ceived in	֡
SEP	
22	
2020	

M	Form	990-T	Ex	xempt Organi			siness Inc			rn	ОМВ	No 1545-0687
•			For cale	ndar year 2018 or other t	•			-	1101	619	9	⋒ 1 ♀
	Depar	tment of the Treasury		► Go to www.irs.g							<u> </u>	, W 10
		If Revenue Service	▶ Do	not enter SSN numbers						c)(3)	Open to P 501(c)(3)	Public Inspection for Organizations Only
	A	Check box if	~.	Name of organization (me changed and se			D Emplo	yer identifi	cation number
		address changed		_						(Emplo	yees' trust, se	ee instructions)
	B Exe	empt under section	1	STEVENS INST	TTUTE OF	F TE	CHNOLOGY					
	Х	501(C)03)	Print	Number, street, and room	m or suite no 1	faPO	box, see instruction	ns		22-1	487354	
		408(e) 220(e)	or							E Unrel	ated busine	ess activity code
20		408A 530(a)	1 y pe	ONE CASTLE P	OINT ON	HUD	SON			(See in	structions)	
2020		529(a)	ł	City or town, state or pr	ovince, country	y, and a	ZIP or foreign postal	code				
9	С Вос	k value of all assets	1	HOBOKEN, NJ	07030					5259	90 71	3940
2	at e	end of year	F Gro	oup exemption number		ons)	>			l		
	61	10,769,155.		eck organization type	` , 			501/0	trust	401(a)	trust	Other trust
30				inization's unrelated trac			-		,		(or first) u	
				HLETIC FACILIT				only one	complete Parts I	•		
ᇤ	fir			e end of the previous s				•	-			describe the
乭	tr	ade or business, the		•	citterioe, con	p.c.c	r arts rand n, co	inpicio a o	chedate W for Ca	on addition	ICI	
3				corporation a subsidia	ry in an affili	ated o	roup or a parent-s	subsidiary (controlled group?			Yes X No
SCANNED	lf			identifying number of t				oubsidial y	controlled group.			_ 1\\ 1\\
ហ	<u>''</u>			DUIS MAYER, ED		porati	011	Telenhor	ne number ▶ 20	1-216-	8761	
				or Business Incom			(A) Inco		(B) Exper		1	(C) Net
		Gross receipts or s		JI Dusiness moon			(A) IIICO		(B) Exper	303	+	10) 1101
		·			c Balance ▶	1 c						
	ь 2	Cost of goods sol		Iulo A. Iuno 7)	C Balance	2						' i
		=				3					 	<u>-</u>
1	3	Gross profit Sub		-							 	
j	4a			attach Schedule [,		4a			DES		1	
	b	· · · · · · · · · · · · · · · · · · ·		Part II, line 17) (attach Fo		4b		+-	RECEIVE	- ()	 	
	C -			trusts		4c		- 181 -		<u>- L</u>	 	
	5			or an S corporation (attach state		5 6		121	UUI 06 20	20 15	1	•
-	6			· · · · · · · · · · · · · · · · · · ·		7		1"L	- C 0 0 7/1	11	+	
	7			come (Schedule E)				1 0	00-	·	 	
	8	· · · · · · · · · · · · · · · · · · ·		ents from a controlled organizat					GUEN		+	
	9			11(c)(7), (9), or (17) organization		9					+	
	10		-	ncome (Schedule I) .		10						
	11			dule J)		11	91	5,660.	ATCH 1			85,660.
	12			ctions, attach schedule)							+	85,660.
	13	Total Combine III	nes 3 thre	ough 12Taken Elsewhere	/Sac mote	13	no for limitati	one on c	toductions \ /	Evacat f	or contri	
	Fai			t be directly conne						Except	or contin	Dutions,
										144	T	
	14			directors, and trustees							 	61,888.
	15											01,000.
	16										 	
	17			· · · · · · · · · · · · · · · · · · ·								
	18			(see instructions)							+	
	19										 	
	20		-	See instructions for limi			1	- 1		20		
	21			4562)					· · · · · · · · · · · · · · · · · · ·		1	
	22			I on Schedule A and els			· · · · · · · · · · · · · · · · · · ·	-		22b	_	
	23										 	
	24			compensation plans .							+	7,064.
	25			S						F -	 	7,004.
	26			Schedule I)							+	
	27	Excess readership	costs (S	Schedule J)	• • • • • •					27	 	16 700
	28			schedule)							 	16,708.
	29			es 14 through 28								85,660.
	30			ole income before ne							 	
	31			ng loss arising in tax ye							 	<u>l</u>
	32			le income Subtract line		30 .	· · · · · · · · · · · · · · · · · · ·			32	1	000 T
	FOF F	-aperwork Reduct 0 1,000JSA	ION ACT N	Notice, see instructions), C.EA 334	77 -	0.7.68		2220506	- 1	FO	PAGE (
		TT280M 553	o τ 2/	7/2020 11:20	O:34 AM	v 1	.0-/.05		3239596	•	1-1	> FAGE (

