

PUBLIC DISCLOSURE COPYY

2020 Income Tax Return

STEVENS INSTITUTE OF TECHNOLOGY

PUBLIC DISCLOSURE COPYY

Cand proxy tax under section 603(e) Per calendary year 2000 or other tax year temprine 3TL 1, 2020	Fa	990-T	l E	EXTENDED TO MAY 16, 2022 Exempt Organization Business Income Tax Retur	n l	OMB No. 1545-0047
Part I Total Unrelated Business Taxable income computed from all unrelated trades or businesses (see instructions) For calendary year 2009 of the tray year used public if your organization is a \$01(c)(3). Part I Total Unrelated Business Taxable income computed from all unrelated trades or businesses (see instructions) For calendary years 2009 of the tray year years that the same in the part of t	FOIII		_		··	
December of the Tributy			For cal	1 1 1		2020
Do not enter SSN numbers on this form as it may be made publicit your organization is a 801(c)(3).	_					
B Exempt under section Solic 13 August Print	Intern	tment of the Treasury al Revenue Service	>		3).	Open to Public Inspection for 501(c)(3) Organizations Only
X Soft C (3) A08(e) 220(e) 408A 530(a) 529(a) 529S C Brown, state or province, country, and ZIP or foreign postal code F Check box if F Check box if F Check box if F Check box if F Check if Check if F Check if Check if F Check if Check	A			Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
Type MORIDER, STREER, alth 10mil to State 10.7 in a P.D. 1000, see instructions S29(a)	B E:	xempt under section	Print	STEVENS INSTITUTE OF TECHNOLOGY		22-1487354
Sey(a) 529S HOBOKEN, NJ 07030 F Check box if an amended return.	Х					
G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity H Check if if liling only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation ▶ 1 Senter the number of attached Schedules A (Form 990·T) ▶ 1 While tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. ▶		, ,	F	Check box if		
H Check if filling only to				or raine or an accord at orial or year		an amended return.
Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation JEnter the number of attached Schedules A (Form 990-T) 1 Norming the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ LOUTS MAYER, ED.D. Telephone number ▶ 201-216-8761 Total Unrelated Business Taxable Income 1 Total of unrelated Business Taxable income computed from all unrelated trades or businesses (see instructions) 1	G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	ble reinsurance entity
Section Total of unrelated business taxable income before appearing losses. Subtract line 4 from line 3 Face of the deduction for net operating losses. Subtract line 4 from line 3 Face of the deduction (generally \$1,000, but see instructions) Based of the deduction. See instructions. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero Total of unrelated business taxable income Subtract line 11 from: Tax rate schedule or Schedule D (Form 1041) Part II Tax Computant (Turst sonly) Tax on noncompilant facility income. See instructions Face of the following the follower applies Face of the following follower applies Face of the follower applies Face of the following follower ap	<u>H</u>	Check if filing only to	o ▶	Claim credit from Form 8941 Claim a refund shown on Form 2439		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation. ■ Telephone number 201-216-8761	<u> </u>	Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>
If "Yes," enter the name and identifying number of the parent corporation. ▶ It he books are in care of ▶ LOUIS MAYER, ED.D. Telephone number ▶ 201-216-8761 Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)						
Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1		•		d identifying number of the parent corporation.		
Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)					201-21	L6-8761
Instructions 1	Pa	rt I Total Unr	elate	d Business Taxable Income		_
2 Reserved 2 3 Add lines 1 and 2 3 -46, 816. 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 -46, 816. 6 Deduction for net operating loss. See instructions 6 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 -46, 816. 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 Trusts. Section 199A deduction. See instructions 9 10 Total deductions. Add lines 8 and 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. Part II Tax Computation 1 0. 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 3 Proxy tax. See instructions <td>1</td> <td>Total of unrelated</td> <td>busines</td> <td>ss taxable income computed from all unrelated trades or businesses (see</td> <td></td> <td></td>	1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
3		instructions)			1	-46,816.
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Tax on noncompliant facility income. See instructions Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7			,			
200 -		•				0

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your ONE CASTLE POINT ON HUDSON return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOBOKEN, NJ 07030 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 LOUIS MAYER, ED.D. The books are in the care of > 5 MARINE VIEW PLAZA, SUITE 501 - HOBOKEN, NJ 07030 Telephone No. ▶ 201-216-8761 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2021 ▶ X tax year beginning JUL 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 1-2020)

