

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
STEVENS INSTITUTE OF TECHNOLOGY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE CASTLE POINT ON HUDSON

City or town, state or province, country, and ZIP or foreign postal code
HOBOKEN, NJ 07030

D Employer identification number
22-1487354

E Telephone number
(201) 216-8761

G Gross receipts \$ 463,953,326

F Name and address of principal officer:
LOUIS MAYER
ONE CASTLE PT ON HUDSON
HOBOKEN, NJ 07030

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.STEVENS.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1870

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE EDUCATIONAL SERVICES, SEE SCHEDULE O.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	34
4 Number of independent voting members of the governing body (Part VI, line 1b)	31
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	3,224
6 Total number of volunteers (estimate if necessary)	610
7a Total unrelated business revenue from Part VIII, column (C), line 12	-14,889
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,292,442	23,091,532
9 Program service revenue (Part VIII, line 2g)	350,778,342	343,314,102
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,645,326	7,182,908
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,206,652	1,759,279
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	382,922,762	375,347,821
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	93,803,324	106,097,244
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	162,158,746	157,219,149
16a Professional fundraising fees (Part IX, column (A), line 11e)	141,375	114,003
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,325,878		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	98,207,515	86,303,187
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	354,310,960	349,733,583
19 Revenue less expenses. Subtract line 18 from line 12	28,611,802	25,614,238
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	845,203,088	910,259,495
21 Total liabilities (Part X, line 26)	411,561,037	404,779,485
22 Net assets or fund balances. Subtract line 21 from line 20	433,642,051	505,480,010

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2022-03-15
LOUIS MAYER CFO, VP FIN, TREAS.
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2022-03-10
Check if self-employed PTIN: P01247783
Firm's name ▶ KPMG LLP - PHILLIP GROFF Firm's EIN ▶ 13-5565207
Firm's address ▶ 345 PARK AVENUE Phone no. (212) 758-9700
NEW YORK, NY 101540102

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 253,255,983 including grants of \$ 106,097,244) (Revenue \$ 295,097,171)
See Additional Data

4b (Code:) (Expenses \$ 34,380,938 including grants of \$) (Revenue \$ 38,590,749)
See Additional Data

4c (Code:) (Expenses \$ 27,809,776 including grants of \$) (Revenue \$ 10,027,105)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 315,446,697

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7,267	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

Main table with multiple rows and columns containing questions and answers related to tax compliance. Includes sections for employees reported, foreign accounts, prohibited transactions, deductible contributions, and charitable trusts.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD, MA, MI, MN, NH, NC, OR, PA, SC
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LOUIS MAYER EDD 5 MARINE VIEW PLAZA SUITE 501 HOBOKEN, NJ 07030 (201) 216-8761

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with numerical values.

