

2019 Income Tax Returns

STEVENS INSTITUTE OF TECHNOLOGY

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

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

▶ 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 F	or th	e 201	9 calendar year, or tax year beginning $07/01$, 2019, a	and ending		06	5/30,20	20	
_			C Name of organization		D Employer	identifi	cation num	ıber	
Вс	heck if a	oplicable:	STEVENS INSTITUTE OF TECHNOLOGY						
			Doing Business As		22-148	3735	4		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	.oom/suite	E Telephone	numbe	er		
	Initial	return	ONE CASTLE POINT ON HUDSON		(201) 2	16-8	3761		
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code						
			HOBOKEN, NJ 07030		G Gross rece	ipts \$	448,	665	,261.
	Appli	cation	F Name and address of principal officer: LOUIS MAYER				urn for	Yes	X No
		9	ONE CASTLE POINT ON HUDSON, HOBOKEN, NJ 07030	C			included?	Yes	No
Ī	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or	527	If "No," at	tach a l is	st. (see instru	ctions)	
J	Websi	te: 🕨			H(c) Group exe	emption r	number 🕨		
K	Form	of organ	nization: X Corporation Trust Association Other	L Year of form	mation: 1870 N	/ State	of legal do	micile:	NJ
				•	<u>'</u>				
	1			GANIZATIO	N'S PRIMAR	Y EX	KEMPT I	-URP	OSE
ø	-								
auc		UND	ERGRADUATE, MASTERS AND DOCTORATE DEGREES AND I	O CONDUC'	T RESEARCH				
er	2								
Š						1 1			30.
									28.
ies	_							3.	
Ξį	_								589.
Act	_	Total	unrelated business revenue from Part VIII. column (C), line 12					1 6	
									0
		ivet u	The lated business taxable income nonit offi 550-1, line 54				Cur	rent Y	ear
	Q	Contr	ibutions and grants (Part VIII, line 1h)			13.			
Jue				FOR					
.ve	_			PECTION -					
R				———					
					03, 133, 3	-		,000	7 52 1
					149 311 6		162	158	746
ses							102		
oen	Iba	Profes	fundaminating rees (Part IX, column (A), line 11e)		133,0	740.		111	., 373
Ξ					92 /27 (108	98	205	515
- S		Rever	tue less expenses. Subtract line 18 from line 12					•	
sts c	20	T-1-1	and (Park V. Park 40)		<u> </u>				
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et/	21								
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Doing Business As		mei, it is							
Sia	n		Signature of officer		Date				
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For	Pape	rwork	Reduction Act Notice, see the separate instructions.				For	m 99(J (2019)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

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

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Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).					
	ons required to file an income tax return othe			20-C filers), partnerships.	RE	MICs.	and trus	ts
-	orm 7004 to request an extension of time to fi		, -	,,,		,		
	·			Enter filer's identifyin	g nu	mber, s	see instruc	tions
_	Name of exempt organization or other filer, see in:	structions.		Employer identification nu	ımbe	er (EIN) or	
Type or						` '	,	
orint	STEVENS INSTITUTE OF TECHNOLOG	ΞY		22-148735	4			
ile by the	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (S	SN)			
lue date for iling your	ONE CASTLE POINT ON HUDSON			,	,			
eturn. See	Total, town or pool office, did zir odder or a foreign address, see metradione.							
nstructions. HOBOKEN, NJ 07030								
Enter the Re	eturn Code for the return that this application	is for (file	a senarate annlication f	or each return)			0	1
-11101 1110 1110	starri code for the retarri that this application	is for (file	а эсрагаю аррисацог г	or cacifficially	• •			
Application		Return	Application			-	Retu	ırn
s For		Code	ls For				Coc	le
orm 990 or	Form 990-EZ	01	Form 990-T (corpora	tion)			07	,
Form 990-BI	L	02	Form 1041-A	,			08	
orm 4720	(individual)	03	Form 4720 (other tha	an individua l)			09	,
orm 990-PF	=	04	Form 5227				10	1
orm 990 - T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
orm 990-T	(trust other than above)	06	Form 8870				12	<u> </u>
	LOUIS MAYER, ED.	.D.						
The book	s are in the care of ▶ 5 MARINE VIEW Pl	LAZA, SU	JITE 501 HOBOKEN	NJ 07030				
Telephon	e No. ▶ 201 216-8761	[Fax No. ▶					
If the orga	anization does not have an office or place of b	ousiness ir	the United States, che	ck this box			▶	
	or a Group Return, enter the organizati <u>on'</u> s fou					_	this is	
or the whole	e group, check this box \dots $lacksquare$ $lacksquare$ $lacksquare$. If	it is for pa	art of the group, check	this box ▶ L		and a	ittach	
a list with the	e names and EINs of all members the extensi							
1 I reque	est an automatic 6-month extension of time ur	ntil	05/15, 20	20 , to file the exempt	org	janiza	ıtion retu	rn
for the	organization named above. The extension is	for the org	ganization's return for:					
▶	calendar year 20 or							
ightharpoonup X	tax year beginning 07/0	<u>1</u> , 20 <u>18</u>	\mathbb{S}_{-} , and ending $_{-}$	06/30_,	20_	<u> 19</u> .		
	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason: L Initial r	eturn Final returr	า			
	change in accounting period							
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	0, or 6069, enter the	tentative tax, less any				
	undable credits. See instructions.				3a	\$		0.
	application is for Forms 990-PF, 990-T,		•					
	ted tax payments made. Include any prior yea				3b	\$		0.
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re	equired, by using EFTPS				
•	onic Federal Tax Payment System). See instru				3с			0.
•	u are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, s	ee Form 8453-EO and Form	1 887	79-EO	for payme	ent
nstructions.					_		0 :-	
or Privacy A	Act and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n 886 8	8 (Rev. 1-	2019)

STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? _______ _ If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 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. 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 ENTREPRENEURAL RESEARCH IS AN INTEGRAL PART OF THE THE INSTITUTE HAS BEEN RECOGNIZED BY BOTH THE STEVENS MISSION. 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.

Form **990** (2019)

Form 990 (2019)

Part IV Page 3

Part	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Χ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	21	
• •	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Χ	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14h	Х	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	21	
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	'		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "Yes." complete Schedule I. Parts I and II			X

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		X	NO
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			X
ч	to defease any tax-exempt bonds?	24c 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
0.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
2	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			.,
20	"Yes," complete Schedule L, Part IV	28c 29	X	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete scriedule W	29	21	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7,686		.03	.,,,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	y an	(2019)
9E1030	2.000 1159JW 2231 4/20/2021 9:32:03 AM V 19-8.2F 3239596	LOIM		(2019) AGE

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,665			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7с		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note : See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			3.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_ ـ ا	37	
	excess parachute payment(s) during the year?	15	Х	
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^
	If "Yes," complete Form 4720, Schedule O.			

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

Sect	ion A. Governing Body and Management					
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		ship with	•		
2	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
3	supervision of officers, directors, trustees, or key employees to a management company or other p			3	Χ	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4	Χ	
5	Did the organization make any significant changes to its governing documents since the prior roll in 556 was in Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under					
	the year by the following:	ortant	m danng			
а	The governing body?			8a	Χ	
b	Each committee with authority to act on behalf of the governing body?			8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pro-			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ing th	e form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		U			77
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			4 C L		
Socti	ion C. Disclosure	<u> </u>		16b		<u> </u>
-		OR, P	A.SC.			
17	List the states with which a copy of this Form 990 is required to be filed MD, MA, MI, NH, NC, C	000	ond 000 T	. (0	tion 5	· · · · · · · · · · · · · · · · · · ·
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply.		(Sec	tion a	1 (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's leaves.	nnaks	and record	c L		
-0	State the name, address, and telephone number of the person who possesses the organization's louis mayer, ed.d. 5 marine view plaza, suite 501 hoboken, nj 07030 201-216-8761	SOUNS	ana record	J 📂		

Form **990** (2019)

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

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

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

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

ш	Check this box if neither	the organization nor	any related	organization comp	ensated any current o	officer, director, or trustee.
---	---------------------------	----------------------	-------------	-------------------	-----------------------	--------------------------------

(A) Name and title	(B) Average hours per week	box,	unles er and	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)NARIMAN FARVARDIN	55.00									
PRESIDENT/TRUSTEE	0.	Х		Х				1,593,296.	0.	28,141.
(2) CHRISTOPHE PIERRE	55.00							, ,		,
PROVOST	0.	-			X			567,493.	0.	43,581
(3) GREGORY PRASTACOS	55.00									,
DEAN	0.				X			434,178.	0.	52,256
(4)LOUIS J. MAYER	55.00							·		
VP OF FINANCE/TREASURER, CFO	0.	1		Х				423,386.	0.	52,256
(5) KATHY L. SCHULZ	55.00									
VP & GENERAL COUNSEL/SECRETARY	0.			Х				419,779.	0.	33,316
(6) CONSTANTIN CHASSAPIS	55.00									
VICE PROVOST	0.					X		370,233.	0.	46,366
(7) DINESH VERMA	55.00									
PROFESSOR/EXEC DIR	0.					X		352,431.	0.	49,456
(8) GEORGE KORFIATIS	55.00									
PROFESSOR	0.					X		351,476.	0.	46,366
(9) JEAN ZU	55.00									
DEAN	0.				Χ			341,380.	0.	33,316
(10) HADY SALLOUM	55.00									
PROFESSOR	0.					X		324,901.	0.	47,079
(11) MUHAMMAD HAJJ	55.00									
CHAIR/PROFESSOR	0.					X		325,893.	0.	43,566
(12) YEHIA MASSOUD	55.00									
DEAN	0.				Х			314,228.	0.	47,856
(13) DAVID DODD	55.00									
VP INFO TECH/CIO TO 12/31/19	0.				Х			313,002.	0.	46,366
(14) ROBERT MAFFIA	55.00									
VP FOR FACILITIES/OPERATIONS	0.				Х			303,044.	0.	50,760

Form **990** (2019)

JSA

Part VII Section A. Officers, Directors, Tr	(B)			((<u> </u>			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more rson	e is or employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) MARYBETH MURPHY	55.00									
VP FOR ENROLLMT/STUDENT AFFAIR	†ō.				Х			309,193.	0.	36,116
16) MOHAMMAD DEHGHANI	55.00									
VICE PROVOST TO 7/31/19	0.				Χ			284,168.	0.	29 , 559
17) ANTHONY BARRESE	55.00									
FORMER KEY EMPLOYEE	0.						Х	272,404.	0.	39 , 660
18) DILHAN KALYON	55.00									
INT. VICE PROV AS OF 8/12/19	0.				Χ			254,360.	0.	42,491
19) WARREN PETTY	55.00									
VP FOR HUMAN RESOURCES	0.				Χ			266,012.	0.	22,388
20) MICHAEL ZUR MUEHLEN	55.00									
TRUSTEE/PROFESSOR TO 2/15/20	0.	Х						242,793.	0.	37 , 980
21) JOSEPH E. CASSIDY	55.00									
AVP FINANCE/ASST TREAS	0.			Χ				249,453.	0.	22,476
22) ELIZABETH SHELTON	55.00									
AVP FOR INVEST/ASST TREASURER	0.			Χ				206,654.	0.	32,539
23) KEITH G. SHEPPARD	55.00									
TRUSTEE/PROFESSOR TO 11/21/19	0.	Х						208,745.	0.	28,582
24) JENNIFER MCDONOUGH	55.00									
VP FOR DEVELOPMENT TO 7/12/19	0.				Χ			187,245.	0.	19,898
25) DAWN DA SILVA	55.00									
AVP DEV/ALUM 7/12/19 - 5/8/20	0.				Χ			187,012.	0.	14,538
1b Sub-total							>	9,102,759.	0.	946,908.
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	635,431.	0.	51 , 369.
d Total (add lines 1b and 1c)							\blacktriangleright	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? If "Yes," complete Schedule J for such individual	3	Х	
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? If "Yes," complete Schedule J for such			
	individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