Form 9	90-T (2020) III Tax and Payments		***	Page 2
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		T	
b				
c	Other credits (see instructions) General business credit. Attach Form 3800 (see instructions) 1b 1c	_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_		
e 2		. 2	e	0.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
		3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under	. -		
•	section 1294. Enter tax amount here			0.
5	2000 not 005 toy liability noid from Form 005 A or Form 005 D. Doyt II. oak you (A) line 4		5	0.
6a	Payments: A 2019 overpayment credited to 2020 6a 6a	.		
b	2020 estimated tax payments. Check if section 643(g) election applies 6b		•	
c	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
e	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
3	☐ Form 4136 ☐ Other Total ▶ 6g			
7	Total payments. Add lines 6a through 6g	7	,	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		~
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	> 9		-
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	1 0		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax			
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authorit	ty	Ye	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	Э		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	y		
	here		2000	х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			х
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \ \ \ \ \			
4a	Did the organization change its method of accounting? (see instructions)			Х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			
Part	V Supplemental Information			
Provide	the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.			

	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	ulodao o	nd holief it is two	-
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	vieuge ai	nd belief, it is true,	
Here	CFO, VP FOR FIN & TREASURER		e IRS discuss this retu	
	Signature of officer Date Title	the prep instruct	parer shown below (se tions)? X Yes	
				No
	Print/Type preparer's name Preparer's signature Date Check	- 1	PTIN	
Paid	PHILLIP GROFF 3/10/2022 self- employe		P01247783	
Prepa	rer interior of the control of the c		13-5565207	
Use C	Pnly Firm's name Firm's EIN 345 PARK AVENUE		10-3303207	
		212-	758-9700	
	Filone no.	2.4.	Form 990-	T (2000)
			LOUIN 990	· (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

	tment of the Treasury al Revenue Service	Do not enter SSN numbers on this form as it			Open to Public Inspection for 501(c)(3) Organizations Only		
A	Name of the organization	on ITUTE OF TECHNOLOGY			B Employer identi		mber
<u>c ı</u>	Unrelated business	activity code (see instructions) > 520000			D Sequence:	1 of	1
E [Doscribo the uprelat	ed trade or business PARTNERSHIP INVEST	гмемт				
		Trade or Business Income		(A) Income	(B) Expenses	T	(C) Net
				(r.y.meenie	(5) 2.400.1000		(0) 1101
	Gross receipts or						
b	Less returns and allo		1 1			+	
2		d (Part III, line 8)	2				
3		ract line 2 from line 1c	3				
4 a	Capital gain net in	come (attach Sch D (Form 1041 or Form					
	1120)) (see instruc	,	4a	407.			407.
b	Net gain (loss) (Fo	rm 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduc	tion for trusts	4c				
5	, ,	a partnership or an S corporation (attach EMENT 1	5	-15,296.			-15,296.
6		IV)	6				
7	Unrelated debt-fina	anced income (Part V)	7				
8		royalties, and rents from a controlled					
	organization (Part	VI)	8				
9		e of section 501(c)(7), (9), or (17)					
		t VII)	9				
10		activity income (Part VIII)	10				
11		e (Part IX)	11				
12		instructions; attach statement)	12				
13	Total. Combine lin		13	-14,889.			-14,889.
_	directly co	ns Not Taken Elsewhere (See instruct nnected with the unrelated business in	come		,	ons must	t be
1		officers, directors, and trustees (Part X)				+	
2		S			l l	+	
3 4		enance			l l	+	
_	Interest (attach etc	atement) (see instructions)			5	+	
5					ء ا	+	550.
6	Taxes and licenses				6	+	330.
7	. ,	, , , , , , , , , , , , , , , , , , , ,			01-		
8		claimed in Part III and elsewhere on return			8b	+	
9	1					+	
10		eferred compensation plans					
11		programs					
12		penses (Part VIII)					
13		costs (Part IX)		ODE ON MENT	<u>13</u>		24 255
14		(attach statement)					31,377.
15					l l	+	31,927.
16	Unrelated busines	s income before net operating loss deduction. S	ubtract li	ne 15 from Part I, line	13,		_46 816