Table with 3 columns: Question number, Yes, No. Contains questions 2, 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like TISHMAN CONSTRUCTION and GILBANE BUILDING COMPANY.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,477,883				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,613,649				
	g Noncash contributions included in lines 1a - 1f:\$	1g	783,488				
	h Total. Add lines 1a-1f			23,091,532			
Program Service Revenue	2a TUITION AND FEES	Business Code					
		611600	294,654,296	294,654,296			
	b RESEARCH REVENUE	541610	38,590,749	38,590,749			
	c STUDENT HOUSING	611710	5,798,323	5,798,323			
	d STUDENT DINING	611710	3,976,455	3,976,455			
	e TECHNICAL LEADERSHIP & ENTR.	611600	265,214	265,214			
	f All other program service revenue.		29,065	29,065			
g Total. Add lines 2a-2f.		343,314,102					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,046,203		-14,889	4,061,092	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		62,035			62,035	
	6a Gross rents	(i) Real	48,082				
		(ii) Personal					
		6b Less: rental expenses	0				
	c Rental income or (loss)	48,082					
	d Net rental income or (loss)		48,082			48,082	
	7a Gross amount from sales of assets other than inventory	(i) Securities	89,817,210				
		(ii) Other	1,925,000				
		b Less: cost or other basis and sales expenses	88,605,505		0		
	c Gain or (loss)	1,211,705	1,925,000				
	d Net gain or (loss)		3,136,705			3,136,705	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a INSURANCE RECOVERY		900099	910,716			910,716	
b PARKING		812930	104,491	53,120		51,371	
c DINING SERVICE CONTRACT		900099	88,595	88,595			
d All other revenue			545,360	259,208		286,152	
e Total. Add lines 11a-11d			1,649,162				
12 Total revenue. See instructions			375,347,821	343,715,025	-14,889	8,556,153	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	106,097,244	106,097,244		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,559,041	2,315,155	4,084,649	159,237
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	700,616	504,853		195,763
7 Other salaries and wages	120,548,727	108,709,303	9,227,629	2,611,795
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,778,491	5,915,108	706,035	157,348
9 Other employee benefits	15,428,794	13,463,614	1,607,034	358,146
10 Payroll taxes	7,203,480	6,285,966	750,301	167,213
11 Fees for services (non-employees):				
a Management				
b Legal	793,978	497,324	287,655	8,999
c Accounting	153,480	7,500	145,980	
d Lobbying	176,500		176,500	
e Professional fundraising services. See Part IV, line 17	114,003			114,003
f Investment management fees	756,834	756,834		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,952,948	12,455,087	3,153,454	344,407
12 Advertising and promotion	5,791,019	1,270,485	4,520,534	
13 Office expenses	2,190,773	1,415,768	629,627	145,378
14 Information technology	4,792,801	4,600,726	172,214	19,861
15 Royalties				
16 Occupancy	13,115,733	12,464,422	651,311	
17 Travel	584,224	575,907	8,154	163
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	187,982	175,500	11,898	584
20 Interest	3,729,106	3,561,296	167,810	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,955,671	17,147,666	808,005	
23 Insurance	1,600,625		1,600,625	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH CONTRACTS	8,405,443	8,405,443		
b REPAIRS & MAINTENANCE	3,105,061	2,578,055	526,303	703
c MATERIALS & SUPPLIES	2,581,171	2,539,987	41,184	
d LIBRARY ACQ & PUBLIC.	1,512,940	1,505,650	7,290	
e All other expenses	2,916,898	2,197,804	676,816	42,278
25 Total functional expenses. Add lines 1 through 24e	349,733,583	315,446,697	29,961,008	4,325,878
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	321,013	1	294,994
	2 Savings and temporary cash investments	75,822,967	2	86,582,397
	3 Pledges and grants receivable, net	20,276,317	3	17,499,728
	4 Accounts receivable, net	16,430,265	4	18,319,109
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,687,670	9	17,145,484
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 670,046,350		
	b Less: accumulated depreciation	10b 202,397,003	341,464,596	10c 467,649,347
	11 Investments—publicly traded securities	171,185,534	11	197,937,685
	12 Investments—other securities. See Part IV, line 11	47,339,952	12	78,116,900
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	157,674,774	15	26,713,851
16 Total assets. Add lines 1 through 15 (must equal line 33)	845,203,088	16	910,259,495	
Liabilities	17 Accounts payable and accrued expenses	40,203,866	17	30,166,676
	18 Grants payable		18	
	19 Deferred revenue	12,144,766	19	17,651,739
	20 Tax-exempt bond liabilities	341,574,916	20	336,897,890
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	17,637,489	25	20,063,180
	26 Total liabilities. Add lines 17 through 25	411,561,037	26	404,779,485
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	202,015,448	27	228,415,104
	28 Net assets with donor restrictions	231,626,603	28	277,064,906
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	433,642,051	32	505,480,010	
33 Total liabilities and net assets/fund balances	845,203,088	33	910,259,495	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	375,347,821
2	Total expenses (must equal Part IX, column (A), line 25)	2	349,733,583
3	Revenue less expenses. Subtract line 2 from line 1	3	25,614,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	433,642,051
5	Net unrealized gains (losses) on investments	5	45,781,385
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	442,336
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	505,480,010

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-1487354

Name: STEVENS INSTITUTE OF TECHNOLOGY

Form 990 (2020)

Form 990, Part III, Line 4a:

EDUCATIONAL INSTRUCTION: IN THE ACADEMIC YEAR 2020-2021, STEVENS' ENROLLMENT WAS 4,064 UNDERGRADUATE STUDENTS AND 4,223 GRADUATE STUDENTS. 768 STUDENTS GRADUATED WITH BACHELOR OF ENGINEERING, SCIENCE, BUSINESS OR ARTS DEGREES, 1,611 STUDENTS RECEIVED MASTER'S IN ENGINEERING, SCIENCE OR BUSINESS ADMINISTRATION. 54 PHD DEGREES WERE ALSO CONFERRED. IN ADDITION, STEVENS COLLABORATED WITH NUMEROUS DOMESTIC AND INTERNATIONAL UNIVERSITIES AND OTHER EDUCATIONAL PROGRAMS TO PROVIDE COURSES AND TRAINING TO INTERNATIONAL STUDENTS. STEVENS EMPHASIZES INNOVATION AND TEACHES ENTREPRENEURSHIP THROUGHOUT ITS CURRICULUM WITH THE AIM OF ENABLING THE INTEGRATION OF TECHNOLOGICAL AND MARKET KNOWLEDGE.