Form	990-T (2018)		Page 2
Pa	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instruction(s).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3/7	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Pai	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax See instructions	41	
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		
Par	t V Tax and Payments	1	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)	11	
	General business credit Attach Form 3800 (see instructions)	11	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	11	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	+	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).		
48	Total tax. Add lines 46 and 47 (see instructions)	T: -	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		
	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments	11	
c	Tax deposited with Form 8868	11	
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1	
e			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	11	
	Other credits, adjustments, and payments Form 2439	11	
9	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	5,500.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		5,500.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax		5,500.
	t VI Statements Regarding Certain Activities and Other Information (see instruction		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		uthority Yes No
50	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-	
	here	Toroign	- X
		4 4 2	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust /.	· • • • • • •
E 0	If "Yes," see instructions for other forms the organization may have to file		'
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my	knowledge and belief, it i
Sia.	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge		
Sign			S discuss this return
Her	e Signature or officer Date Title (se	tn the pi	reparer shown below s)? X Yes No
	Print/Divise prenarer's rathe Prenarer's signature Date		PTIN
Paic	Chec		P01247783
	PHIBLIP GROFF Self-	employed	13-5565207
•	Firm's name Fried DDF		2-758-9700
	Firm's address ► 345 PARK AVENUE, NEW YORK, NY 10154-0102 Phon	eno ZIZ	, , , , , , , , , , , , , , , , , , , ,

Form **990-T** (2018)

Form 990-T (2018)											Page 3
Schedule A - Cost of Go	ods Sold. Er	nter method	of invent	ory valuatio	n_	ESTIMA	ATED UNRELAT	ED SA	LES		
1 Inventory at beginning of ye	ear . 1			6 Invento	ory a	at end of yea	ar	6			
2 Purchases				7 Cost	of	goods so	ld. Subtract line				
3 Cost of labor				6 from	n I	ine 5 En	iter here and in				
4a Additional section 263A co	sts			Part I,	line	2		. 7			
(attach schedule)	4a	8 Do the rules of				section 263A (with r	espect to	Yes	No	
b Other costs (attach schedul							or acquired fo				
5 Total Add lines 1 through			l	to the	orga	anization?		<u> </u>	<u></u>		X
Schedule C - Rent Income	(From Real P	roperty ar	nd Perso	nal Prope	rty	Leased V	Vith Real Prope	erty)			
(see instructions)											
Description of property											
(1)											
(2)										-	
(3)											,
(4)							1				
	2. Rent recei	ved or accrue	ed				-				
(a) From personal property (if the p for personal property is more tha more than 50%)		percenta	ige of rent fo	r personal prop	sonal property (if the ersonal property exceeds sed on profit or income) 3(a) Deductions directly connected with the incom in columns 2(a) and 2(b) (attach schedule)				ome		
(1)									•		
(2)							L				
(3)											
(4)											
Total		Total					(b) Total deducti				
(c) Total income. Add totals of co	olumns 2(a) and 2((b) Enter					Enter here and o		1,		
here and on page 1, Part I, line 6,							Part I, line 6, colu	mn (B)	>		
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instructi	ons)							
				income from o		3 1	Deductions directly co debt-finan			oie to	
1 Description of deb	t-financed property			to debt-finance roperty	ed	(a) Straight line depreciation		(b) Other deductions			
				· · ·		(atta	ich schedule)		(attach sche	aule)	
(1)											
(2)											
(3)					ᆉ		• • •				
4 Amount of average	5 Average adju	eted basis			-				··· · - ···		
acquisition debt on or	of or alloca	ble to		Column divided	- 1		income reportable		Allocable decument 6 x total		
allocable to debt-financed property (attach schedule)	debt-financed (attach schi			column 5		(columi	n 2 x column 6)	(00)	3(a) and 3		
(1)	(attabil con				%						
(2)					%						
(3)					%						
(4)	-				%						
						Enter her Part I, lin	re and on page 1, ne 7, column (A)		er here and o t I, line 7, co		
Totals					►l						
Total dividends-received deducti	ons included in co	olumn 8					<u> </u>				

