	^ ·*										• •
		Ex	empt Organi							OMB No	1545-0047
Fórm	.990-T					der sectio			.00G		
		For cale	ndar year 2019 or other t	ax year begin	nıng _	<u>07/01</u> , 20	19, and er	nding 06/30	, 20 2 0	2)((019
-	tment of the Treasury		► Go to www.irs.g						-	Onen to Pul	olic Inspection for
	al Revenue Service	▶ Do	not enter SSN numbers					_		501(c)(3) Or oyer identifica	ganizations Only
A _	Check box if address changed		Name of organization (Check be	ох іі паі	me changed and	see mstruct	ions)		oyees' trust, see	
B Exe	empt under section	-	<u>STEV</u> ENS INST	TTUTE O	e Te	CHNOLOGY					
X	501(C 2 3_)	Print	Number, street, and room				tions		→ 22-1	487354	
	408(e) 220(e)	or	,,,			,					s activity code
	408A 530(a)	.,,,,,	ONE CASTLE P	OINT ON	HUD	SON			(See in	istructions)	
	529(a)		City or town, state or pr	ovince, country	y, and Z	ZIP or foreign pos	tal code				
	ok value of all assets		HOBOKEN, NJ	07030					5200	00 710	000
	end of year		up exemption number	` , , , , , , , , , , , , , , , , , , ,	ions)	>					
			ck organization type			rporation	501	(c) trust	401(a)	trust	Other trust
			nization's unrelated trac					Desc	ribe the only	(or first) uni	related
			LETIC FACILIT				-	e, complete Par			lescribe the
			end of the previous s	entence, cor	nplete	Parts I and II,	complete a	a Schedule M for	each additio	nal	
	ade or business, th						4		-0		Yes X No
			corporation a subsidial identifying number of t				t-subsidiai	y controlled grou	p'		Yes A No
	· · · · · · · · · · · · · · · · · · ·		OUIS MAYER, ED		porati	UII -	Teleph	one number 🕨	201-216	-8761	
			or Business Incom			(A) Inc			penses		C) Net
	Gross receipts or					, ,				<u> </u>	
b	Less returns and allowa	inces		c Balance 🕨	1c						
2	Cost of goods so	ld (Sched	ule A, line 7)		2		/_				
3	Gross profit Sub	tract line	2 from line 1c		3		/ F	RECEIVI	-n		
4 a	Capital gain net i	ncome (a	ttach Schedule D)		4a	ļ,	<u>/ </u>	THOLIVE			
b			Part II, line 17) (attach Fo		4b		374	MAY 0 5 00	<u> </u>		
С			rusts		4c			<u>MAY 05 20</u>	<u> </u>		
5			an S corporation (attach state		5		<u>" </u>		<u>[오</u>]		
6			· · · · · · · · · · · · · · · · · · ·		6		0	GDEN	117		
7 8			come (Schedule E)		7 8	/	7.00	<u>GDLIY.</u>	<u> </u>		
9	-		nts from a controlled organizat 1(c)(7), (9), or (17) organizatio		9 /	/		 	·		
10			ncome (Schedule I)		10			<u> </u>			
11			ule J)		A ₁						
12			tions, attach schedule)		12		50,808	· ATCH	1		50,808.
13	Total Combine li	nes 3 thre	ough 12	[13		50,808				50,808.
Par	t II Deduction	ns Not	Taken Elsewhere	(See ıgistı	uctio	ns for limita	itions or	deductions) (Deducti	ons must	be directly
			ne unrelated busin								
14			directors, and trustees								
15	Salaries and wage	es		. /					15		27,404.
16	Repairs and main	tenance		:/		• • • • • •			16	 	
17	Bad debts		/	· · · · · ·					17		
18 19			see instructions)							 	
20	Depreciation (atta	o ach Form	4562)		• • •		20		19		
21			on Schedule A and els						21ь		
22											
23			compensation plans							<u> </u>	
24											3,548.
25			Schedule I)								
26			chedule J								
27	Other deductions	(attach s	chedule)					ATCH.	2 27		19,856.
28			s 14 through 27							<u> </u>	50,808.
29			le income before ne								
30	•		g loss arising in tax ye	-	-			•		 	
31	Unrelated busine	ss taxable	e income Subtract line	30 from line	29 .				31		