Form 990, Part III, Line 4b:

RESEARCH: THE RESEARCH ENTERPRISE INCLUDES ACADEMIC RESEARCH, NATIONAL RESEARCH CENTERS AND CROSS-DISCIPLINARY RESEARCH INITIATIVES WITH AFFILIATED ORGANIZATIONS AND INFRASTRUCTURE. CREATIVE AND ENTREPRENEURIAL RESEARCH IS AN INTEGRAL PART OF THE STEVENS MISSION. THE INSTITUTE HAS BEEN RECOGNIZED BY BOTH THE U.S. DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF HOMELAND SECURITY AS A NATIONAL CENTER OF EXCELLENCE IN THE AREAS OF SYSTEMS ENGINEERING, PORT SECURITY AND INFORMATION ASSURANCE.

Form 990, Part III, Line 4c:

STUDENT LIFE: THE UNIVERSITY MAINTAINS A 55 ACRE CAMPUS IN HOBOKEN, NEW JERSEY AND PROVIDES STUDENTS WITH ON CAMPUS AND OFF CAMPUS HOUSING AS WELL AS SEVERAL DINING FACILITIES. CLOSE INTERACTIONS BETWEEN PROFESSORS AND STUDENTS ALLOW FOR GREATER ACADEMIC AND SOCIAL DEVELOPMENT. THERE ARE OVER 120 CLUBS, ORGANIZATIONS AND VARSITY SPORTS THAT OFFER THE STUDENTS AMPLE OPPORTUNITY TO PARTICIPATE, BROADEN AND ENRICH THEIR STUDENT LIFE. THE S.C. WILLIAMS LIBRARY SERVES AS THE UNIVERSITY'S INTELLECTUAL, CULTURAL AND SOCIAL CENTER CAPITALIZING ON A RESOURCEFUL STAFF AND NEW TECHNOLOGIES TO FOSTER A STIMULATING ENVIRONMENT FOR TEACHING, LEARNING AND SCIENTIFIC DISCOVERY.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NARIMAN FARVARDIN PRESIDENT/TRUSTEE	55.00 0.00	X		X				890,820	0	28,641
YI GUO TRUSTEE/PROFESSOR	55.00 0.00	X						203,361	0	23,504
STEPHEN T BOSWELL CHAIRMAN/TRUSTEE	3.00 0.00	X		X				0	0	0
THOMAS A CORCORAN VICE CHAIRMAN TO 12/10/20/TRUSTEE	1.00 0.00	X		X				0	0	0
RICHARD R ROSCITT VICE CHAIRMAN TO 12/10/20/TRUSTEE	1.00 0.00	X		X				0	0	0
JOHN A SCHEPISI VICE CHAIRMAN TO 12/10/20/TRUSTEE	1.00 0.00	X		X				0	0	0
SALEEL V AWSARE TRUSTEE	1.00 0.00	X						0	0	0
LAWRENCE T BABBIO JR TRUSTEE	1.00 0.00	X						0	0	0
DEVON E BROOKS TRUSTEE AS OF 1/1/21	1.00 0.00	X						0	0	0
MARY ANNE CANNON TRUSTEE AS OF 5/25/21	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN S CAROLONZA TRUSTEE AS OF 1/1/21	1.00 0.00	X						0	0	0
CRISTIAN S COLLADO TRUSTEE	1.00 0.00	X						0	0	0
PHILIP P CROWLEY TRUSTEE	1.00 0.00	X						0	0	0
JOHN R DEARBORN TRUSTEE	1.00 0.00	X						0	0	0
JOSEPH DEL GUERCIO TRUSTEE	1.00 0.00	X						0	0	0
WILLIAM W DESTLER TRUSTEE	1.00 0.00	X						0	0	0
JOSEPH G DIPOMPEO TRUSTEE	1.00 0.00	X						0	0	0
EMILIO A FERNANDEZ TRUSTEE	1.00 0.00	X						0	0	0
KAITLIN GILI TRUSTEE	1.00 0.00	X						0	0	0
HERMES O GONZALEZ-BELLO TRUSTEE AS OF 5/25/21	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SEAN J HANLON IV TRUSTEE	1.00 0.00	X						0	0	0
JOELLE M HINDS TRUSTEE AS OF 5/25/21	1.00 0.00	X						0	0	0
A MICHAEL LIPPER TRUSTEE	1.00 0.00	X						0	0	0
LISA M MASCOLO TRUSTEE	1.00 0.00	X						0	0	0
THOMAS J NATHANSON TRUSTEE	1.00 0.00	X						0	0	0
ELIZABETH C PALLONE TRUSTEE TO 5/25/21	1.00 0.00	X						0	0	0
SAMUEL P RECKFORD TRUSTEE	1.00 0.00	X						0	0	0
ANNMARIE RIZZO TRUSTEE	1.00 0.00	X						0	0	0
VIRGINIA P RUESTERHOLZ TRUSTEE	1.00 0.00	X						0	0	0
RONALD E SALLUZZO TRUSTEE TO 12/10/20	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS H SCHOLL TRUSTEE TO 12/10/20	1.00 0.00	X						0	0	0
FRANK J SEMCER TRUSTEE	1.00 0.00	X						0	0	0
LOUIS A STEINBERG TRUSTEE	1.00 0.00	X						0	0	0
J SCOTT SWENSEN TRUSTEE	1.00 0.00	X						0	0	0
HAILEY TANNER TRUSTEE AS OF 5/25/21	1.00 0.00	X						0	0	0
VICTORIA VELASCO TRUSTEE	1.00 0.00	X						0	0	0
RAINER MARTINI TRUSTEE/PROFESSOR AS OF 5/25/21	55.00 0.00	X						185,334	0	13,893
ROBIN S HAMMERMAN TRUSTEE/PROF 1/1/21-5/25/21	55.00 0.00	X						55,629	0	31,816
LOUIS J MAYER VP OF FINANCE/TREASURER, CFO	55.00 0.00			X				429,812	0	47,856
KATHY L SCHULZ VP & GENERAL COUNSEL/SECRETARY	55.00 0.00			X				441,579	0	34,196