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

	1					<u> </u>	9	hest Compensat	· · · · · ·	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe d a d	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) WILLIAM REMINGTON	55.00									
FORMER KEY EMPLOYEE	0.	1					Х	197,986.	0.	1,816
27) MICHAEL PARENTE	55.00									
INT. VP INFO TECH AS OF 1/1/20	0.				Х			180,789.	0.	12,741
28) YI GUO	55.00									
TRUSTEE/PROF. AS OF 3/26/20	0.	Х						158,572.	0.	21,394
29) TONIANN BIONDOLILLO	55.00									
ASST. SEC/EXEC. ASST.	0.			Χ				85,644.	0.	15,418
30) KAITLIN GILI	1.00									
TRUSTEE AS OF 6/26/20	0.	Х						8 , 590.	0.	(
31) CRISTIAN COLLADO	1.00									
TRUSTEE	0.	X						3 , 850.	0.	(
32) STEPHEN T. BOSWELL	3.00									
CHAIRMAN/TRUSTEE	0.	X		Χ				0.	0.	(
33) THOMAS A. CORCORAN	1.00									
VICE CHAIRMAN/TRUSTEE	0.	X		Χ				0.	0.	(
34) RICHARD R. ROSCITT	1.00									
VICE CHAIRMAN/TRUSTEE	0.	Х		Χ				0.	0.	(
35) JOHN A. SCHEPISI	1.00									
VICE CHAIRMAN/TRUSTEE	0.	Х		Χ				0.	0.	(
36) SALEEL V. AWSARE	1.00									
TRUSTEE	0.	X						0.	0.	(
1b Sub-total								635,431.	0.	51,369.
c Total from continuation sheets to Part VII, S	-						\blacktriangleright			
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not				d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n ►	339	9							Ves No

			. 0	
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	Χ	
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? If "Yes," complete Schedule J for such			
	individual	4	Χ	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

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

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

	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any	box,	unle	heck ss pe	erson	e than c	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
37)	LAWRENCE T. BABBIO, JR	1.00							_	_	_
. 201	TRUSTEE	0.	X						0	0.	0
38)	PHILIP P. CROWLEY TRUSTEE	1.00	X						0	0.	0
39)	JOHN R. DEARBORN	1.00	^						0.	0.	0
	TRUSTEE	10.	X						0	0.	0
40)	JOSEPH DEL GUERCIO	1.00									
	TRUSTEE	0.	Х						0.	0.	0
41)	WILLIAM W. DESTLER	1.00									
	TRUSTEE	0.	Х						0 .	0.	0
42)	JOSEPH G. DIPOMPEO	1.00									
	TRUSTEE	0.	Х						0	0.	0
43)	EMILIO A. FERNANDEZ	1.00									
	TRUSTEE	0.	X						0 .	0.	0
44)	JOHN "SEAN" J. HANLON IV	1.00	,,								
<u> </u>	TRUSTEE	0.	X						0	0.	0
45)	MATTHEW B. HUNT TRUSTEE TO 9/1/19	$\frac{1.00}{0.}$	X						0	0.	0
46)	DANIELLA M. KRANJAC	1.00	Λ						0.	0.	0
	TRUSTEE TO 12/11/19	1.00	X						0	0.	0
47)	A. MICHAEL LIPPER	1.00	21							·	
==/_	TRUSTEE AS OF 10/15/19	0.	X						0	0.	0
	Sub-total					<u> </u>		—	0.	0.	0.
	Total from continuation sheets to Part VII, S	ection A		• •	• •	• •		•			
	Total (add lines 1b and 1c)							•			
2	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	ceived more than	\$100,000 of	
											Yes No
	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Sched</i>										3 X
	For any individual listed on line 1a, is the sorganization and related organizations grandividual	eater than	\$15	50,0	00?	. If	"Yes	s,"	complete Schedu	le J for such	4 X
	individual										4 2
	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5 X
	tion B. Independent Contractors	oo, oompie	.0 001	,out	110 0	, 101	34011	μοι			
	Complete this table for your five highest com	pensated in	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100.000 c	of
-	,	,						٠,			

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title Average Position Reportable Reportable									Estimated	
hours per (do not check more than one compensation compensation from box, unless person is both an from related									amount of	
	week (list any hours for					tor/trust		from the	related organizations	other compensation
	related				_			organization	(W-2/1099-MISC)	from the
	organizations	divio	stitu	Officer	y er	ghe	Former	(W-2/1099-MISC)	(** 2/1000 10100)	organization
	below dotted	dual	tion		nplc	st co	Ĩ	,		and related
	line)	Individual trustee or director	Institutional trustee		Key employee) mp				organizations
		tee	uste		"	ens				
			ď			Highest compensated employee				
48) LISA M. MASCOLO	1.00									
TRUSTEE		X						0	0.	0
49) THOMAS NATHANSON	1.00									
TRUSTEE AS OF 6/26/20	0.	X						0	0.	0
50) ELIZABETH C. PALLONE	1.00									
TRUSTEE	 0.	X						0	0.	0
51) SAMUEL P. RECKFORD	1.00								· · ·	
TRUSTEE		X						0	0.	0
52) ANNMARIE RIZZO	1.00	- 21						0	·	
TRUSTEE		X						0	0.	0
53) VIRGINIA P. RUESTERHOLZ	1.00	21						0		
TRUSTEE		X						0	0.	0
54) RONALD E. SALLUZZO	1.00	21						0		0
TRUSTEE		X						0	0.	0
55) THOMAS H. SCHOLL	1.00	21						0		0
TRUSTEE		X						0	0.	0
56) OLIVIA SCHREIBER	1.00	21						0		0
TRUSTEE TO 6/26/20		X						0	0.	0
57) FRANK J. SEMCER	1.00	21						0	•	
TRUSTEE		X						0	0.	0
58) LOUIS A. STEINBERG	1.00	21						0		0
TRUSTEE AS OF 12/11/19		X						0	0.	0
	J 0.	Λ.					_	0.	0.	0.
1b Sub-total							•	0.	0.	0.
c Total from continuation sheets to Part VII, \$										
d Total (add lines 1b and 1c)							_		1	
2 Total number of individuals (including but not		nose 339		d a	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organization)II /	335	<i>)</i>							
										Yes No
3 Did the organization list any former offi										- V
employee on line 1a? If "Yes," complete Scheo										3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole c	com	per	nsatio	n ai	nd other compens	sation from the	
organization and related organizations g										
individual										4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n any	un	related organizati	on or individual	_
for services rendered to the organization? If "	'es," comple	te Sch	nedu	ıle J	l tor	such	per	son		5 X

Section B. Independent Contractors

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

Name and title	Form 990 (2019) Part VII Section A. Officers, Directors, True	ustees Ke	v Fn	nolo	Vec		and F	lia	hest Compensat	ed Emplo	vees (c	ontinue		Page 8
TRUSTEE 1.00 TRUSTE	(A)	(B) Average hours per week (list any	Average Position Reportable compensation week (list any hours for officer and a director/trustee)							(E) Reporta compensati relate	able on from	Estimat amount other		f
TRUSTEE 0. X 0. 0. TRUSTE		related organizations below dotted		Institutional	_	1			organization			fro orga and	om the anizatio d related	on d
TRUSTEE 1.00 TRUSTEE 0. X 0. C.		+	X						0		0.			(
1b Sub-total 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 sit any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in the sum of the compensation from the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did the organization and related organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	60) VICTORIA VELASCO	1.00								•				
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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (B) (C)	TRUSTEE	0.	X						U	•	0.			(
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to t	hose	liste				o re	ceived more than	\$100,000	of			
employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organization		333)									Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3	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? If "Yes," complete Schedule J for such person	organization and related organizations gr	eater than	\$15	50,0	00?	lf If	"Yes	,"	complete Schedu			4	X	
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) (B) (C)	5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	fron	n any	un	related organizati					Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	-													
(A) (B) (C) Name and business address Description of services Compensation	compensation from the organization. Report of													
		dress							(B) Description of se	ervices	C		ation	

(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 re	sponse or note to ar				· · · · · · · · · · · · · · · · · · ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts its	1a	Federated campaigns	1a				
irar our	b	Membership dues	1b				
A,c An	С	Fundraising events	1c 9,900.				
a ‡	d	Related organizations	1d				
S,E	е	Government grants (contributions)	1e 2,646,614.				
Sign	f	All other contributions, gifts, grants,					
ig g		and similar amounts not included above	1f 9,635,928.				
Ĕξ	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f					
о в	h	Total. Add lines 1a-1f	<u> ▶</u>	12,292,442.			
-			Business Code				
<u>ice</u>	2a	TUITION & FEES	611600	289,223,137.	289,223,137.		
e Z	b	RESEARCH REVENUE	541610	37,245,239.	37,245,239.		
n S	С	STUDENT HOUSING	611710	16,042,577.	16,042,577.		
e a	d	STUDENT DINING	611710	7,459,090.	7,459,090.		
Program Service Revenue	е	TECHNICAL LEADERSHIP & ENTREPRENEUR	SHIP 611600	711,494.	711,494.		
Δ.	f	All other program service revenue		96,805.	96,805.		
	g	Total. Add lines 2a-2f	<u> ▶</u>	350,778,342.			
	3	Investment income (including divide	nds, interest, and				
		other similar amounts)		7,472,404.		- 33 , 940.	7,506,344.
	4	Income from investment of tax-exempt		0.			
	5	Royalties		119,552.			119,552.
		(i) Real	* * *				
	6a	Gross rents 6a	599.				
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c	599.				
	_ d	Net rental income or (loss)		599.			599.
	7a	Gross amount from (i) Securit	es (ii) Other				
		sales of assets					
		other than inventory 7a 66,640,	421. 8,275,000.				
evenue	b	Less: cost or other basis	100				
ver		and sales expenses 7b 65,742,					
	C	Gain or (loss) 7c 897,		0.450.000			0.450.000
ē	d	Net gain or (loss)	<u> ▶</u>	9,172,922.			9,172,922.
Other R	8a	9					
•		events (not including \$9,900.					
		of contributions reported on line					
		1c). See Part IV, line 18	8a 0.				
	b	Less: direct expenses	8b 0.				
	C	Net income or (loss) from fundraising ev	rents	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19	9a 0.				
	b	Less: direct expenses	9b 0.	_			
	С	Net income or (loss) from gaming activ	ities	0.			
	10a	Gross sales of inventory, less					
			10a 0.				
	b	2000, 000, 0, 90000 00, 0 1 1 1 1 1 1	10b 0.				
	С	Net income or (loss) from sales of inventor		0.			
sno		DINING GERWICES GOVERNS CO	Business Code	660 01:	660 011		
Miscellaneous Revenue	11a	DINING SERVICES CONTRACT	900099	663,814.	663,814.		
la Ven	b	STUDENT ORGANIZATIONS/CLUBS	900099	449,000.	449,000.		0.50 ====
Re	C	PARKING	812930	358,437.	107,664.	E0.000	250,773.
Σ	d	All other revenue		1,615,250.	1,330,442.	50,808.	234,000.
		Total Add lines 11a-11d		3,086,501.	050.001		
	12	Total revenue. See instructions		382,922,762.	353,329,262.	16,868.	17,284,190.

Form **990** (2019)

22-1487354

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).