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2020

17

Deduction for net operating loss (see instructions)

	ule A (Form 990-T) 2020				Page 2
Part	Entermen	hod of inventory valua			
1					
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	here and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property)				Yes No
Part	IV Rent Income (From Real Property and	l Personal Prope	erty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Chec	k if a dual-use (see instru	uctions)	
	A <u> </u>				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
_	percentage of rent for personal property exceeds				
	500/ 1/11 1 1 1 1 1 1				
_	Total rents received or accrued by property.				
С					
	Add lines 2a and 2b, columns A through D				
5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	nter here and on Part	, line 6, column (B)		0.
Part '		ee instructions)		•	
1	Description of debt-financed property (street address, of	city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A 🗌		,	,	
	В				
	С				
	D				
		А	В	С	D
2	Gross income from or allocable to debt-financed				
_					
3	Deductions directly connected with or allocable				
3	to debt-financed property				
_	Straight line depreciation (attach statement)				
a					
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	9	6 %	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	art I, line 7, column (A)	->	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here ar	nd on Part I, line 7, colur	mn (B)	0.
10 11	Total dividends-received deductions included in line		iu on Part i, line 7, colur	IIII (D)	0.

	ule A (Form 990-T) 2020 VI Interest, Annu		ovalties, and Re	ents fron	n Control	led Or	ganizations	s (see instri	uctions)		Page 3
· uit			- , s , a		55114101		Exempt Contro	•			
	Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Tota		al of specified nents made 5. Part of col that is include controlling on tion's gross in		olumn 4 ed in the rganiza-	c	eductions directly connected with come in column 5	
(1)								J			
(2)											
(3)											
(4)											
		T			Controlled O	-					
7	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 cluded in the organization's income		con	luctions directly nected with e in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10. and on Part I, column (A)	1	er he	umns 6 and 11. re and on Part I, 3, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instruction	s)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (attach	set-asides stateme	nt)	. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A del conse						A dala ana anna da Sa
					Add amor column 2 here and o	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I,
T - 4 - 1 -					line 9, colu	ımn (A) 0 .					line 9, column (B)
Totals Part	VIII Exploited E	vemnt /	Activity Income,	Other T	 han ∧dva		a Income	/ i			0.
1	Description of exploite			Outlet 1	Hall Auve	zi tiSiriş	g income (see instructio	ris)		
2	Gross unrelated busin	•		ness Enter	r here and o	n Dart I	line 10. colum	n (Δ)	- 2		
3	Expenses directly con						•	. ,			
J	line 10, column (B)								3		
4	Net income (loss) from										
-	,								4		
5	Gross income from ac										
6	Expenses attributable										
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12	<u></u>	<u></u>		<u></u>		7		

Schedule A (Form 990-T) 2020

Page	
. 490	

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two	o or more periodicals on a co	onsolidated basis	S.	
	A 🔲				
	В 🔲				
	c 🗆				
	D				
Enter	amounts for each periodical listed above in the corre	sponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part	I, line 11, column (A)		>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part	I, line 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7	· · · · · · ·		<u> </u>	
а	Add line 8, columns A through D. Enter the greater	r of the line 8a, columns tota	ıl or zero here and	d on	. 0.
Part	X Compensation of Officers, Director	ore and Truetees (as	a inaturations)	······	• •
ı art	Z Compensation of Officers, Direct	ors, and reduces (se	e instructions)	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	i. Name	Z. Hue		to business	unrelated business
(1)				%	uniciated business
(2)				%	
(3)				%	
(4)				%	
1-7	<u> </u>			, , , ,	
Total	I. Enter here and on Part II, line 1				0.
Part		tructions)		,	
		•			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
KKR NORTH AMERICA FUND XI (CAGE), LP - OTHER INCOME (LOSS) KKR NORTH AMERICA FUND XI (INDIGO) LP - OTHER INCOME	5,084.
(LOSS) KKR NORTH AMERICA FUND XI, LP - OTHER INCOME (LOSS) KKR NORTH AMERICA FUND XI (PLATINUM), LP - OTHER INCOME	-2,461. -222.
(LOSS) KKR NORTH AMERICA FUND XI (POTAMOI), LP - OTHER INCOME	-7,403.
(LOSS) KKR NORTH AMERICA FUND XI (WAVE), LP - OTHER INCOME (LOSS) KKR NORTH AMERICAN FUND XI (TRAIN), LP - OTHER INCOME	8,061. -4,920.
(LOSS) PLAINS ALL AMERICAN PIPELINE, LP - OTHER INCOME (LOSS) ENDOWMENT VENTURE PARTNERS V, LP - OTHER INCOME (LOSS) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS V, LP - OTHER INCOME (LOSS)	-13,575. 319. -11.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-15,296.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES	24,800. 6,577.
TOTAL TO SCHEDULE A, PART II, LINE 14	31,377.