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH E CASSIDY AVP FINANCE/ASST TREAS	55.00 0.00			X				255,549	0	23,168
ELIZABETH SHELTON AVP FOR INVST/ASST TREAS TO 12/31/20	55.00 0.00			X				232,548	0	33,490
TONIANN BIONDOLILLO ASST SEC/EXEC ASST	55.00 0.00			X				88,288	0	16,506
CHRISTOPHE PIERRE PROVOST	55.00 0.00				X			568,843	0	47,856
GREGORY PRASTACOS DEAN	55.00 0.00				X			438,049	0	54,041
JEAN ZU DEAN	55.00 0.00				X			349,053	0	34,196
YEHIA MASSOUD DEAN TO 6/30/21	55.00 0.00				X			319,108	0	51,191
ROBERT MAFFIA VP FOR FACILITIES/OPERATIONS	55.00 0.00				X			322,803	0	54,041
MARYBETH MURPHY VP FOR ENROLLMENT/STU AFF TO 6/30/21	55.00 0.00				X			316,263	0	37,046
DILHAN KALYON VICE PROVOST	55.00 0.00				X			332,028	0	47,857

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WARREN PETTY VP FOR HUMAN RESOURCES	55.00 0.00				X			257,977	0	23,456
MICHAEL PARENTE INT. VP INFO TECH TO 8/16/20	55.00 0.00				X			198,558	0	13,132
LAURA ROSE VP FOR DEV/ALUM AS OF 5/11/20	55.00 0.00				X			224,534	0	31,924
ELISABETH MCGRATH VP FOR UNIV RELATIONS	55.00 0.00				X			321,084	0	27,019
CONSTANTIN CHASSAPIS VICE PROVOST	55.00 0.00					X		389,862	0	47,856
DINESH VERMA PROFESSOR/EXEC DIR	55.00 0.00					X		359,460	0	51,191
GEORGE KORFIATIS PROFESSOR	55.00 0.00					X		361,993	0	47,857
EDWARD STUKANE VP FOR COMM/MKT TO 11/6/20	55.00 0.00					X		411,815	0	46,217
DAVID ZENG VICE PROVOST	55.00 0.00					X		348,552	0	51,191
KEITH G SHEPPARD FORMER KEY EMPLOYEE	55.00 0.00						X	226,077	0	31,509