6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions) 7,114,672. 6,085,285. 868,815. 166 9 Other employee benefits 7,114,672. 6,085,285. 868,815. 166 17,148,901. 14,667,711. 2,094,154. 388 17,075,837. 6,052,069. 864,072. 155 18 Fees for services (nonemployees): a Management 9. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	
1 Grants and other assistance to domestic organizations and domestic governments. See Part N, line 21. 93,803,324. 93,803,324.	• • • 🗀
and domestic governments. See Part IV, line 21. 2 Grants and other assistance to domestic individuals. See Part IV, line 22. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 7, 315, 022. 3, 289, 444. 3, 781, 172. 24- 6 Compensation not included above to disqualified persons (is defined under section 4988(x)3(8)). 7 Other salaries and wages 8 Pension plan accruels and contributions (include section 491(k) and 403(b) employer contributions) 9 Other employee benefits 7, 114, 672. 6, 085, 285. 868, 815. 16: 7, 114, 672. 6, 085, 285. 868, 815. 16: 19 Payroll taxes. 7, 075, 837. 6, 052, 069. 864, 072. 15: 16 Pessor services (nonemployees): a Management b Legal 2, 124, 266. 505, 188. 1, 614, 410. 406, 554. 406, 554. 406, 554. 406, 554. 6 Lobbying 256, 868. 9 Other, if the 11g amount excess 10% of line 25. column (A) amount. list lier 11g expenses on Strodule O). 17, 189, 292. 18, 527, 225. 13, 434, 637. 4, 669, 801. 42. 42. 42. 42. 43. 44. 45. 45. 46. 47. 47. 47. 47. 47. 47. 47	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 0.	
organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
individuals. See Part IV, lines 15 and 16	
4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(x)(1)) and persons described in section 4958(x)(3)(8). 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits. 17,148,901. 14,667,711. 2,094,154. 38 10 Payroll taxes. 17,075,837. 6,052,069. 864,072. 15: 16 Legal. 2,124,266. 505,188. 1,614,410. 2,124,266. 505,188. 1,614,410. 2,124,266. 505,188. 1,614,410. 2,124,266. 6 Professional fundraising services. See Part IV, line 17. 1 Investment management fees. 9 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list ther 19g expenses on Schedule O). 1 Rospontion 1. 10 Rospontion 1. 11 Rospontion 1. 12 Advertising and promotion. 1 Rospontion 2. 10 Rospontion 1. 11 Information technology. 2,967,881. 2,967,881. 2,967,881. 2,967,881. 2,967,881. 2,967,881. 2,967,881. 1,504,527. 20 Interest. 1 Ryments of ravel or entertainment expenses for any federal, state, or local public officials on the ference of the control of the co	
trustees, and key employees 7,315,022 3,289,444 3,781,172 24 6 Compensation not included above to disqualified persons (as defined under section 4968(f)(1)) and persons described in section 4958(c)(3)(8) 0. 7 Other salaries and wages 123,504,314 108,602,283 12,193,953 2,701 escribing and contributions (include section 401(k) and 403(b) employer contributions 7,114,672 6,085,285 868,815 160 escribing 401(k) and 403(b) employer contributions 7,114,672 6,085,285 868,815 160 escribing 401(k) and 403(b) employer contributions 7,075,837 6,052,069 864,072 150 escribing 401 es	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8). 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits. 17,148,901. 14,667,711. 2,094,154. 38: 7,075,837. 6,052,069. 864,072. 15: 11 Fees for services (nonemployees): a Management b Legal c Accounting 406,554. d Lobbying e Professional fundraising services. See Part IV, line 17, 141,375. f Investment management fees 9 Other (if line 11g amount exceeds 10% of line 28, column (A) amount, list line 11g expenses on Schedule 0.). 12 Advertising and promotion 13 Office expenses 4,500,196. 3,441,420. 466,581. 19 Advertising and promotion 5,426,585. 3,990,111. 1,411,678. 2 (1,24,266. 3,441,420. 466,9801. 42: 1,569,707. 1,204,020. 365,574. 11 Information technology. 5,426,585. 3,990,111. 1,411,678. 2. 16 Occupancy 8,446,005. 7,828,468. 618,137. 17 Travel. 2,967,881. 2,967,881. 2,802,869. 128,633. 3 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Occupancy 1,548,650. 1,549,790. 1,549,790. 1,540,791. 1	4,406.
persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 123,504,314 108,602,283 12,193,953 2,701 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,114,672 6,085,285 868,815 16 9 Other employee benefits 17,148,901 14,667,711 2,094,154 38* 10 Payroll taxes 7,075,837 6,052,069 864,072 15* 11 Fees for services (nonemployees): a Management 0 406,554	
7 Other salaries and wages 123,504,314 108,602,283 12,193,953 2,701 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 7,114,672 6,085,285 868,815 16 Payroll taxes 7,075,837 6,052,069 864,072 15: 10 Payroll taxes 7,075,837 6,052,069 864,072 15: 11 Fees for services (nonemployees): a Management 0 2,124,266 505,188 1,614,410 6.2 c Accounting 406,554 406,5	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	
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9 Other employee benefits	
Payroll taxes	0,572.
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17, f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion 13 Office expenses 14 Information technology. 15 Royalties. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Insurance 11 Sees for services (nonemployees) 2, 124, 266. 305, 188. 1, 614, 410. 406, 554. 406, 554. 406, 554. 31, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 669, 801. 42: 4, 527, 425. 13, 434, 637. 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 42: 4, 669, 801. 4, 669, 801. 42: 4, 669, 801. 4, 669, 801. 42: 4, 669, 801. 4, 669, 801. 42: 4, 669, 801. 4, 669, 801. 42: 4, 669, 801. 4, 669, 801. 42: 4, 669, 801. 4, 669, 801. 42: 4, 669, 801. 4, 669, 801. 4	7,036.
a Management 0. b Legal 2,124,266. 505,188. 1,614,410. c Accounting 406,554. 406,554. d Lobbying 256,868. 256,868. e Professional fundraising services. See Part IV, line 17. 141,375. 14 f Investment management fees 732,923. 732,923. g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 18,527,425. 13,434,637. 4,669,801. 42. 12 Advertising and promotion 1,569,707. 1,204,020. 365,574. 364,581. 19. 13 Office expenses 4,500,196. 3,441,420. 864,581. 19. 14 Information technology. 5,426,585. 3,990,111. 1,411,678. 2. 15 Royalties. 0. 0. 0. 128,633. 3 16 Occupancy 8,446,605. 7,828,468. 618,137. 17 17 Travel 2,967,881. 2,802,869. 128,633. 3 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 478,293.	9,696.
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c Accounting 406,554. 406,554. 256,868. 256,868. 414,375. 414,374. 414,375. 414,375. 414,374. 414,374. 414,375. 414,374. 414,374. 414,375. 414,374. 414,375. 414,374.	1 ((0
d Lobbying 256,868. 2	4,668.
e Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion 13 Office expenses 14 Information technology. 15 Royalties. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Depreciation, depletion, and amortization 11 S12, 303. 12 Advertising and promotion 12 Advertising and promotion 13 A34, 637. 4, 669, 801. 4, 509, 707. 1, 204, 020. 365, 574. 13, 434, 637. 4, 669, 801. 4, 669, 801. 4, 509, 707. 1, 204, 020. 365, 574. 3, 441, 420. 864, 581. 19 Conferences, conventions, and set in set	
f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion 13 Office expenses 4,500,196 3,441,420 365,574 14 Information technology 5,426,585 3,990,111 1,411,678 2 15 Royalties 0 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15,408,650 16 Occupancy 17 Travel 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Depreciation, depletion, and amortization 11 Travel 12 Other expenses Itemize expenses not covered	1,375.
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion	
(A) amount, list line 11g expenses on Schedule O.). 18,527,425. 13,434,637. 4,669,801. 422 12 Advertising and promotion 1,569,707. 1,204,020. 365,574. 13 Office expenses 4,500,196. 3,441,420. 864,581. 19 14 Information technology. 5,426,585. 3,990,111. 1,411,678. 2 15 Royalties. 0. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings. 10 Interest. 11 Add,637. 12 Advertising and promotion. 13,434,637. 4,669,801. 42 14 15 19 14 11,204,020. 864,581. 19 11,411,678. 2 2 2 2 2 15 2 2 2 2 2 2 2 2 2 3 3 3 3	
12 Advertising and promotion	2,987.
13 Office expenses 4,500,196. 3,441,420. 864,581. 194 14 Information technology. 5,426,585. 3,990,111. 1,411,678. 2 15 Royalties. 0. 0. 16 Occupancy 8,446,605. 7,828,468. 618,137. 17 Travel. 2,967,881. 2,802,869. 128,633. 3 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 478,293. 432,552. 44,022. 19 Conferences, conventions, and meetings 478,293. 432,552. 44,022. 20 Interest 0. 15,408,650. 14,679,196. 729,454. 21 Payments to affiliates. 0. 15,408,650. 14,679,196. 729,454. 23 Insurance 1,512,303. 5,776. 1,506,527. 24 Other expenses. Itemize expenses not covered 1,506,527.	113.
14 Information technology. 5,426,585. 3,990,111. 1,411,678. 2 15 Royalties. 0. 0. 618,137. 16 Occupancy 8,446,605. 7,828,468. 618,137. 17 Travel. 2,967,881. 2,802,869. 128,633. 3 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 478,293. 432,552. 44,022. 19 Interest 4,027,544. 3,836,878. 190,666. 21 Payments to affiliates. 0. 22 Depreciation, depletion, and amortization 15,408,650. 14,679,196. 729,454. 23 Insurance 1,512,303. 5,776. 1,506,527. 24 Other expenses. Itemize expenses not covered	4,195.
15 Royalties. 0. 16 Occupancy 8,446,605. 7,828,468. 618,137. 17 Travel 2,967,881. 2,802,869. 128,633. 3 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 478,293. 432,552. 44,022. 19 Conferences, conventions, and meetings 478,293. 432,552. 44,022. 20 Interest 4,027,544. 3,836,878. 190,666. 21 Payments to affiliates 0. 15,408,650. 14,679,196. 729,454. 22 Depreciation, depletion, and amortization 15,408,650. 14,679,196. 729,454. 23 Insurance 1,512,303. 5,776. 1,506,527. 24 Other expenses. Itemize expenses not covered 1,506,527.	4,796.
16 Occupancy 8,446,605. 7,828,468. 618,137. 17 Travel 2,967,881. 2,802,869. 128,633. 3 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 478,293. 432,552. 44,022. 19 Conferences, conventions, and meetings 478,293. 432,552. 44,022. 20 Interest 4,027,544. 3,836,878. 190,666. 21 Payments to affiliates 0. 15,408,650. 14,679,196. 729,454. 23 Insurance 1,512,303. 5,776. 1,506,527. 24 Other expenses. Itemize expenses not covered 1,506,527.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 478,293. 432,552. 44,022. 20 Interest 4,027,544. 3,836,878. 190,666. 21 Payments to affiliates 0. 22 Depreciation, depletion, and amortization 15,408,650. 14,679,196. 729,454. 23 Insurance 1,512,303. 5,776. 1,506,527. 24 Other expenses. Itemize expenses not covered	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings	6 , 379.
19 Conferences, conventions, and meetings 478,293. 432,552. 44,022. 20 Interest 4,027,544. 3,836,878. 190,666. 21 Payments to affiliates 0. 22 Depreciation, depletion, and amortization 15,408,650. 14,679,196. 729,454. 23 Insurance 1,512,303. 5,776. 1,506,527.	
20 Interest 4,027,544. 3,836,878. 190,666. 21 Payments to affiliates. 0. 22 Depreciation, depletion, and amortization. 15,408,650. 14,679,196. 729,454. 23 Insurance. 1,512,303. 5,776. 1,506,527. 24 Other expenses. Itemize expenses not covered	
21 Payments to affiliates. 0. 22 Depreciation, depletion, and amortization. 15,408,650. 14,679,196. 729,454. 23 Insurance. 1,512,303. 5,776. 1,506,527. 24 Other expenses. Itemize expenses not covered	<u>1,719.</u>
22 Depreciation, depletion, and amortization	
23 Insurance 1,512,303. 5,776. 1,506,527. 24 Other expenses. Itemize expenses not covered	
24 Other expenses. Itemize expenses not covered	
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column	
(A) amount, list line 24e expenses on Schedule O.)	
aREPAIRS & MAINTENANCE 11,706,475. 10,989,745. 712,011.	4,719.
bresearch contracts 7,386,913. 7,386,913.	
cEQUIP, LAB MATERIALS & SUPP. 3,704,529. 3,521,401. 143,774. 3	9,354.
	1,645.
7 111 011101 071001	1,943.
	3,681.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	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.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Š	9	Prepaid expenses and deferred charges	9,373,684.	9	14,687,670.
	10 a	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	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.
	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.
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	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.
		Organizations that follow FASB ASC 958, check here ▶ X	, .		,
čě		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	160,610,292.	27	202,015,448.
Ba	28	Net assets with donor restrictions	247,326,577.	28	231,626,603.
pur		Organizations that do not follow FASB ASC 958, check here ▶			
Ţ.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	407,936,869.	32	433,642,051.
ž	33	Total liabilities and net assets/fund balances	610,769,155.	33	845,203,088.
			, ,		Form 990 (2019)

