF NJEFA'S CAPITAL IMPROVEMENT FUND ISSUES, SERIES 2005A AND SERIES 2006A.

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

THE 2005A AND 2006A BONDS WERE ISSUED ON AUGUST 10, 2006 AND OCTOBER 26, 2006 RESPECTIVELY. NJEFA REQUIRES THAT THE UNIVERSITY ONLY PAY ONE-HALF (50%) OF THE DEBT SERVICE OF THE UNDERLYING BONDS, TOTALING \$595,673. SCHEDULE K, PART II, LINE 1 AMOUNT OF BONDS RETIRED IS A RESULT OF PRINCIPAL PAYMENTS BY THE UNIVERSITY PURSUANT TO AGREEMENTS WITH THE AUTHORITY.

5. NJ EDU FAC AUTH ELF ISSUE, SERIES 2014B: 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. SCHEDULE K, PART II, LINE 1 AMOUNT OF BONDS RETIRED IS A RESULT OF PRINCIPAL PAYMENTS BY THE UNIVERSITY PURSUANT TO AGREEMENTS WITH THE AUTHORITY.

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 THE PERMITTED LEVELS OVER THE LIFE OF EACH BOND, THEREFORE, A PERCENTAGE WAS NOT DISCLOSED. ADDITIONALLY, THE UNIVERSITY HAS RETAINED KPMG TO CONSULT AND ADVISE ON THE CURRENT PRIVATE BUSINESS USE; THIS REVIEW SHOULD BE COMPLETED IN THE FISCAL YEAR ENDED JUNE 30, 2021. SHOULD BE COMPLETED IN THE FISCAL YEAR ENDED JUNE 30, 2021.

SCHEDULE K, PART IV, ARBITRAGE REBATE, LINE 2C

NJ EDU FAC AUTH ELF ISSUE, SERIES 2014B ALL BOND PROCEEDS WERE EXPENDED IN 2017 ON CAPITAL PROJECTS AND NO PROCEEDS REMAIN AS OF 2017 TO GENERATE ANY ARBITRAGE. THE UNIVERSITY PERFORMED ITS OWN INTERNAL REVIEW AND NO REBATE IS DUE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	21.	391,552.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISC EQUIPMENT)	X	1.	72,000.	FMV
26 Other ▶ (FOOD, BEV& OTHER)	X	1.	1,438.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
----	--

	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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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) 2019

JSA

9E1298 1.000

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 WITH PROMPTLY SELLING THOSE SECURITIES.

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)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

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".

COVID-19 IMPACT

THE SPREAD OF THE CORONAVIRUS (COVID-19) AROUND THE WORLD DURING 2020 HAS
CAUSED SIGNIFICANT VOLATILITY IN THE U.S. AND INTERNATIONAL MARKETS.
WHILE THE UNIVERSITY DID EXPERIENCE A LOSS OF AUXILIARY REVENUE FOR THE
LATTER PART OF THE SPRING SEMESTER AND SOME INCREASED COSTS, THE EFFECT
WAS NOT MATERIAL FOR THE FISCAL YEAR ENDED JUNE 30, 2020 SINCE CLASSES
WERE CONTINUED REMOTELY BEGINNING MID-MARCH 2020. THERE IS, HOWEVER,
SIGNIFICANT UNCERTAINTY AROUND THE BREADTH AND DURATION OF BUSINESS
DISRUPTIONS RELATED TO COVID-19, AS WELL AS ITS IMPACT ON THE U.S. AND
INTERNATIONAL ECONOMIES AND, AS SUCH, WHILE IT WILL HAVE AN IMPACT ON
FISCAL 2021 OPERATIONS, IT IS NOT EXPECTED TO BE MATERIAL.

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. PURSUANT TO THE
BY-LAWS OF THE UNIVERSITY AND THE CHARTER OF THE EXECUTIVE COMMITTEE, THE
EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
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TRUSTEES IN CERTAIN INSTANCES. THE UNIVERSITY RETAINED ATTAIN, LLC, TO PROVIDE THE SERVICES OF A PROFESSIONAL TRUSTEE TO SERVE ON STEVENS' AUDIT COMMITTEE. DURING FISCAL YEAR 2020, THE UNIVERSITY PAID ATTAIN \$30,611 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.