Stevens Institute of Technology

EIN: 22-1487354 FYE: 6/30/2021

Capital Loss Carryover Form 990-T

Tax Year	NOL Generated	NOL Utilized	NOL Expired	NOL Carryover
6/30/2017	(383)	-	-	(383)
6/30/2018	(29,727)	-	-	(29,727)
6/30/2019	-	-	-	-
6/30/2020	-	-	-	-
6/30/2021	-	-	-	-
Total	(30,110)	0	0	(30,110)

Stevens Institute of Technology

EIN: 22-1487354 FYE: 6/30/2021

Net Operating Loss Carryover Form 990-T

Pre-2018 Net Operating Losses

NOL Utilized In NOL Utilized In

Tax Year	NOL Generated	PY	CY	NOL Carryover
6/30/2009	(47,939)	38,501	-	(9,438)
6/30/2010	(41,688)	-	-	(41,688)
6/30/2011	(19,530)	-	-	(19,530)
6/30/2012	(29,288)	-	-	(29,288)
6/30/2013	(10,310)	-	-	(10,310)
6/30/2014	(17,911)	-	-	(17,911)
6/30/2015	(4,478)	-	-	(4,478)
7/01/2016	(9,612)	-	-	(9,612)
7/02/2017	(51,026)	-	-	(51,026)
7/03/2018	(36,672)	-	-	(36,672)
Total	(268,454)	38,501	-	(229,953)

Partnership Investment - NAICS Code: 520000

NOL Utilized In NOL Utilized In

Tax Year	NOL Generated	PY	CY	NOL Carryover
6/30/2019	(167,196)	-	-	(167,196)
6/30/2020	(36,722)	-	-	(36,722)
6/30/2021	(46,816)	-	-	(46,816)
Total	(250,734)	-	-	(250,734)

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0123

Employer identification number

STEVENS INSTITUTE OF TECHNO	LOGY			22-	1487354
Did the corporation dispose of any investmen	nt(s) in a qualified opportuni	ty fund during the tax ye	ear?		Yes X No
If "Yes," attach Form 8949 and see its instruc					
Part I Short-Term Capital Gai	ns and Losses - Asse	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(9)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column l	h		7	
Part II Long-Term Capital Gair	ns and Losses - Asse	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column		column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					-3,489.
11 Enter gain from Form 4797, line 7 or 9				11	3,896.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		<u>h</u>		15	407.
		loog (ling 15)		10	
16 Enter excess of net short-term capital gain (lin17 Net capital gain. Enter excess of net long-term				16	407.
18 Add lines 16 and 17. Enter here and on Form				17 18	407.
Note: If losses exceed gains, see Capital Los.		iivavie iiiie vii viiiei Teluffi	s	10	107.
note. Il 103363 eneceu gallis, see Capital Los.	5 6 5 m ano mondonono.				

LHA

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

Schedule D (Form 1120) 2020

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

						taxpayer ide	ntification no.
STEVENS INSTITUTE OF	TECHNOLOGY					22-14	187354
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether gation as Form 109 box to check.	you received any 99-B. Either will s	Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from yo r cost) was re	our broker. A sul eported to the IF	bstitute S by your
Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructions). For short-term to	ansactions,
see page 1. Note: You may aggregate al codes are required. Enter the							
You must check Box D, E, or F below. (If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep	· -		· · ·				
(E) Long-term transactions rep	,	•	•	•		-,	
X (F) Long-term transactions not	•	,	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1 (a)	(b)	(c)	(d)	(e)		if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If you	enter an amount), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f). S	see instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
KKR NORTH AMERICA FUND XI						adjustificit	
(INDIGO) LP							<3,483.>
ENDOWMENT VENTURE PARTNERS							·
V, LP							<6.>
	ļ			1			
	ļ						
	<u> </u>						
2 Totals. Add the amounts in colur		. , .					
negative amounts). Enter each to		•					
Schedule D, line 8b (if Box D abo	**	•					-2 400
above is checked), or line 10 (if E	Sox F above is cl	necked)					<3,489.>

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

Form **8949** (2020)

Form **4797**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property

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

► Attach to your tax return.