Form **990** (2019)

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Part								
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			22 , 7			
2								
3	Revenue less expenses. Subtract line 2 from line 1	3			11,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	07,9	36,8	69.		
5	Net unrealized gains (losses) on investments	5		-1,8	48,0	26.		
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		-1,0	58,5	94.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10	4.	33,6	42,0	51.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi							
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t 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, ex							
	Schedule O.	1						
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the					
	Single Audit Act and OMB Circular A-133?			3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b	Х			

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number STEVENS INSTITUTE OF TECHNOLOGY 22-1487354

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplete	e this pa	art.) See instructions	
Γhe	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2	X 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 o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de:	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Eı	nter the	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investre acquired by the organization	ted to its exempt facent income and un	unctions - subject to one	certain e able inco	xception me (les	is, and (2) no more tha s section 511 tax) from	n 331/3% of its
11		An organization organized				•	•	
12		An organization organized	and operated excl	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t						
а		Type I. A supporting orga	anization operated	. supervised, or contr	olled by	its supp	orted organization(s).	typically by giving
	_	the supported organization	•	•	•		• , ,	,, , , , ,
		supporting organization.	` '	• • • •		-,,		
b		Type II. A supporting org	•			with its	supported organization	on(s), by having
-		control or management of	•					
		organization(s). You must				- p		
С		Type III functionally integ			ited in co	onnectio	n with, and functional	ly integrated with.
	_	its supported organization						,,
d		Type III non-functionally						ted organization(s)
		that is not functionally inte			•			= ' '
		requirement (see instruct	-	-	_		· · · · · · · · · · · · · · · · · · ·	
е		Check this box if the orga	•	•				I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	rganizat	ion.	
f	Er	iter the number of supported	l organizations					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
В)								
C)								
D)								
E)								
Γota	al							
_	_							

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

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	Section A. Public Support							
Cale	ndar 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.")	8,675,979.	12,726,391.	34,904,846.	13,132,213.	12,287,442.	81,726,871.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	8,675,979.	12,726,391.	34,904,846.	13,132,213.	12,287,442.	81,726,871.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						14.650.545	
•	shown on line 11, column (f)						14,659,547.	
6	Public support. Subtract line 5 from line 4						67,067,324.	
	tion B. Total Support	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(D. T. (-1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7 8	Amounts from line 4	8,675,979. 3,490,579.	12,726,391. 4,164,121.	34,904,846. 5,910,248.	13,132,213. 8,695,375.	12,287,442. 7,626,495.	81,726,871. 29,886,818.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,760,448.	4,081,092.	4,163,674.	3,148,535.	3,035,693.	19,189,442.	
11	Total support. Add lines 7 through 10						130,803,131.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,575,042,867.	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>					
Sec	tion C. Computation of Public Supp							
14	Public support percentage for 2019 (lin	, ,	•			14	51.27%	
15	Public support percentage from 2018					15	57 . 93 %	
16a	33 1/3% support test -2019. If the org							
	box and stop here. The organization qu							
b	331/3% support test - 2018. If the org							
	this box and stop here. The organization			_				
1/a								
b	10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	supported organization	did not check a	box on line 13,	16a, 16b, 17a	or 17b, check	this box and see	▶ □	
						chedule A (Form 9		

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

Sec	tion A. Public Support						
Caler	ndar 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						
	Amounts included on lines 1, 2, and 3						
ı a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						<u>L</u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				. ,	,	.,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	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	or the organiza	l tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	•			•		· · · · · —
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		<u> </u>	ımn (f))		15	%
16	Public support percentage from 2018 Schee					 	//
	tion D. Computation of Investment						70
<u> 17</u>	Investment income percentage for 2019 (lin			13 column (f))		17	%
18	Investment income percentage for 2019 (in						<u> </u>
	331/3% support tests - 2019. If the org						
ıJa							
l.	17 is not more than 331/3%, check this						
D	331/3% support tests - 2018. If the orga						· . 🖂
20	line 18 is not more than 331/3%, check		-	•			. —

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
g y			
s d	1		
d	2		
r	3a		
d e			
	3b		
5)	3с		
lf	4a		
n n			
n	4b		
d B)			
"	4c		
V 1; n			
	5a		
У	5b		
	5c		
o d r			
	6		
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?			
e d	8		
u	9a		
า	9b		
it	9c		
n d	10-		
0	10a 10b		
		990 E	7) 2010

Page 5 Schedule A (Form 990 or 990-EZ) 2019

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
<u></u>		2		
Section	on C. Type II Supporting Organizations		V	NI.
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	•		
<u> </u>			Yes	Nο
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		· (*- ·- · ·)	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	Yes	
2	Activities Test. Answer (a) and (b) below.		1 62	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
-		_a		
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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations ı	must complete Sectio	ns 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-functionall	y integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)				
Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 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						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	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: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	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:						
а	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2019

е

b Excess from 2016.... c Excess from 2017.... d Excess from 2018.... Excess from 2019....

Schedule A (Form 990 or 990-EZ) 2019

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 B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules $oxed{X}$ 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1		\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
2		\$500,825.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3		\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			

		\$500,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$400,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$350,000.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Х

Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22–1487354

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7		\$\$15,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

Dart II	Noncash Property	(see instructions) Hee du	inlicate conies of Part II if	additional space is needed.
- au t III	NULLASII FIUDELLY	(366 11131146116113). U36 41	ipiicale copies oi r ai l ii ii	additional space is needed.

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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

Open to Public Inspection

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.

Тах)	(see separate instructions), ther		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	ntification number
Name of organization STEVENS INSTITUTE OF TECHNOLOGY				22-148	
			sastian E01(s) or		
		organization is exempt under			
1	•	organization's direct and indirect p	political campaign at	ctivities in Part IV. (see in	istructions for
_	definition of "political campa			▶ ♠	
2		xpenditures (see instructions)			
3 Por		campaign activities (see instruction organization is exempt under s			
				<u> </u>	
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	0 ► \$	
2		cise tax incurred by organization m a section 4955 tax, did it file Form			
3		a section 4955 tax, did it lile Form			
	If "Yes," describe in Part IV.				Yes No
		organization is exempt under	section 501(c) ex	cent section 501(c)/3	1
		<u> </u>	* * * * * * * * * * * * * * * * * * * *		·)·
1		xpended by the filing organization			
_					
2		g organization's funds contributed es			
3		enditures. Add lines 1 and 2. Ent			
5	Enter the names, addresses organization made payment the amount of political contact.	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were promoted or a political action committee (er (E IN) of all section ter the amount paic aptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filin cation's funds. Also ente olitical organization, suc
	(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.

Р	art II-A Complet section 5		tion is exer	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	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).						
В	Check ▶ if the	filing organization o	hecked box	A and "limited contro	l" provisions app	ly.	
	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)							
	If the amount on line	1e, column (a) or (b) i	s: The lobbyir	ng nontaxable amount i	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but no	ot over \$1,000,000	\$100,000 p	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but	not over \$1,500,000	\$175,000 p	lus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but	not over \$17,000,000	\$225,000 p	us 5% of the excess o	over \$1,500,000.		
	Over \$17,000,000 Grassroots nontaxa		\$1,000,000				
j	i Subtract line 1f from line 1c. If zero or less, enter -0						
		Lo	bying Expe	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fis beginning in)		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2	a Lobbying nontaxable	amount					
ı	Lobbying ceiling amou (150% of line 2a, colu						
_	Total lobbying expend	itures					
_	d Grassroots nontaxable	e amount					
_	e Grassroots ceiling amount (150% of line 2d, column (e))						
1	f Grassroots lobbying e	expenditures					

	dule C (Form 990 or 990-EZ) 2019 It II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d For	m 576	8		Page 3
	(election under section 501(h)).	(;	a)		(b	1	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.					Amo	-	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	Х					
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	X				336	,280
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				<u>*</u>
i	Other activities?		Х				
j	Total. Add lines 1c through 1i					336	, 280
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	1		
	301(c)(o).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the	prior	year?	3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (I	o) Pai	rt III-A,	line	3, IS	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts	of				
	political expenses for which the section 527(f) tax was paid).			2a			
a Current year							
b	Carryover from last year			2b 2c			
с 3	c Total						
4							
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible l						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>		5			
	rt IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aro	ın liet	1. Part	II_Δ Ii	noe 1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u gro	ир пос	.), Fait	11-7-1, 11	1163	anu
SE	E PAGE 4						

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

UNDERREPRESTED 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)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