GOVERNING DOCUMENTS - FORM 990, PART VI, LINE 4

THE UNIVERSITY'S BYLAWS WERE AMENDED IN JUNE, 2020 TO EXTEND THE TERMS OF CERTAIN ALUMNI TRUSTEES, INCLUDE A NONDISCRIMINATION STATEMENT MIRRORING THE UNIVERSITY'S NONDISCRIMINATION POLICY AND OTHER STATEMENTS ON NONDISCRIMINATION, AND MAKE CERTAIN CONFORMING CHANGES.

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. THIS 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 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

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
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ANNUAL DISCLOSURE FORM BY ALL TRUSTEES, OFFICERS AND FACULTY. EACH 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 REVIEWED, 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 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

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
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2019, 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 DEVELOPMENT AND ALUMNI ENGAGEMENT
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
VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY RELATIONS, CHIEF OF STAFF
FACULTY TRUSTEE (2)

ALL SUCH COMPENSATION WAS DETERMINED BASED UPON RECOMMENDATIONS FROM THE PRESIDENT (EXCEPT WITH RESPECT TO THE PRESIDENT, WHOSE COMPENSATION IS

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
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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 MINUTES WITH RESPECT TO THEIR OWN COMPENSATION.

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 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 BENEFIT CHANGES

OTHER THAN PERIODIC COSTS \$ (294,005)

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
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CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	(356,445)
UNCOLLECTIBLE CONTRIBUTIONS	(408,144)

TOTAL	\$ (1,058,594)

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 UNIVERSITY 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 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.

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY	Employer identification number 22-1487354
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ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TISHMAN CONSTRUCTION 30 KNIGHTSBRIDGE ROAD BLDG 5 2ND FL, PISCATAWAY, NJ 08854	CONSTRUCTION	47,220,331.
GILBANE BUILDING COMPANY 7 JACKSON WALKWAY PROVIDENCE, RI 02903	CONSTRUCTION	15,859,061.
COMPASS GROUP USA 417632 2400 YORKMONT RD CHARLOTTE, NC 28217	FOOD SERVICE	6,866,878.
CLEAN EARTH INC 334 SOUTH WARMINSTER ROAD HATBORO, PA 19040	SPEC. WASTE SERVICES	3,890,658.
FRANKOSKI CONSTRUCTION CO INC 314 DODD ST EAST ORANGE, NJ 07017	CONSTRUCTION	3,550,003.

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
EQUITY	108,831,442.	FMV
FIXED INCOME	62,354,092.	FMV
TOTALS	<u>171,185,534.</u>	

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

STEVENS INSTITUTE OF TECHNOLOGY

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

Employer identification number

22-1487354

Open to Public Inspection

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CEM AQUASOL 20-8433247 CASTLE POINT ON HUDSON HOBOKEN TESTING		NJ	N/A	N/A	0.	0.			0.			
(2) PREDIATOR VISION LLC 20-843332 CASTLE POINT ON HUDSON HOBOKEN TECHNOLOGY		NJ	N/A	N/A	0.	0.			0.			
(3) INSTREAM MEDIA LLC 20-8433004 CASTLE POINT ON HUDSON HOBOKEN SOFTWARE		NJ	N/A	N/A	0.	0.			0.			
(4) CPE LLC 20-3448123 CASTLE POINT ON HUDSON HOBOKEN RESEARCH		NJ	N/A	N/A	0.	0.			0.			
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CASTLE POINT HOLDINGS, INC. ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030 20-4264786	TECH TRANSFER	NJ	STEVENS INSTIT	C CORP	-10,247.	684,225.	100.0000	X	X
(2) CHARITABLE REMAINDER TRUST (1)	TRUST	OH	N/A	TRUST					X
(3) CHARITABLE REMAINDER UNITRUST (5)	TRUST	N/A	N/A	TRUST					X
(4)									
(5)									
(6)									
(7)									

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

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

Table with 4 columns: Question (1a-1s), Yes, No. Rows include questions about related organizations, dividends, assets, facilities, and expenses.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows 1-6.

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	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(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
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

SCHEDULE R, PART IV, COLUMN (C)

CASTLE POINT HOLDINGS, INC., LISTED ON SCHEDULE R, PART IV, HAS DIRECT OWNERSHIP IN THE LISTED LLCs. THE LLCs HAVE BEEN INACTIVE FOR MANY YEARS AND THEY HAVE BEEN DISSOLVED. THE FINAL TAX RETURNS FOR INSTREAM MEDIA LLC WERE FILED AS OF 12/31/2019 AND FINAL RETURNS FOR THE OTHER 3 ENTITIES WERE FILED AS OF 8/20/2020.

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

PA