OMB No. 1545-0184

2020

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

Attachment Sequence No. 2

	STEVENS INSTITUTE OF TECHNOLOGY						22-1487354	
1 Ent	er the gross proceeds from sales or	exchanges repo	rted to you for 2	020 on Form(s) 10	99-B or 1099-S			
(or	substitute statement) that you are in						1	
Part						-	sions	From Other
	Than Casualty or Thef	t-Most Prope	rty Held Moi	e Than 1 Year	(see	instructions)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plus improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE :	STATEMENT 3							3,896
3 (Gain, if any, from Form 4684, line 39	9			•		3	
1 :	Section 1231 gain from installment	sales from Form 6	6252, line 26 or	37			4	
							5	
Section 1231 gain or (loss) from like-kind exchanges from Form 8824 Gain, if any, from line 32, from other than casualty or theft								
for Gain, it any, from line 32, from other than casualty or them. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows								3,896
ı	Partnerships and S corporations. ine 10, or Form 1120-S, Schedule K	Report the gain of	or (loss) following	the instructions f				
f -	ndividuals, partners, S corporation rom line 7 on line 11 below and skip 231 losses, or they were recapture the Schedule D filed with your return	p lines 8 and 9. If ed in an earlier yea	line 7 is a gain a ar, enter the gair	and you didn't have n from line 7 as a lo	e any prior year sec	ction		
	•	•						
	languagestured not continu 1001 los	and from prior	ara Caa inatrus	iono			0	
B 1	Nonrecaptured net section 1231 los					16	8	
B 1	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, en	ter the gain from li			8	
1 8	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the ar	less, enter -0 If mount from line 8	line 9 is zero, en 3 on line 12 belov	ter the gain from li w and enter the ga				3 896
3 1 9 5	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the au capital gain on the Schedule D filed	less, enter -0 If mount from line 8 with your return.	line 9 is zero, en 3 on line 12 belov See instructions	ter the gain from li w and enter the ga			9	3,896
3 1 9 5	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the au capital gain on the Schedule D filed	less, enter -0 If mount from line 8 with your return.	line 9 is zero, en 3 on line 12 belov See instructions	ter the gain from li w and enter the ga				3,896
o s	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the alcapital gain on the Schedule D filed Ordinary Gains and	less, enter -0 If mount from line 8 with your return. Losses (see in:	line 9 is zero, en 3 on line 12 below See instructions structions)	ter the gain from li w and enter the ga	in from line 9 as a			3,896
B D () 	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the au capital gain on the Schedule D filed	less, enter -0 If mount from line 8 with your return. Losses (see in:	line 9 is zero, en 3 on line 12 below See instructions structions)	ter the gain from li w and enter the ga	in from line 9 as a			3,896
B i	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the alcapital gain on the Schedule D filed Ordinary Gains and	less, enter -0 If mount from line 8 with your return. Losses (see in:	line 9 is zero, en 3 on line 12 below See instructions structions)	ter the gain from li w and enter the ga	in from line 9 as a			3,896
Part	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the alcapital gain on the Schedule D filed Ordinary Gains and	less, enter -0 If mount from line 8 with your return. Losses (see in:	line 9 is zero, en 3 on line 12 below See instructions structions)	ter the gain from li w and enter the ga	in from line 9 as a			3,896
Part	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the alcapital gain on the Schedule D filed Ordinary Gains and	less, enter -0 If mount from line 8 with your return. Losses (see in:	line 9 is zero, en 3 on line 12 below See instructions structions)	ter the gain from li w and enter the ga	in from line 9 as a			3,896
Part	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the all capital gain on the Schedule D filed Ordinary Gains and Ordinary gains and losses not include	less, enter -0 If mount from line 8 with your return. Losses (see in:	line 9 is zero, en 3 on line 12 belov See instructions structions)	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	9	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the algorithm and capital gain on the Schedule D filed Ordinary Gains and Ordinary gains and losses not include the company gains and losses in clude cost, if any, from line 7	less, enter -0 If mount from line 8 with your return. Losses (see in:	line 9 is zero, en 3 on line 12 belov See instructions structions)	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	9	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the alcapital gain on the Schedule D filed Ordinary Gains and Drdinary gains and losses not include the series of the series o	less, enter -0 If mount from line 8 with your return. Losses (see inded on lines 11 the lines	line 9 is zero, en 3 on line 12 belov See instructions structions) nrough 16 (include)	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	11 12	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the algorithm and grapital gain on the Schedule D filed Ordinary Gains and Drdinary gains and losses not include the series of	less, enter -0 If mount from line 8 with your return. Losses (see indeed on lines 11 the lines 11 the lines 8, if applied on line	line 9 is zero, en 3 on line 12 belov See instructions structions) nrough 16 (included)	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	9 11 12 13	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the algorithm and grapital gain on the Schedule D filed Ordinary Gains and Drdinary gains and losses not include the control of t	less, enter -0 If mount from line 8 with your return. Losses (see indeed on lines 11 the lines 11 the lines 8, if appliances 31 and 38a	line 9 is zero, en 3 on line 12 belov See instructions structions 16 (include 16 control of the	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	9 11 12 13 14	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the aicapital gain on the Schedule D filed Ordinary Gains and Ordinary gains and losses not included a constant of