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

Internal Revenue Service

Employer identification n

	EVENIA TNAMENTE OF MERCINALOGY	20 1407354
	EVENS INSTITUTE OF TECHNOLOGY	22-1487354
Pa	Organizations Maintaining Donor Advised Funds or Other Sin	
	Complete if the organization answered "Yes" on Form 990, Pa	
	(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 t	the assets held in donor advised
	funds are the organization's property, subject to the organization's exclusive le	
6	Did the organization inform all grantees, donors, and donor advisors in writ	
	only for charitable purposes and not for the benefit of the donor or donor	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV. line 7.
1	Purpose(s) of conservation easements held by the organization (check all that	
	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	Trecervation of a continued motorio cardotale
2	Complete lines 2a through 2d if the organization held a qualified conservation	n contribution in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	
a		
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in	
d	Number of conservation easements included in (c) acquired after 7/25/06,	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extingu	uished, 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 mor	- ' -
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	s, 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 requi	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements i	•
	balance sheet, and include, if applicable, the text of the footnote to the organ	nization's financial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treas	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to repo	ort in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibit service, provide in Part XIII the text of the footnote to its financial statements	ion, education, or research in furtherance of public that describes these items
b	If the organization elected, as permitted under FASB ASC 958, to report i	
D	art, historical treasures, or other similar assets held for public exhibition, ed	ducation, 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	▶\$ <u>45,000</u> .
2	If the organization received or held works of art, historical treasures, or	
	following amounts required to be reported under FASB ASC 958 relating to t	- · · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ing Collections of	Art, Histori	cal Treas	sures,	or C	Other S	Similar Ass	ets (c	ontinue		age L
3	Using the organization's acquisition										_	f its
	collection items (check all that app	ly):										
а	X Public exhibition		d 🗌	Loan or e	exchar	nge p	rogram	1				
b	X Scholarly research		е	Other								
С	X Preservation for future gene											
4	Provide a description of the organ	nization's collections	and explain	how the	y furth	her th	he orga	anization's e	xempt	purpos	e in	Part
	XIII.											
5	During the year, did the organization								_	_	_	٦
	assets to be sold to raise funds rath		ained as part	of the org	janizat	tion's	collect	ion?		Yes	Х	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on Form	990, Par	rt IV, Ii	ine 9	, or re	ported an a	moun	t on Fo	rm	
1a	Is the organization an agent, truste											
	included on Form 990, Part X?								L	Yes		No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:											
								Ar	nount			
С	Beginning balance				_	1c						
d	Additions during the year					1d						
e	Distributions during the year					1e						
f 2a	Ending balance					1f	odial a	ccount liabilit	h/2	Yes	X	No
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X 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 y		(c) Two			(d) Three years	back	(e) Four	years	back
1 a	Beginning of year balance	224,304,000.	206,806,		83,9	34,0	000.	166,024,6		173,6		
b	Contributions	2,856,781.	6,994,	156.	19,3	93,9	944.	9,140,	730.	1,908,265		265.
	c Net investment earnings, gains,											
	and losses								117.			
d	Grants or scholarships	0 500 056 0 140 600 0 000 014 6 064 060				6,0)48,	208.				
е	Other expenditures for facilities											
	and programs	3,731,363.	2,986,	366.	3 , 5.	35,4	488.					
f	Administrative expenses	005 010 000	004 004	000	0.6.0	0.6.0	200	100 004 /	200	1.66.4		
g	End of year balance	225,010,000.						183,934,0	000.	166,0)24,	661.
2	Provide the estimated percentage		end balance (line 1g, co	olumn ((a)) he	eld as:					
a	Board designated or quasi-endown		_%									
D	Permanent endowment ▶ 92.3 Term endowment ▶	<u> </u>										
C	The percentages on lines 2a, 2b, a	- ′ °	100%									
3a	Are there endowment funds not in	•		on that are	e held	and a	adminis	stered for the	,			
-	organization by:	and possession or a	io organizatio	orr tiriat are		and t	aannin	310104 101 1110	•	[Yes	No
	(i) Unrelated organizations									3a(i)	Х	
	(ii) Related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required	on Sched	ule R?	٠				3b		
4	Describe in Part XIII the intended u		tion's endowr	nent funds	S.							
Pa	rt VI Land, Buildings, and Equ	uipment.	oo" on Form	000 Da	-+ I\ / I	lina 1	110 0	00 Form 00)() Da	et V lin	- 10	
	Complete if the organize Description of property	(a) Cost or		b) Costoro			(c) Accu			Book va		
			tment)	othe (r)		depred		(4)			
1a	Land			1,723			41 00	0 057		1,72		
b	Buildings			444,679	9,995	D • 1 4	41 , 06	9,25/.		303,61	.0,7	<u> 38.</u>
C	Leasehold improvements			58,492	2 700	, ,	20 55	5 047		20 01	26 7	55
d	Equipment			21,490				5,947. 4,242.		28,93 7,19		
<u>e</u> Toto	Other	 o (d) must squal Form	n 000 Part V		•				-	341,46		
ıota	i. Add illes Ta tillough Te. (Column	i (u) musi equal FOM	ıı əə∪, Fail X,	colullii (I	ווו , נכווו	100.	<i>/</i>	🖊	,) 	, , ,	

Schedule D (Form 990) 2019 Page **3**

- 4 3 AU	1 1 1 00 0 10	
Part VII	Investments - Other Securities.	

Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	10,387,290.	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.		
	d "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)		

(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)		
Tota	I. (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

9E1270 1.000

Χ

Schedule D (Form 990) 2019 Page 4

1 Total revenue, gains, and other support per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IX, line 12a 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 Donated services and use of facilities b Prior year adjustments c Other losses and losses per audited financial statements 1 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 2b 2 2c 2 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part III, line 18.) 5 Part XIII Supplemental Information. Fer PAGE 5	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 7b 4a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Footiet the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Other (Describe in Part XIII.) c Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 12a. 5 Total expenses. Add lines 3 and 4b 5 Total expenses. Add lines 3 and 4b 5 Total expenses. Add lines 3 and 4b 6 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4b 6 Other Gescribe in Part XIII.) c Add lines 4a and 4b 7 Total expenses. Add lines 3 and 4b 7 Total expenses. Add lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, line 2c and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) e Add lines 2a through 2d	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 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 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	
c Add lines 4a and 4b	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	
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. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
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b Prior year adjustments	
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
	t X, line

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III

COLLECTIONS OF ART, HISTORICAL TREASURES AND ARCHIVES -

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 D (Form 990) 2019

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Part I

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

Inspection

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

Pa			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		120	110
	bylaws, other governing instrument, or in a resolution of its governing body?	1	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?	2	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	,	X	
	describe. If "No," please explain. If you need more space, use Part II	3		
	SEE SUPPLEMENTAL PAGE			
				
1	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	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:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
				X
е	Educational policies?	5e		
f	Use of facilities?	5f		X
'	Ose of lacilities:	31		
g	Athletic programs?	5g		X
9	Thinks programe.	- 5		
h	Other extracurricular activities?	5h		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?	6a	X	* * *
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
7	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	-	X	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Δ	

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

► 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 22-1487354

STEVENS INSTITUTE OF TECHNOLOGY General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 X Yes award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, of offices in region (by type) (such as. a program service. expenditures for agents, and fundraising, program services, describe specific type of and investments the region independent nvestments, grants to recipients service(s) in the region in the region contractors located in the region) in the region 0. PROGRAM SERVICES (1) CENTRAL AMERICA/CARIBBEAN CONFERENCES/SPEAKING 2,675. (2) EAST ASIA AND THE PACIFIC 0. PROGRAM SERVICES CONFERENCES/SPEAKING 24. 62,164. (3) EUROPE 0. 66. PROGRAM SERVICES CONFERENCES/SPEAKING 186,339. (4) MIDDLE EAST AND NORTH AFRICA 0. PROGRAM SERVICES CONFERENCES/SPEAKING 14,352. (5) NORTH AMERICA 0. 22. PROGRAM SERVICES CONFERENCES/SPEAKING 33,329. RUSSIA/INDEPENDENT STATES 0. PROGRAM SERVICES CONFERENCES/SPEAKING 1,986. (7) SOUTH AMERICA CONFERENCES/SPEAKING 0. PROGRAM SERVICES 7,589. (8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES RECRUITING - STUDENTS 88,091. (9) EUROPE 0. PROGRAM SERVICES RECRUITING - STUDENTS 2. 7,851. 0. RECRUITING - STUDENTS (10) SOUTH ASIA 6. PROGRAM SERVICES 94,375. (11) SUB-SAHARAN AFRICA RECRUITING - STUDENTS 0. PROGRAM SERVICES 10,366. 1. (12) CENTRAL AMERICA/CARIBBEAN 0. PROGRAM SERVICES FIELD RESEARCH 1. 750. FIELD RESEARCH (13) EUROPE 0. PROGRAM SERVICES 46,628. (14) EAST ASIA AND THE PACIFIC 0. PROGRAM SERVICES INSTITUTIONAL DEVELOPM 18,937. (15) EUROPE 0. PROGRAM SERVICES INSTITUTIONAL DEVELOPM 6,082. (16) SOUTH AMERICA 0. PROGRAM SERVICES INSTITUTIONAL DEVELOPM 2,415. (17) SOUTH ASIA PROGRAM SERVICES INSTITUTIONAL DEVELOPM 8,143. Subtotal 592,072. 147. Total from continuation

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

sheets to Part I

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2019

29,764,375.

30,356,447.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 22-1487354

STEVENS INSTITUTE OF TECH	NOLOGY			22-14873	54
General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	ınswered "Yes" or
1 For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	X Yes No
2 For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3 Activities per Region. (The follow (a) Region	ving Part I, line (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in the region	e duplicated if additional sp (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	ace is needed.) (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)					
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

Schedule F (Form 990) 2019

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (11) Ξ (2) <u>@</u> 4 2 9 5 8 <u></u> (10) (12) (13) (14) (15)(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exemp by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
nter total number of recipient organizations listed above that are recognized as charities by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency
nter total number of recipient organizations listed above that are recognized as charities by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency
nter total number of recipient organizations listed above that are recognized as charities by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency
nter total number of recipient organizations listed a y the IRS, or for which the grantee or counsel has p
nter total number of recipient organizations listed a y the IRS, or for which the grantee or counsel has p
nter total number of recipient organizations listed a y the IRS, or for which the grantee or counsel has p
nter total number of recipient organizations v the IRS, or for which the grantee or couns
nter total number of recipient organ y the IRS, or for which the grantee o
nter total number of y the IRS, or for whic
nter tot y the IR

Enter total number of other organizations or entities,

8

က

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 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.

Techients Technique Tech	(a) Type of grant or assistance (b) Region (b) Region	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
	,		recipients	, cash grant	cash disbursement	, noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2019 Page 4

Part	V 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	
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)	
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)	
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)	

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page **5**

Double Contract

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Internal Revenue Service

STEVENS INSTITUTE OF TECHNOLOGY

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Open to Public Inspection

Employer identification number

22-1487354

Form 990-EZ filers are not re	equired to comple	te this pa	rt.			
1 Indicate whether the organization ra	sed funds through	any of the	following	activities. Check a	all that apply.	
a X Mail solicitations	е	X Solid	itation of	non-government g	rants	
b X Internet and email solicitations	f	X Solid	itation of	government grants	S	
c X Phone solicitations	g			ising events		
d X In-person solicitations	J			•		
2a Did the organization have a written or key employees listed in Form 990						X Yes No
b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the		(fundraise	rs) pursua	int 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	custody c	draiser have or control of outions?	(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	DIG & DIR.					
EAB GLOBAL, INC	MAIL MKT.		X		103,541.	-103,541.
2	DIG & DIR.					
PENTERA INC	MAIL MKT.		X		27,472.	-27,472.
3	DIR MAIL					
GT MARKETING LTD	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	ation is registered of	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,)H,			
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV	,WI,					

Page 2 Schedule G (Form 990 or 990-EZ) 2019

			eater than \$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue						
Revenue	1	Gross receipts				
מב	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
it Exp	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3. colu	mn (d)		
	rt I	Gaming. Complete if the organization	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
<u></u>		\$15,000 on Form 990-EZ, lin	e 6a.	4) =		(d) Total gameing (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve 						
_	1	Gross revenue				
Expenses	2	Cash prizes				
اوت						
	3	Noncash prizes				
		Noncash prizes				
	4					
	4 5	Rent/facility costs	Yes %	Yes%	Yes%	
Direct Exp	4 5 6	Rent/facility costs Other direct expenses	No	No		
	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor	es 2 through 5 in colu	mn (d)	No ▶	
	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line Net gaming income summary. Su Enter the state(s) in which the organizations.	es 2 through 5 in colustract line 7 from line	mn (d)	No 	
Direct	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line Net gaming income summary. Su Enter the state(s) in which the orgals the organization licensed to con	No es 2 through 5 in columbtract line 7 from line anization conducts gaduct gaming activities	mn (d)	No ►	
6 Direct	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line Net gaming income summary. Su Enter the state(s) in which the orgals the organization licensed to con	No es 2 through 5 in columbtract line 7 from line anization conducts gaduct gaming activities	mn (d)	No ►	
Direct	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line Net gaming income summary. Su Enter the state(s) in which the orgals the organization licensed to con	No es 2 through 5 in columbtract line 7 from line anization conducts gaduct gaming activities	mn (d)	No ►	
Direct Direct	4 5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add line Net gaming income summary. Su Enter the state(s) in which the organist the organization licensed to con If "No," explain: Were any of the organization's gaming.	No es 2 through 5 in columbtract line 7 from line anization conducts ga duct gaming activities	mn (d)	No Service of the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
ı,	Is the organization required under state law to make charitable distributions from the gaming proceeds to
u	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCH	EDULE G, PART 1, LINE 2A
FUN	DRAISING ACTIVITIES
THE	UNIVERSITY UTILIZED OUTSIDE VENDORS FOR DIGITAL AND DIRECT MARKETING
SER'	VICES. IN ADDITION TO THE PROFESSIONAL SERVICE EXPENSES SHOWN IN PART
Ι, '	THE UNIVERSITY PAID \$10,011 FOR POSTAGE EXPENSES.
•	
	Schedule G (Form 990 or 990-EZ) 2019