Form **990-T** (2018)

Form 990-T (2018)				F TECHNO						487354 Page 4
Schedule F-Interest, Ann	uities, Royalties						ons (see	Instructio	ns)	
Name of controlled organization	2 Employer identification numb	per 3	Net unre	elated income instructions)	4. Total	ons of specified ents made	included			6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)		_			ļ					
(4)								<u> </u>		
Nonexempt Controlled Organi						10 Pa	t of column	9 that is	11	Deductions directly
7 Taxable Income	8 Net unrelated if (loss) (see instruc			Total of specifi payments made		includ	ed in the co ation's gros	ntrolling	con	nected with income in column 10
(1)										
(2)										
(3)		 								
,			J			Enter I	columns 5 a nere and on , line 8, colu	page 1,	Ent	id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Totals			44 1451		<u>▶</u>	<u> </u>				··-
Schedule G-Investment II	ncome of a Sec	ction 50	1(c)(7)	, (9), or (17 3. Deduc		<u>nization</u>			т	5 Total deductions
1 Description of income	2 Amount of	f income		directly col (attach sci	nnected			t-asides schedule)		and set-asides (col 3 plus col 4)
(1)										
(2)									-	
(3)									-	
(4)	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)
Totals ▶										
Schedule I - Exploited Exc	empt Activity In	come, C	Other T	han Advert	ising Ir	come (s	see instru	ctions)		1
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produ- unre	penses ectly cted with ction of elated is income	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	from ac	s income tivity that inrelated s income	6 Exper attributal columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	~									,
(2)									,	
(3)	·									
(4)	Enter here and on page 1, Part I, line 10, col. (A)	page 1	ere and on I, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals										
Schedule J- Advertising I			C	- ۱۵ ادمهما	aia .					
Part I Income From Per	iodicais Report	ea on a	Conso	indated Ba	SIS	<u> </u>		T		1
1. Name of periodical	2. Gross advertising income		Direct sing costs	4 Adver gain or (lo: 2 minus c a gain, cc cols 5 thr	ss) (col ol 3) If ompute		culation ome	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										_ !
(3)				_						_
(4)	ļ							ļ		
Totals (carry to Part II, line (5)) ▶										
-								·		Form 990-T (2018)

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

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				.,		
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri	uctions)	· · · · · ·	

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

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending

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

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

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

Name of organization

STEVENS INSTITUTE OF TECHNOLOGY

Unrelated business activity code (see instructions) ▶ 525990

Exploited exempt activity income (Schedule I)

Other income (See instructions, attach schedule)

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

Employer identification number

22-1487354

Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENT Part I Unrelated Trade or Business Income (A) income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances Cost of goods sold (Schedule A, line 7)....... 2 4a Capital gain net income (attach Schedule D) 4a -838. -838. b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4h Income (loss) from a partnership or an S corporation (attach -163,654 -163,654. statement) ATCH 3 . Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17)

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

11

-164,492.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages _'	15	***
16	Repairs and maintenance	I	
17	Bad debts	I	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		250.
20	Charitable contributions (See instructions for limitation rules)	1	
21	Depreciation (attach Form 4562)	_	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	28	2,454.
29	Total deductions. Add lines 14 through 28	29	2,704.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-167,196.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	l	
32	Unrelated business taxable income Subtract line 31 from line 30		-167,196.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

-164,492.

11

ATTACHMENT	1	

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

85,660.

PART I - LINE 12 - OTHER INCOME

85,660.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES OTHER DIRECT EXPENSES

•

1,636. 15,072.

PART II - LINE 28 - OTHER DEDUCTIONS

16,708.