the series	less, enter -0 If mount from line 8 with your return. Losses (see indeed on lines 11 the lines 11 the lines 31 and 38a from Form 6252	line 9 is zero, en 3 on line 12 belov See instructions structions 16 (include include	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	9 11 12 13 14 15	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the algorithm and ordinary Gains and Ordinary Gains and losses not included and ordinary gain from line 7 or amount from an information or floss) from Form 4684, lice ordinary gain from installment sales ordinary gain or (loss) from like-kind	less, enter -0 If mount from line 8 with your return. Losses (see in: ded on lines 11 the lines 11 the lines 31 and 38a from Form 6252 exchanges from	line 9 is zero, en 3 on line 12 belov See instructions structions 16 (include include	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	9 11 12 13 14 15 16	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the algorithm and capital gain on the Schedule D filed Ordinary Gains and Drdinary gains and losses not included a cost, if any, from line 7 common from ine 31. Net gain or (loss) from Form 4684, light ordinary gain from installment sales Drdinary gain or (loss) from like-kind Combine lines 10 through 16.	less, enter -0 If mount from line 8 with your return. Losses (see in: ded on lines 11 the lines 11 the lines 31 and 38a from Form 6252 exchanges from	line 9 is zero, end on line 12 below See instructions structions 16 (include include i	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	9 11 12 13 14 15	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the algorithm and grapital gain on the Schedule D filed Ordinary Gains and Drdinary gains and losses not include the control of t	less, enter -0 If mount from line 8 with your return. Losses (see indeed on lines 11 the least of the lines 31 and 38a from Form 6252 exchanges from lines amount from the amount from the least of t	line 9 is zero, en 3 on line 12 belov See instructions structions of the struction of the structi	ter the gain from li w and enter the ga s de property held 1	year or less):	ong-term	9 11 12 13 14 15 16	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the aicapital gain on the Schedule D filed Ordinary Gains and Ordinary Gains and losses not included a constant of the series	less, enter -0 If mount from line 8 with your return. Losses (see indeed on lines 11 the lead on lines 11 the lead on lines 31 and 38a from Form 6252 exchanges from lines 31 and 38a from 6252 exchanges from lines 31 and 38a from 6252 exchanges from 625	line 9 is zero, end on line 12 below See instructions structions of the line o	ter the gain from li w and enter the ga s de property held 1	year or less):	kip lines	9 11 12 13 14 15 16	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the aicapital gain on the Schedule D filed Ordinary Gains and Ordinary Gains and losses not included a constant of the series	less, enter -0 If mount from line 8 with your return. Losses (see indeed on lines 11 the lead on lines 11 the lead on lines 31 and 38a from Form 6252 exchanges from the amount from 5, complete lines from Form 4684, from Form 4684, from Form 4684, lines from For	line 9 is zero, end on line 12 below See instructions structions structions 16 (include line) 17 on the a and b below.	ter the gain from li w and enter the ga s de property held 1 e appropriate line of	year or less): year or less): of your return and sert of the loss here.	kip lines Enter the	9 11 12 13 14 15 16	3,896
3	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the aisapital gain on the Schedule D filed Ordinary Gains and Ordinary Gains and losses not included a service of the service of	reless, enter -0 If mount from line 8 with your return. Losses (see indeed on lines 11 the lines 11 the lines 31 and 38a from Form 6252 exchanges from er the amount from 5, complete lines from Form 4684, it on Schedule A (in mount from 5).	line 9 is zero, end on line 12 below See instructions structions structions 16 (include line) 17 or the a and b below. Income 15, column (Form 1040), line	ter the gain from li w and enter the ga s de property held 1 e appropriate line of b)(ii), enter that pa 16. (Do not includ	year or less): year or less): of your return and sert of the loss here. e any loss on prop	kip lines Enter the erty used	9 11 12 13 14 15 16 17	3,896
B	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the all capital gain on the Schedule D filed Ordinary Gains and Ordinary Gains and losses not included a loss, if any, from line 7 or amount from the gain, if any, from line 31	less, enter -0 If mount from line 8 with your return. Losses (see in: ded on lines 11 the lead on lines 11 the lead on lines 31 and 38a from Form 6252 exchanges from ler the amount from Form 4684, If on Schedule A (lorm 4797, line 188)	line 9 is zero, end on line 12 below See instructions structions structions 16 (include line) 16 (include line) 16 (include line) 17 or 18 (include line) 17 on the a and b below. Incom 1040), line a." See instructions	ter the gain from li w and enter the ga de property held 1	year or less): year or less): of your return and s rt of the loss here. e any loss on prop	kip lines Enter the erty used	9 11 12 13 14 15 16	3,896
B	Subtract line 8 from line 7. If zero or ine 9 is more than zero, enter the algorithm and prediction on the Schedule D filed. Ordinary Gains and Drdinary gains and losses not included and prediction of the series	less, enter -0 If mount from line 8 with your return. Losses (see in: ded on lines 11 the lead on lines 11 the lead on lines 31 and 38a from Form 6252 exchanges from lines 31 and 38a from Form 6252 exchanges from lines from Form 4684, lead on Schedule A (lead on	line 9 is zero, end on line 12 below See instructions structions structions 16 (included in the line 25 or 36 Form 8824 om line 17 on the a and b below. line 35, column (Form 1040), line a See instruction loss, if any, on	ter the gain from li w and enter the ga de property held 1 e appropriate line of b)(ii), enter that pa 16. (Do not includons line 18a. Enter her	year or less): year or less): of your return and s rt of the loss here. e any loss on prop	kip lines Enter the erty used	9 11 12 13 14 15 16 17	3,896