JSA 9E1503 1.000

11 Does the organization conduct gaming activities with nonmembers?	Sched	ıle G (Form 990 or 990-EZ) 2019	<u>, 3</u>
13 Indicate the percentage of gaming activity conducted in: a The organization's facility. b An outside facility. 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15 a Does the organization have a contract with a third party from whom the organization receives gaming amount of gaming revenue received by the organization P S amount of gaming revenue received by the organization P S amount of gaming revenue retained by the third party P S 16 If "Yes," enter name and address of the third party: 17 Mandatory distributions: 18 In Description of services provided ▶ 19 Director/officer		Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
a The organization's facility	40		0
b An outside facility			%
Technic the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address			_
Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶	
Ves No No If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		Address ▶	
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 ▶	15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
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		revenue?	0
c If "Yes," enter name and address of the third party: Name ▶	b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the	
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Independent contractor 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 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 \$ 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	С		
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ▶	
Name ►		Address ►	
Description of services provided ▶ Director/officer	16	Gaming manager information:	
Director/officer		Name ▶	
Director/officer		Gaming manager compensation ▶ \$	
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?		Description of services provided ▶	
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor	
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	а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	lo
EAB GLOBAL INC. 1920 EAST PARHAM ROAD RICHMOND, VA 23228 PENTERA, INC	Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
1920 EAST PARHAM ROAD RICHMOND, VA 23228 PENTERA, INC	SCH	EDULE G, PART 1, LINE 2B - NAME AND ADDRESS FUNDRAISER	_
RICHMOND, VA 23228 PENTERA, INC	EAB	GLOBAL INC.	
PENTERA, INC	192	EAST PARHAM ROAD	
	RIC	MOND, VA 23228	
8650 COMMERCE PARK PLACE, SUITE G	PEN'	TERA, INC	
	865	COMMERCE PARK PLACE, SUITE G	

Schedule G (Form 990 or 990-EZ) 2019

Sched	lule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
С	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
C	in res, enter hame 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
	Director/officer Imployee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
IND	IANAPOLIS, IN 46268
Cm :	MADVERING IED
GI.	MARKETING LTD
51	RAILROAD AVENUE
J	NATUROAD AVEROL
CLO	STER, NJ 07624
	,

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULEI (Form

Grants and Other Assistance to Organizations,

2014/

(Form 990)	Governments, and Individuals in the United States	5100
	Complete if the organization answered "Yes" on Form 990 Part IV line 21 or 22	
H		Open to Public
Department of the Treasury Internal Revenue Service	B Go to www.irs.gov/Form990 for the latest information. ▶ Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
STEVENS INST	STEVENS INSTITUTE OF TECHNOLOGY	22-1487354
Part Genei	Part General Information on Grants and Assistance	
1 Does the or	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tance, and
the selectior	the selection criteria used to award the grants or assistance?	X Yes
2 Describe in	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part Grant	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	swered "Yes" on Form 990,
Part IV	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

8 |

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government org	jovernment o	rganizations list	janizations listed in the line 1 table.	e		A : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1288 1.000 1159JW 2231 4/20/2021

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Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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. Part III

	(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 SCHOL?	SCHOLARSHIPS AND GRANTS	3,853.	92,321,515.			
2 PRIZES/AWARDS	S/AWARDS	593.	1,481,809.			
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	equired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

information.

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

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,

SITUATIONS SUCH AS CHANGES STATE, AND INSTITUTIONAL STUDENT AID POLICIES.

ZI CHANGES FEDERAL AID ELIGIBILITY, CHANGES IN IN FINANCIAL NEED, ENROLLMENT AND RECEIPT OF AID FROM OUTSIDE SOURCES MAY AFFECT A STUDENT'S

TO RECEIVE FUNDING. STEVENS' ADMINISTRATION MONITORS THESE ELIGIBILITY

SITUATIONS ON AN ON-GOING BASIS AND MAKES ANY APPROPRIATE ADJUSTMENTS

Schedule I (Form 990) (2019)

53

SCHEDULE J (Form 990)

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Part	Questions Regarding Compensation			
			Yes	No
1 a	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. X First-class or charter travel X Travel for companions Tax indemnification and gross-up payments Discretionary spending account X Housing allowance or residence for personal use Payments for business use of personal residence X Health or social club dues or initiation fees 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	1b	Χ	
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?	2	Х	
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. X			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	-		
	in Part III	8		Χ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
		_ J		

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

Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of W-2 and/		or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NARIMAN FARVARDIN	Ξ	843,648.	727,785.	21,863.	28,000.	141.	1,621,437.	0
PRESIDENT/TRUSTEE	€	0	0	0	0	0	0	0
CHRISTOPHE PIERRE	Ξ	552,493.	15,000.	0	25,215.	18,366.	611,074.	0
2 PROVOST	€	0	0	0	0	0	0	0
GREGORY PRASTACOS	Ξ	422,178.	12,000.	0	28,000.	24,256.	486,434.	0
3DEAN	€	0	0	0	0	0	0	0
LOUIS J. MAYER	Ξ	413,386.	10,000.	0	28,000.	24,256.	475,642.	0
$oldsymbol{4}^{ ext{VP}}$ OF FINANCE/TREASURER, CFO	€	0	0	0	0	0	0	0
	Ξ	409,779.	10,000.	0	25,200.	8,116.	453,095.	0
5 VP & GENERAL COUNSEL/SECRETARY	€	0	0	0	0	0	0	0
CONSTANTIN CHASSAPIS	Ξ	360,233.	10,000.	0	28,000.	18,366.	416,599.	0
6 VICE PROVOST	€	0	0	0	0	0	0	0
DINESH VERMA	Ξ	340,916.	4,000.	7,515.	25,200.	24,256.	401,887.	0
7PROFESSOR/EXEC DIR	€	0	.0	0	0	0	0	0
GEORGE KORFIATIS	Ξ	351,476.	0	0	28,000.	18,366.	397,842.	0
8 Professor	€	0	0	0	0	0	0	0
JEAN ZU	Ξ	341,380.	0	0	25,200.	8,116.	374,696.	0
9 ^{DEAN}	(E)	0	0	• 0	• 0	0	0.	0
HADY SALLOUM	Ξ	324,376.	525.	0	22,823.	24,256.	371,980.	0
10 PROFESSOR	€	0	.0	0	0	0	0	0
MUHAMMAD HAJJ	(i)	323,979.	1,500.	414.	25,200.	18,366.	369,459.	0
11 CHAIR/PROFESSOR	€	0	0	0	0	0	0	0
YEHIA MASSOUD	Ξ	310,228.	4,000.	0	23,600.	24,256.	362,084.	0
12 ^{DEAN}	€	0	0	0	0	0	0	0
DAVID DODD	Ξ	313,002.	0	0	28,000.	18,366.	359,368.	0
13 VP INFO TECH/CIO TO 12/31/19	€	0	0	0	0	0	0	0
ROBERT MAFFIA	Ξ	286,644.	8,000.	8,400.	26,504.	24,256.	353,804.	0
14 VP FOR FACILITIES/OPERATIONS	▣	0	0	0	0	0	0	0
MARYBETH MURPHY	(i)	299,193.	10,000.	• 0	28,000.	8,116.	345,309.	0
15 VP FOR ENROLLMI/STUDENT AFFAIR	•	• 0	• 0	• 0	• 0	0	0	0
MOHAMMAD DEHGHANI	(i)	284,168.	0	• 0	16,042.	13,517.	313,727.	0
16 VICE PROVOST TO 7/31/19	€	0	0	0	• 0	0	0	0
							Sch	Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

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

Part II

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 nstructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

in column (B) reported as deferred on prior Form 990 Schedule J (Form 990) 2019 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 0 Ö 00 0 0 0 0 0 (F) Compensation 271,929. 193. 193,530. 179,967. Ö 312,064. 288,400. 207,142. 201,550. 199,802. $\overline{}$ 296,851. $\overline{}$ 0 0 237,328 0 0 0 (E) Total of columns 280, 239, (B)(i)-(D) 116. 116. 18,366. 16,326 141 24,256 141 195. 046. 141. 0 141. 0 (D) Nontaxable benefits 13, ω ∞ 4, ω, 22,335. 12,600. 13,279. 22,247. 13,724. 20,467. 14,397. 1,816. 26,165 19,344 15,851. 0 21,294 0 (C) Retirement and other deferred compensation 0 0 0 0 0 0 Ö 0 ċ ċ Ö Ö 707. Ö 0 0 Ö 0 12,833 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 0 Ö 0 Ö Ö Ö Ö 22,000. Ö 10,000. 7,000. 2,000. 000,9 2,500 150,000. (ii) Bonus & incentive 9,000 compensation 246,953. 155,865. 266**,**404. 244,012. 177,012. 254,360. 236,793. 206,654. 208,745. 174,412. 173,789. 0 $\overline{}$ 47,986 compensation (i) Base ΞΞ ΞΞ \equiv ≘ ≘ \equiv ≘ ≘ ≘ ≘ ≘≘ ⊕ ⊞ ⊕ ⊕ \equiv \equiv \equiv 1/1/20 AVP FOR INVEST/ASST TREASURER VP FOR DEVELOPMENT TO 7/12/19 TRUSTEE/PROFESSOR TO 11/21/19 5/8/20 8/12/19 TRUSTEE/PROFESSOR TO 2/15/20 MICHAEL ZUR MUEHLEN 3/26/20 JENNIFER MCDONOUGH (A) Name and Title KEITH G. SHEPPARD CASSIDY ELIZABETH SHELTON WILLIAM REMINGTON OF AVP FINANCE/ASST TREAS 3 VP FOR HUMAN RESOURCES MICHAEL PARENTE ANTHONY BARRESE INT. VICE PROV AS OF WAVP DEV/ALUM 7/12/19 TECH AS ΘF FORMER KEY EMPLOYEE DILHAN KALYON DAWN DA SILVA WARREN PETTY AS JOSEPH E. 12 TRUSTEE/PROF. INT. VP INFO 10 FORMER KEY GNO ndividual Ϋ́ 13 14 15 16

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Page 3

Schedule J (Form 990) 2019

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

PROGRAM AND DEVELOPMENT PURPOSES. THE PRESIDENT IS CONTRACTUALLY REQUIRED TO LIVE IN CAMPUS HOUSING AND, THEREFORE, IT IS NOT TAXABLE COMPENSATION CAMPUS HOUSING IS PROVIDED FOR THE UNIVERSITY PRESIDENT AND IS USED FOR TO HIM