ATTACHMENT 3

PARTNERSHIP INVESTMENT

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

···	
ENERGY CAPITAL PARTNERS I-A, LP	6,319.
COMMONFUND CAPITAL NATURAL RESOURCES	52.
KKR NORTH AMERICA FUND XI (CAGE), LP	-6,691.
KKR NORTH AMERICA FUND XI (INDIGO) LP	-560.
ENDOWMENT PRIVATE EQUITY PARTNERS IV, LP	-136.
ENDOWMENT VENTURE PARTNERS V, LP	16.
ENDOWMENT ENERGY PARTNERS IV, LP	-17.
KKR NORTH AMERICA FUND XI	-232.
KKR NORTH AMERICA FUND XI (PLATINUM), LP	-15,101.
KKR NORTH AMERICA FUND XI (POTAMOI), LP	-3,276.
KKR NORTH AMERICA FUND XI (SAGE), LP	871.
KKR NORTH AMERICA FUND XI (WAVE), LP	-4,616.
KKR NORTH AMERICAN FUND XI (TRAIN), LP	-7,206.
NORTH HAVEN CAPITAL PARTNERS V CAYMAN	-252.
PLAINS ALL AMERICAN PIPELINE, LP	1,356.
HUFF ENERGY FUND, LP	-134,096.
INTERNATIONAL PRIVATE EQUITY PARTNERS III, LP	-85.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	-163,654.

22-1487354

ATTACHMENT 4

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

2,454.

PART II - LINE 28 - OTHER DEDUCTIONS

2,454.

Stevens Institute of Technology

EIN: 22-1487354 FYE: 6/30/2019

Net Operating Loss Carryover

Form 990-T

Pre-2018 Net Operating Losses

NOL Utilized In NOL Utilized In

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

Partnership Investment - NAICS Code: 525990

NOL Utilized In NOL Utilized In

Tax Year	NOL Generated	PY	CY	NOL Carryover
6/30/2019	(167,196)		_	(167,196)
Total	(167,196)	-	-	(167,196)

Stevens Institute of Technology

EIN: 22-1487354 FYE: 6/30/2019

Capital Loss Carryover

Form 9.9.0-T

	Tax Year	NOL Generated	NOL Utilized	NOL Carryover
	6/30/2011	-	-	-
	6/30/2012	-	-	-
	6/30/2013	-	-	-
	6/30/2014	-	-	-
<i>^</i>	6/30/2015	(30,069)	11	(30,058)
	6/30/2016	-	-	-
	6/30/2017	(383)	_	(383)
	6/30/2018	(29,727)	-	(29,727)
	6/30/2019	-	-	-
	Total	(60,179)	11	(60,168)

SCHEDULE D (Form 1120)

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.

AA 10

2018

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

al Revenue Service

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

Employer identification number

2115	VENS INSTITUTE OF TECHNOLOGI				-	22-140/334	
Part	Short-Term Capital Gains and Losses	(See instructions)				
	Sea instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) (g) Adjustments to or loss from Form((s)	(h) Gain or (loss) Subtract column (e) from	
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part I, line column (g)	2,	column (d) and combine the 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.						
16	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 from	Form 6252, line 26 or 3	7		4		
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5_		
6	Unused capital loss carryover (attach computation)				6	(11)	
	Net short-term capital gain or (loss) Combine lines				7	-11.	
Part		(See Ilistructions)	<u></u>	1 (a) A duratmanta t		(h) Gain or (loss)	
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to or loss from Form		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)	8949, Part II, line column (g)	• •	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.						
8 b	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	11.				11.	
11	Enter gain from Form 4797, line 7 or 9				11		
12	Long-term capital gain from installment sales from Form 6252, line 26 or 37						
13	13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824					-	
14	14 Capital gain distributions (see instructions)						
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h					15	11.	
Part	Summary of Parts I and II					<u> </u>	
16	Enter excess of net short-term capital gain (line 7) of	over net long-term capita	al loss (line 15)		16		
17	, ,						
18	Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns						

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

Schedule D (Form 1120) 2018

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

STEVENS INSTITUTE OF TECHNOLOGY

Social security number or taxpayer identification number

22-1487354

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

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

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete
a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or
more of the boxes, complete as many forms with the same box checked as you need
(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

1					Adjustment, if any, to gain or i			
Х	(F) Long-term transactions not reported to you on Form 1099-B							
	(E) Long-term transactions re	ported on Form(s) 1099	-B showing basis was	n't reported	to the IRS			
	(D) Long-term transactions re	ported on Form(s) 1099	 B showing basis was 	reported to t	the IRS (see Note above			

1 (a) Description of property (Example 100 sh XVZ Co.)	(Mo day yr) disposed	Date sold or disposed of	Date sold or Proceeds	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) an	
(Example 100 sh XYZ Co)		(Mo, day, yr)			(f) Code(s) from instructions	(g) Amount of adjustment	combine the resu with column (g)
COMMONFUND CAPITAL NATURAL RESOUR			11				11
							
	-						
				_			
2 Totals Add the amounts in columns in negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked) or line 10 (if Box	here and incluis checked), line	ide on your 9 (if Box E	11				11

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 (2018)

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