Part III Gain From Disposition of Propert	ty Und	er Sections 1245,	1250, 1252	, 12	5 4, and 1255 (s	ee instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property I	В	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions 26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	ممسام	A through D through lin	as OOb bafara a	a o i o o	to line 20	
odiffication data of complete property to	Joiui III IS	A through D through in	ie zap beiore (Joing	to line 30.	
Total gains for all properties. Add property columns	A throu	gh D, line 24			30)
Add property columns A through D, lines 25b, 26g,					3	1
32 Subtract line 31 from line 30. Enter the portion from		y or theft on Form 4684	1, line 33. Ente	r the	·	
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	e 6 ons 179	9 and 280F(b)(2) W	/hen Busine	ess	Use Drops to 50	2 0% or Less
(see instructions)					T	
			_		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	prior years		33		
Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. So	ee the in:	structions for where to	report	35		

FORM 4797	PRO	PERTY HELI	MORE THAN	ONE YEAR	ST.	ATEMENT 3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
KKR NORTH AMERICA						
FUND XI (INDIGO) LP KKR NORTH AMERICA						4,199.
FUND XI (PLATINUM), LP						-243.
KKR NORTH AMERICA FUND XI (WAVE),						210.
LP KKR NORTH						-57.
AMERICAN FUND XI (TRAIN), LP						-3.
TOTAL TO 4797, PAI	RT I, LINE	2				3,896.