THE EMPLOYEE

FOSTER RELATIONSHIPS WITHIN THE NEW YORK ONE INSTANCE IN WHICH A CLUB MEMBERSHIP IS IN THE NAME OF AN THIS MEMBERSHIP IS CLUB IMPOSED MEMBERSHIP RULES. OL PURPOSES BUSINESS $^{\circ}$ DUE FOR INDIVIDUAL THERE IS SOLELY

Schedule J (Form 990) 2019

Page 3

Supplemental Information

Schedule J (Form 990) 2019

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

METROPOLITAN AREA FOR THE UNIVERSITY

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

EXTRAORDINARY PERFORMANCE OVER A PERIOD INCENTIVE COMPENSATION FOR RESULTS OF THE UNIVERSITY TO MERIT-BASED MANAGEMENT THAT THE STEVENS INCENTIVE COMPENSATION PLAN PROVIDES A MECHANISM TO REWARD CLEARLY CONTRIBUTED NOT GUARANTEED, AND DECISIONS INCENTIVE COMPENSATION, THE BOARD OF SALARY CONTRAST DO NOT INCREASE BASE FINDING BY OL BEEN EXTRAORDINARY AND HAS SUBJECT NI TO THE FINANCIAL ø ACADEMIC YEAR WHERE PERMITTED BY LAW. PLAN. BE AWARDED UPON ВE STEVENS. SI THE REGARDING INCENTIVE COMPENSATION WILL INCENTIVE COMPENSATION, PART I, LINE SALARY INCREASES, ANNUAL INCENTIVES EXTRAORDINARY PERFORMANCE, NI FACULTY AND CERTAIN KEY STAFF FOR TOWARD THE GOALS AND MISSION OF SPECIFIED AS DETERMINATIONS INCENTIVE COMPENSATION MAY HAS NOT AN EMPLOYEE'S WORK FACTORS AND OTHERS' AND OTHER CASES OF ONE

Schedule J (Form 990) 2019

TRUSTEES

EVEN IN

Schedule J (Form 990) 2019

Page 3

Supplemental Information

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

BYCOMMITTEE ΒY BY TRUSTEES. INCENTIVE COMPENSATION FOR EXECUTIVE LEADERS IS RECOMMENDED FOR DETERMINING THEM FOR EACH BOARD OF TRUSTEES AND APPROVED STAFF, ARE APPROVED OF) HIGHEST COMPENSATED FOR THE EXECUTIVE LEADERS AND OF BOARD PART THE HUMAN RESOURCES THE AS OR FULL BOARD OF TRUSTEES ΒY THE PRESIDENT AND ARE WITHIN PARAMETERS ESTABLISHED BY MANAGERIAL FIVE TOP EMPLOYEES LISTED IN SCHEDULE O. EACH YEAR, REVIEWS WITH THE PRESIDENT THE PROCESS PRESIDENT AND THE APPROVES THE ANNUAL PERFORMANCE GOALS OTHER GROUP OR SUB-GROUP OF EMPLOYEES OF THE FACULTY AND STAFF ARE RECOMMENDED THE HUMAN RESOURCES COMMITTEE RESOURCES COMMITTEE THE OF CONSIDERATION THE HUMAN

4 COMPENSATION INFORMATION, PART II LINE

PRESIDENT'S WRITTEN FIVE-YEAR CONTRACT. PAYABLE BOARD OF YEAR. CONTAINS INFORMATION ABOUT THE COMPENSATION OF THE AND THESE AMOUNTS \$500,000 PAID DURING THE THE UNIVERSITY'S PERIOD PAYMENT OF THREE-YEAR \$843,648, UNIVERSITY'S PRESIDENT, DR. NARIMAN FARVARDIN, ΒY A ONE-TIME INCENTIVE COMPENSATION Þ SPECIFIC METRICS SPECIFIED OF OF TO HIS ANNUAL BASE SALARY COURSE THE m THEOL PURSUANT AND ACHIEVED OVER PAID 4 MITH LINE AMOUNTS WERE IN ADDITION ASSOCIATED INCLUDE (I) TRUSTEES II,

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

Part | 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.

WERE REVIEWED AND EVALUATED FOR MARKET COMPARABILITY BY THE UNIVERSITY'S THE UNIVERSITY'S FISCAL YEAR ENDED 6/30/2019. ALL INCENTIVE COMPENSATION PAYMENT OF \$227,785 ASSOCIATED WITH ACHIEVEMENT OF SEPARATE METRICS FOR AMOUNTS WERE BASED UPON DETERMINATIONS BY THE HUMAN RESOURCES COMMITTEE UNIVERSITY'S STRATEGIC PLAN WERE ACHIEVED BY THE PRESIDENT AND, IN MANY AT THE END OF THE THIRD YEAR AND (II) AN ANNUAL INCENTIVE COMPENSATION CASES EXCEEDED WITH EXCEPTIONAL PERFORMANCE. IN ADDITION, SUCH AMOUNTS THE AND THE FULL BOARD OF TRUSTEES THAT OBJECTIVE METRICS RELATING TO INDEPENDENT COMPENSATION CONSULTANT. Schedule J (Form 990) 2019

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SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

2019

OMB No. 1545-0047

Open to Public Inspection

> ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Employer identification number 22-1487354 (i) Pooled financing

(h) On behalf of

Yes No

Yes No

issuer

 \times

TECHNOLOGY OF STEVENS INSTITUTE Name of the organization Department of the Treasury Internal Revenue Service

Part Bond Issues						-		
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(c) CUSIP # (d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	eased	
						Yes No	٥	_
A NJ EDU FAC AUTH STEVENS ISSUE 2020 SERIES A	22-1829511	6460666L9	03/11/2020	209,648,096.	209,648,096. NEW CONSTRUCTION & RENOVATION		×	
B NJ EDU FAC AUTH STEVENS ISSUE 2017 SERIES A	22-1829511	646066M31	04/04/2017	132,589,361.	132,589,361. 1998 & 2007 REFUNDING/CAP. PROJ.		X	
C NJ EDU FAC AUTH CAPITAL IMP SERIES 2016B	22-1829511	646066F54	12/20/2016	30,676,062.	30,676,062. FINANCING NEW CONSTRUCTION		×	
D NJ EDU FAC AUTH CAPITAL IMP SERIES 2016A	22-1829511	000000000	07/26/2016	20,805,115.	20,805,115. 2005 & 2006 REFUNDING		×	

Part Proceeds				
	A	В	ပ	۵
1 Amount of bonds retired		5,220,000.	741,966.	466,889.

		_	(נ)		3	
-	Amount of bonds retired			5,22	5,220,000.	76	741,966.	46	466,889.
7	Amount of bonds legally defeased								
က	Total proceeds of issue	209,6	209,648,096.	132,589,361.	9,361.	17,57	17,575,574.	1,18	1,182,407.
4	Gross proceeds in reserve funds								
2	Capitalized interest from proceeds								
ဖ	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,0	1,000,262.	91	911,558.	16	141,074.		2,752.
∞	Credit enhancement from proceeds								
6	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	102,08	102,087,808.	70,743	70,742,204.	17,43	17,434,500.	1,17	1,179,655.
1	Other spent proceeds			22,67	55,677,803.				
12	Other unspent proceeds	106,5	106,560,026.	5,25	5,257,796.				
13	Year of substantial completion					2018		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
4	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?		×	×			×	×	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		×		×		×		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990 final allocation of proceeds? . . .

Does the organization maintain adequate books and records to support the Has the final allocation of proceeds been made?

16

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Schedule K (Form 990) 2019

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SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

► Attach to Form 990.

Employer identification number Inspection

22-1487354

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

TECHNOLOGY

OF

STEVENS INSTITUTE Name of the organization Department of the Treasury Internal Revenue Service

20**19**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	price	(£)	(f) Description of purpose	nrpose	(6)	(g) Defeased	(h) On behalf of		(i) Pooled financing
												issuer		
										Yes	° °	Yes	≻ %	Yes No
V	A NJ EDU FAC AUTH ELF ISSUE, SERIES 2014B	22-1829511	6460658J4	01/30/2014	8,13	8,131,497. F	INANCE IT	FINANCE IT INFRASTRUCTURE	URE		×	~	×	×
മ													+	
ပ														
۵														
Dart	#II Proceeds													
5											_			
					∢			В		ပ			۵	
_	Amount of bonds retired			•	655	5,989.								
7	Amount of bonds legally defeased			:										
က	Total proceeds of issue				4,500	000,0								
4	Gross proceeds in reserve funds													
2	Capitalized interest from proceeds													
ဖ	Proceeds in refunding escrows.			.										
-	:				30	0,311.								
∞	Credit enhancement from proceeds													
စ	Working capital expenditures from proceeds													
9	:				4,469	9,689.								
=	Other spent proceeds	:	:											
12	Other unspent proceeds													
13	Year of substantial completion				2017									
					Yes	Š	Yes	§.	Yes	٩		Yes		9
4	Were the bonds issued as part of a refunding	ng issue of tax-exempt bonds (or,	exempt bo	onds (or,										
	if issued prior to 2018, a current refunding issue)?			•		×								
12	Were the bonds issued as part of a refunding	issue of	taxable bonds (or,	ls (or, if										
	issued prior to 2018, an advance refunding issue)?.	خ				×								
16	Has the final allocation of proceeds been made?					×								
17	Does the organization maintain adequate bo	books and records	\$	support the										
	final allocation of proceeds?				×									
For F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Form 990.									Sche	Schedule K (Form 990) 2019	Form 9	90) 2019

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Page 2

Schedule K (Form 990) 2019

Dart III Private Rusiness Use

Part Ⅲ Private Business Use	TAX EXEMPT	T BONDS						
		A		В		c	O	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	٥	Yes	o _N	Yes	No
which owned property financed by tax-exempt bonds?		×		×		×		×
2 Are there any lease arrangements that may result in private business use of		>		>		>		>
Assumption of the property of contract of contract that many security is		4		4		4		4
sa Are triefe any management of service contracts that may result in private business use of bond-financed property?	×		×			×	×	
0								
counsel to review any management or service contracts relating to the financed property?	×		×				×	
c Are there any research agreements that may result in private business use of								
bond-financed property?	×		×			×	×	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?	×		×				×	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(2)/3) propulsation or a state or local popularity.		%		%		%		%
		2				2		2
recult of marabated trade or business activity carried on								
result of utilierated trade of business activity carried off by your organization, another section 501(c)(3) organization or a state or local government.		%		%		%		%
5		%		%		76		0/ /%
7 Does the bond issue most the private society or newmont test?		×		×		×		×
		∢		۷		4		4
8a Has there been a sale or disposition of any of the bond-financed property to a noncovernmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
1 ==								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	×		×		×		×	
Part IV Arbitrage								
		A		8		ပ	٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	٥	Yes	o N	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	×		Χ		X		X	
b Exception to rebate?		X		×		X		×
c No rebate due?		X		×		X		×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed		:		;		:		:

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Is the bond issue a variable rate issue?.