Part !!i	Total Unrelated Business Taxable Income				
32 Tota	of unrelated business taxable income computed from all unrelated trades or businesses (see			_	
ınstr	uctions)	32			
33 Amo	unts paid for disallowed fringes	33			
34 Char	ritable contributions (see instructions for limitation rules)	34			
35 Tota	unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
34 fr	om the sum of lines 32 and 33	35			(
36 Dedu	oction for net operating loss arising in tax years beginning before January 1, 2018 (see				
ınstr	uctions)	36			
37 Tota	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			
38 Spec	rific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,	000
39 Unre	lated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
ente	the smaller of zero or line 37	39			
Part IV	Tax Computation				
10 Orga	inizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
l1 Trus	ts Taxable at Trust Rates. See instructions for tax computation Income tax on				
the a	imount on line 39 from Tax rate schedule or Schedule D (Form 1041),	41			
2 Prox	y tax. See instructions	42			
3 Alter	native minimum tax (trusts only)	43			
4 Tax	on Noncompliant Facility Income See instructions	44			
5 Tota	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Part V	Tax and Payments				
6a Fore	ign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
b Othe	r credits (see instructions)				
c Gene	eral business credit Attach Form 3800 (see instructions)				
d Cred	it for prior year minimum tax (attach Form 8801 or 8827)]			
e Tota	I credits Add lines 46a through 46d	46e			
7 Subt	ract line 46e from <u>line 45 </u>	47			
	taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				
9 Tota	tax. Add lines 47 and 48 (see instructions)	49			(
0 2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
	nents A 2018 overpayment credited to 2019				
	estimated tax payments	1			
	deposited with Form 8868	1			
	ign organizations Tax paid or withheld at source (see instructions) 51d	1			
	up withholding (see instructions)	1			
_	it for small employer health insurance premiums (attach Form 8941) 51f	1			
	r credits, adjustments, and payments Form 2439	1 [ì		
	Form 4136 Other Total ▶ 51g		ì		
2 Tota	payments. Add lines 51a through 51g	52	i		
_	nated tax penalty (see instructions) Check if Form 2220 is attached	53			
	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
	payment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
	the amount of line 55 you want Credited to 2020 estimated tax Refunded	56			
Part VI	Statements Regarding Certain Activities and Other Information (see instruction				
	ny time during the 2019 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m.		· · ·		
	EN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-		`	
here		TOT GIGI	Country		x
	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	on truc	12		X
	ig the tax year, the the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign, see instructions for other forms the organization may have to file	yıı ııus	· · · · ·		Ë
	r the amount of tax-exempt interest received or accrued during the tax year > \$				ł
- Linte	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of n	ny knowledae s	and hel	ief. if
Sign 👢	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
dere		-	IRS discuss		
1010			preparer she		7
	Print/Type presarer's name Preparer's signature Date		ons)?X Ye	5	No
aid	Check		1	4770	
reparer	WDMC LLD	mployed			
Jse Only	Tilling	EIN >			
SA -	Firm's address ▶ 345 PARK AVENUE, NEW YORK, NY 10154-0102 Phone	no 2.	12-758-9		
11 1 000	OTH 2001 1/26/2001 4 15 00 PM V 10 5 55		Form 99		
JSA 41 1 000 115	9JW 2231 1/26/2021 4:15:29 PM V 19-7.7F 3239596		Form 99	0	

Form 990-T (2019)					- DOMENT		D 03	T. D.C.		Page 3
Schedule A - Cost of Go		ter metho						TES		
1 Inventory at beginning of ye			6			ar	6			
2 Purchases			7		_	old. Subtract line				
3 Cost of labor						here and in Part				
4a Additional section 263A cos	1 1								T	
(attach schedule)			8			section 263A (w		•	Yes	No
b Other costs (attach schedule						or acquired for				
5 Total. Add lines 1 through 4				to the orga	anization?	<u> </u>			L	X
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	I Property	Leased V	With Real Proper	ty)			
(see instructions)			-							
1 Description of property										
(1)										
(2)			·							
(3)										
(4)			···							
	2 Rent recei	ved or accru	ed			4				
(a) From personal property (if the p for personal property is more than more than 50%)		percent	rom real and pe age of rent for p r if the rent is ba	ersonal property	exceeds	3(a) Deductions di in columns 2(a				ome
(1)										
(2)										
(3)										
(4)										
Total		Total				-				
(c) Total income Add totals of col	lumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6,	column (A)	▶				Part I, line 6, colum				
Schedule E - Unrelated De	bt-Financed I	ncome (se	ee instruction	ıs)						
			2 Gross inc	come from or	3. [Deductions directly con			le to	
 Description of debt 	-financed property		allocable to	debt-financed	(a) Straigh	debt-finance		b) Other dedu	ections	
			prop	erty		sch schedule)		(attach sched		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus of or allocal debt-financed (attach sche	ole to property		olumn vided umn 5		income reportable n 2 x column 6)		Allocable dec mn 6 x total o 3(a) and 3(of colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
7.41					Enter her Part I, lin	re and on page 1, ne 7, column (A)		r here and o I, line 7, col		
Totals			• • • • • • •	▶ ۱						—

Form **990-T** (2019)

Form 990-T (2019)	STEVENS										487354 Page 4
Schedule F - Interest, Ann	nuities, Royaltie	s, and	Rent	s Fr	om Contro	olled O	rganiza	tions (se	e instructi	ons)	
	<u> </u>				ntrolled Or						
Name of controlled organization	2 Employer identification numb	ber			ated income nstructions)	come 4 Total of specified included in the controlling connected		included in the controlling		6 Deductions directly connected with income in column 5	
(1)											
(2)					-				_		
(3)											
(4)											· · · · · · · · · · · · · · · · · · ·
Nonexempt Controlled Organ	zations										_
7 Taxable Income	8 Net unrelated i (loss) (see instruc				Total of specific ayments made		inclu	art of column ded in the co ization's gros	ntrolling		Deductions directly inected with income in column 10
(1)											
(2)								_			
(3)		•									
(4)								_			
Totals						_	Ente	columns 5 a here and on 1, line 8, colu	page 1,	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment I	ncome of a Sec	ction.	501/c	 \(7\	(9) or (17	· · · · ·	nizatio	n (see ins	tructions)		
1 Description of income	2 Amount o			<u>, γ, γ, </u>	3 Deduction directly core (attach sch	ctions nnected	III Zatio	4 Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)					(attaon sor	1000107	-				plus coi 4)
(2)											
(3)											· · · · · · · · · · · · · · · · · · ·
(4)	<u> </u>			١						+	
	Enter here and Part I line 9, c				1-			-			Enter here and on page 1, Part I line 9 column (B)
Totals ▶											
Schedule I-Exploited Ex	empt Activity In	come	, Othe	r Th	an Advert	ising Ir	come	see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	coni pro u	Expense directly nected voluction in related ness incomes	vith of	4 Net inconfrom unrelated or business 2 minus coll if a gain, coll colls 5 three	ted tradé (column lumn 3) ompute	from a	ss income ctivity that unrelated ss income	6 Expe attributa colum	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)	pag	here and je 1, Part 10, col (t I,					<u>I</u>		Enter here and on page 1, Part II, line 25
Totals		<u> </u>									
Schedule J-Advertising I											···-
Part I Income From Per	riodicals Report	ted on	a Co	nsol	idated Bas	sis					-1
1 Name of periodical	• 2 Gross advertising income		B Direct	osts	4 Advertigain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute		rculation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											,
(3)											
(4)											
Totals (carry to Part II, line (5))			7		,	-		=		_	Form 990-T (2019)
											rom 330-1 (2019)

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)		<u>.</u>				
(2)			1			
(3)	·					
(4)					'	
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)					<u> </u>	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	***************************************
Total Enter here and				

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01, 2019, 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)

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number 22-1487354

Unrelated Business Activity Code (see instructions) ▶ 520000

Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENT

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales		-		
b	Less returns and allowances c Bal	ance ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			<u>.</u>
4a	Capital gain net income (attach Schedule D)	4a	3,361.		3,361
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479	97) 4b	-5,749.		-5,749
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (a	ttach		-	
	statement)	ł. 3 . 5	-31,552.		-31,552
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled	d		"	
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
3	Total. Combine lines 3 through 12	13	-33,940.		-33,940.

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

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

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

JSA

ATTACHMENT 1

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

50,808.

PART I - LINE 12 - OTHER INCOME

50,808.

ATTACHMENT 2

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

TAX PREPARATION FEES OTHER DIRECT EXPENSES

1,688. 18,168.

PART II - LINE 27 - OTHER DEDUCTIONS

19,856.

ATTACHMENT 3

PARTNERSHIP INVESTMENT

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

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

ATTACHMENT	4	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

2,532.

PART II - LINE 27 - OTHER DEDUCTIONS

Stevens Institute of Technology

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

Net Operating Loss Carryover

Form 990-T

Pre-2018 Net Operating Losses

NOL Utilized In NOL Utilized In

Tax Year	NOL Generated	PY	CY	NOL Carryover
6/30/2009	(47,939)	38,501	_	(9,438)
6/30/2010	(41,688)	-	-	(41,688)
6/30/2011	(19,530)	-	-	(19,530)
6/30/2012	(29,288)	-	_	(29,288)
• 6/30/2013	(10,310)	-	-	(10,310)
6/30/2014	(17,911)	٠,	-	(17,911)
6/30/2015	(4,478)	-	-	(4,478)
6/30/2016	(9,612)	=	-	(9,612)
6/30/2017	(51,026)	-	-	(51,026)
6/30/2018	(36,672)	-	-	(36,672)
Total	(268,454)	38,501	-	(229,953)

Partnership Investment - NAICS Code: 520000

NOL Utilized In NOL Utilized In

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

Stevens Institute of Technology

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

Capital Loss Carryover Form 990-T

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

SCHEDULE D (Form 1120)

Department of the Treasury

Capital Gains and Losses

OMB No 1545-0123

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

2019

Internal Revenue Service Employer identification number STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) whole dollars column (g) 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 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments to gain or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949, Part II, line 2, column (d) and combine (sales pnce) (or other basis) whole dollars column (g) 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 3,361. 3,361. Enter gain from Form 4797, line 7 or 9 11 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 3.361. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 3,361. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 3,361. Note. If losses exceed gains, see Capital Losses in the instructions

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

Schedule D (Form 1120) 2019

Attachment Sequence No 12A

22-1487354

Page 2

Form 8949 (2019)

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

Social security number or taxpayer identification number

STEVENS INSTITUTE OF TECHNOLOGY

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

Part II

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

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

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

Form **8949** (2019)

JSA 9X2616 2 000