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Schedule K (Form 990) 2019

Schedule K (Form 990) 2019	TAY TYTMDT	PONDS	CONT TWITER	C F				Page 2
1 Was the organization a partner in a partnership or a member of an LLC	Yes	, N	Yes	S S	Yes	Š	Yes	No.
which owned property financed by tax-exempt bonds?		×						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	×							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×							
c Are there any research agreements that may result in private business use of bond-financed property?	×							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .	×							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization,		ò		ò		6		6
another section 501(c)(s) organization, or a state or local government		%		% %		%		% %
		×		0		0		0
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	×							
Part IV Arbitrage								
		4		8	S			۵
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	Š ×	Yes	o _N	Yes	o N	Yes	o V
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?	h	×						
	×							
performed								
a variable rate issue?		×						
						Ň	Schedule K (Form 990) 2019	ırm 990) 2019

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Schedule K (Form 990) 2019

Page 3 ŝ ŝ × \bowtie Δ ۵ Yes Yes \bowtie \bowtie ŝ ŝ × \bowtie \bowtie ပ ပ Yes Yes \bowtie \bowtie Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ŝ ŝ \bowtie × \bowtie Ω Ω Yes Yes × ŝ ŝ × \bowtie \bowtie ⋖ Yes Yes \bowtie b Name of provider c Term of hedge..... d Was the hedge superintegrated?............ e Was the hedge terminated?...... 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? c Term of GIC. d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 6 Were any gross proceeds invested beyond an available temporary period? monitor the 4a Has the organization or the governmental issuer entered into a qualified Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under ٥ hedge with respect to the bond issue?......... organization established written procedures Procedures To Undertake Corrective Action applicable regulations? requirements of section 148? . . . Arbitrage (continued) Has the Part VI

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						Page 3
Part IV Arbitrage (continued)						
	∢-	n	ပ		∟	
4a Has the organization or the governmental issuer entered into a qualified	Yes No	Yes	Yes	N	Yes	No
hedge with respect to the bond issue?	×					
b Name of provider						
c Term of hedge						
d Was the hedge superintegrated?						
e Was the hedge terminated?						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	×					
b Name of provider						
c Term of GIC						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?						
6 Were any gross proceeds invested beyond an available temporary period?	×					
7 Has the organization established written procedures to monitor the						
requirements of section 148?	×					
Part V Procedures To Undertake Corrective Action						
	∢	В	၁		O	
Has the organization established written procedures to ensure that violations	Yes	Yes	Yes	8	Yes	No
_						
diation						
	×					
rmation	questions on Sc	nedule K. See instru	rctions	<u> </u>		

Schedule K (Form 990) 2019 PAGE 66

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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

FINANCE CAPITAL PROJECTS FOR CONSTRUCTION, RENOVATION, CENTER; (B) EXPANSION AND EQUIPPING OF CERTAIN ADDITIONAL UNIVERSITY RESEARCH AND

FUND CAPITALIZED INTEREST FOR THE 2020 EDUCATION BUILDINGS; AND (C) TOTAL PROCEEDS OF THE ISSUANCE WERE \$209,648,096 OF WHICH SERIES A BONDS.

\$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

FOR REFUNDING AND LEGAL DEFEASANCE OF OF \$132,589,361 PAR AMOUNT IN THE

SERIES I AND 2007

THE 1998

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

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AND UNIVERSITY FACILITY.

PART II, LINE CAPITAL IMPROVEMENTS FOR NEW JERSEY COLLEGES AND UNIVERSITIES. THE BONDS THE ACADEMIC GATEWAY THE \$142,715,000 WERE RECEIVED FROM A SINGLE ISSUANCE WHICH WAS GRANTED IN SERVICE OF THE UNDERLYING BONDS. THE \$17,434,500 IS 3. NJ EDU FAC AUTH CAPITAL IMP SERIES 2016B: THESE BONDS WERE ISSUED \$17,434,500 WHICH REQUIRES THAT THE UNIVERSITY PAY ONE HALF VARYING AMOUNTS TO COLLEGES LOCATED IN NEW JERSEY. STEVENS RECEIVED STEVENS PRINCIPAL PORTION IS \$8,522,585 AND IS RECORDED ON PURSUANT TO A LEGISLATIVELY CREATED STATE-BACKED PROGRAM TO FINANCE STATE APPROPRIATIONS. NJEFA BOND PROCEEDS 1 AMOUNT OF BONDS RETIRED IS A RESULT OF PRINCIPAL PAYMENTS BY BOOKS AS LONG TERM DEBT, PAYABLE OVER 20 YEARS. SCHEDULE K, UNIVERSITY PURSUANT TO AGREEMENTS WITH THE AUTHORITY BE USED TO FINANCE A PORTION OF THE CONSTRUCTION OF ARE REPAYABLE IN PART BY THE DEBT TOTAL OF (50%) OF COMPLEX.

4. NJ EDU FAC AUTH CAPITAL IMP SERIES 2016A: THESE BONDS WERE ISSUED IN \$1,182,407 WHICH WERE USED TO CURRENT REFUND THE BALANCE OF NJEFA'S CAPITAL IMPROVEMENT FUND ISSUES, SERIES 2005A AND SERIES 2006A. DISTRIBUTED TO VARIOUS NEW JERSEY COLLEGES. STEVENS RECEIVED ALLOCATED THE PAR AMOUNT OF \$252,270,000 BY THE NJEFA AND THE POOLED AMOUNT WAS PROCEEDS OF

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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 SERVICE OF THE UNDERLYING BONDS, TOTALING \$595,673 PRINCIPAL PAYMENTS BY THE UNIVERSITY PURSUANT TO AGREEMENTS WITH THE RESULT OF SCHEDULE K, PART II, LINE 1 AMOUNT OF BONDS RETIRED IS A (50%) OF THE DEBT AUTHORITY

EDUCATION EQUIPMENT LEASING FUND, TO FINANCE CAPITAL IMPROVEMENTS FOR NEW OF THE PRIVATE UNIVERSITY PAY ONE FOURTH (25%) OF DEBT SERVICE OF THE UNDERLYING BONDS AGREEMENTS WITH NJEFA FOR A TOTAL OF \$4,500,000 WHICH REQUIRES THAT THE STATE APPROPRIATIONS. BOND PROCEEDS OF \$8,131,497 WERE RECEIVED FROM $\mathbf{B}\mathbf{Y}$ PRINCIPAL PAYMENTS BY THE UNIVERSITY PURSUANT TO AGREEMENTS WITH THE 5. NJ EDU FAC AUTH ELF ISSUE, SERIES 2014B: THESE BONDS WERE ISSUED SCHEDULE K, PART II, LINE 1 AMOUNT OF BONDS RETIRED IS A RESULT OF PART COLLEGES LOCATED IN NEW JERSEY. THE UNIVERSITY ENTERED INTO LEASE HIGHER NI JERSEY COLLEGES AND UNIVERSITIES. THE BONDS ARE REPAYABLE SINGLE ISSUANCE WHICH WAS GRANTED IN VARYING AMOUNTS TO 6 TO A LEGISLATIVELY CREATED STATE-BACKED PROGRAM, AUTHORITY PURSUANT

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Schedule K (Form 990) 2019

SCHEDULE K, PART III, PRIVATE BUSINESS USE, LINES 4 & 5

REVIEW SHOULD BE COMPLETED IN THE FISCAL YEAR ENDED JUNE 30, 2021. SHOULD PERCENTAGE WAS NOT DISCLOSED. ADDITIONALLY, THE UNIVERSITY HAS RETAINED THE UNIVERSITY HAS SERVICE CONTRACTS AND RESEARCH AGREEMENTS THAT MAY KPMG TO CONSULT AND ADVISE ON THE CURRENT PRIVATE BUSINESS USE; THIS WITHIN THE PERMITTED LEVELS OVER THE LIFE OF EACH BOND, THEREFORE, RESULT IN PRIVATE BUSINESS USE. THESE AMOUNTS WERE DETERMINED TO BE COMPLETED IN THE FISCAL YEAR ENDED JUNE 30, 2021.

IN 2017 ON CAPITAL PROJECTS AND NO PROCEEDS REMAIN AS OF 2017 TO GENERATE SERIES 2014B ALL BOND PROCEEDS WERE EXPENDED ANY ARBITRAGE. THE UNIVERSITY PERFORMED ITS OWN INTERNAL REVIEW AND NO SCHEDULE K, PART IV, ARBITRAGE REBATE, LINE 2C FAC AUTH ELF ISSUE, REBATE IS DUE. NJ EDU

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SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I Types of Property

► Attach to Form 990.

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

STEVENS INSTITUTE OF TECHNOLOGY

22-1487354

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
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 orga	anization during the tax ye	ear for contributions for				
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	ement	29			
					_	Ye	s N	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Χ
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandard			
	contributions?					31	X	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?				[32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a) is checked,			
	describe in Part II.							
For Pa	anerwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990		Schodula	M /Form	aani 1	2010

Schedule M (Form 990) (2019) Page **2**

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 M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 22-1487354

STEVENS INSTITUTE OF TECHNOLOGY

FORM 990, ITEM C, NAME OF ORGANIZATION

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

INSTITUTE OF TECHNOLOGY. STEVENS INSTITUTE OF TECHNOLOGY IS REGISTERED IN

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

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

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

22-1487354

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

22-1487354

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

Employer identification number

22-1487354

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
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.

Schedule O (Form 990 or 990-EZ) 2019 Page 2

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

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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

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

22-1487354

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.

.0	And the shall be the same
Attach to Form 990	
A) (

OMB No. 1545-0047

Open to Public Inspection

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

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

STEVENS INSTITUTE OF TECHNOLOGY

Part |

Name of the organization Department of the Treasury Internal Revenue Service

22-1487354

Employer identification number

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity 4 ල 3 9 Ξ 2

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. Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
						Yes	No
(1)							
(2)							
(3)							
(4)							Ī
(5)							
(9)							
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.066				Schedule R (Form 990) 2019	(Form 990)	2019

V 19-8.2F

Page 2

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,

——————————————————————————————————————	more related org	מוועמווטוו	s irealeu as a p	armersinp during me	lax year.					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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?	Code V - UBI code V - UBI code V - UBI code Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		(6					Yes No		Yes No	
(1) CBM 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)										
(9)										
(2)										

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. Part IV

(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) (h) Share of Sercentage Section end-of-year assets ownership controlled entity?	(h) Percentage ownership	(i) Section 512(b)(13 controlled	ا چ⊛ک
								Yes No	C
(1) CASTLE POINT HOLDINGS, INC. 20-4264786									
ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030	TECH TRANSFER	NJ	STEVENS INSTIT	C CORP	-10,247.	684,225.	684,225. 100.0000	×	1
(2) CHARITABLE REMAINDER TRUST (1)									1
	TRUST	ОН	N/A	TRUST				×	
(3) CHARITABLE REMAINDER UNITRUST (5)									1
	TRUST		N/A	TRUST				×	
(4)									1
(5)									l
(9)									
(2)									1
									1
						Schedule R (Form 990) 2019	የ (Form 99	0) 2019	6

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
	listed in Parts II-IV?		
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.		19	\times
		4 1	×
		1	×
		19	×
		4	×
E Loalis of Ioali gualatitees by related organization(s)		2 - - - - - -	
f Dividends from related organization(s)	-	#	×
_		19	\times
		1h	×
i Exchange of assets with related organization(s).		<u>+</u>	×
i Lease of facilities, equipment, or other assets to related organization(s),		=	×
k Lease of facilities, equipment, or other assets from related organization(s)		14 14	×
		=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			×
		-	×
		:	×
o Statilig of paid employees with lefated organization(s)		2 : : :	1
n Reimhireamant naid to related organization(e) for expanses		10	×
d Reinibulseinein pard by refaced organization(s) for expenses		· · ·	
r Other transfer of cash or property to related organization(s)		+	×
If the answer to any of the above is "Yes." see the instructions for information on who must complete	this line, including covered relationships and transaction thresholds.	saction threshold	١.
(a)	(3)	(p)	
Name of related organization Transaction type (a-s)	Amount involved	Method of determining amount involved	termining volved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			
ASL.	Sci	Schedule R (Form 990) 2019	990) 2019
9E1309 1.000 1159JW 2231 4/20/2021 9:32:03 AM V 19-8.2F 3239596		PAGE 8	82

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

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 fax index	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)										
(6)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sch	Schedule R (Form 990) 2019	n 990) 2019

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Schedule R (Form 990) 2019 Page **5**

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

PΑ

Schedule R (Form 990) 2019