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID DODD FORMER KEY EMPLOYEE	55.00 0.00						X	327,032	0	0
ANTHONY BARRESE FORMER KEY EMPLOYEE	55.00 0.00						X	259,606	0	46,357
DAWN DA SILVA FORMER KEY EMPLOYEE	55.00 0.00						X	218,981	0	15,733

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number
22-1487354

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	12,701,391	34,857,996	3,383,557	12,287,442	22,996,732	86,227,118
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	12,701,391	34,857,996	3,383,557	12,287,442	22,996,732	86,227,118
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						15,117,560
6 Public support. Subtract line 5 from line 4.						71,109,558

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	12,701,391	34,857,996	3,383,557	12,287,442	22,996,732	86,227,118
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	4,164,121	5,910,248	8,695,375	7,626,495	4,171,209	30,567,448
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	4,081,092	4,613,674	3,148,535	3,035,693	1,652,697	16,531,691
11 Total support. Add lines 7 through 10						133,326,257
12 Gross receipts from related activities, etc. (see instructions)					12	1,640,290,296

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	53.330 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	51.270 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2020
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		249,140
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			249,140
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	STEVENS INSTITUTE OF TECHNOLOGY HIRED VARIOUS OUTSIDE CONSULTANTS TO UNDERTAKE LOBBYING ACTIVITIES RELATED TO EDUCATIONAL AND OTHER MISSION-RELATED INITIATIVES ON ITS BEHALF. STAFF PARTICIPATES IN ACTIVITIES SUCH AS MEETING WITH NEW JERSEY AND HOBOKEN ELECTED AND APPOINTED OFFICIALS TO PROMOTE STEVENS AND ITS PRIORITY PROGRAMS AND INITIATIVES SUCH AS CAPITAL PROJECTS, STEM SCHOLARSHIP PROGRAMS FOR UNDERREPRESENTED MINORITY STUDENTS, COVID-19 IMPACTS, AND VARIOUS SPECIAL INITIATIVES/NEEDS. IN ADDITION, THEY PROVIDE OVERSIGHT TO OUTSIDE CONSULTANTS AND ARE DIRECTLY ENGAGED IN ACTIVITIES RELATED TO STEVENS' FEDERAL RESEARCH INITIATIVES. BETH MCGRATH, VICE PRESIDENT OF GOVERNMENT AND COMMUNITY RELATIONS AND CHIEF OF STAFF, IS REGISTERED AS A LOBBYIST IN THE STATE OF NEW JERSEY. SHE SPENDS APPROXIMATELY 20% OF HER TIME ON NEW JERSEY-FOCUSED HIGHER EDUCATION AND TECHNOLOGY ISSUES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number
22-1487354

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	225,010,000	224,304,000	206,806,000	183,934,000	166,024,661
b Contributions	5,006,650	2,856,781	6,994,156	19,393,944	9,140,730
c Net investment earnings, gains, and losses	50,225,185	4,103,638	15,638,833	9,051,558	15,132,869
d Grants or scholarships	3,272,013	2,523,056	2,148,623	2,038,014	6,364,260
e Other expenditures for facilities and programs	4,082,822	3,731,363	2,986,366	3,535,488	
f Administrative expenses					
g End of year balance	272,887,000	225,010,000	224,304,000	206,806,000	183,934,000

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

- a** Board designated or quasi-endowment ▶ 8.160 %
- b** Permanent endowment ▶ 91.840 %
- c** Term endowment ▶

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,691,546		1,691,546
b Buildings		578,222,248	150,612,931	427,609,317
c Leasehold improvements				
d Equipment		68,363,049	36,360,458	32,002,591
e Other		21,769,507	15,423,614	6,345,893
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				467,649,347

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	27,022,728	F
(B) TRUSTS HELD BY OTHERS	7,293,178	F
(C) SPLIT INTEREST AGREEMENTS	3,226,659	F
(D) PRIVATE EQUITY	40,574,335	F
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	78,116,900	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT BENEFIT	6,451,009
(3) ANNUITIES PAYABLE	2,030,129
(4) CONDITIONAL ASSET RETIREMENT	4,707,634
(5) REFUNDABLE ADVANCES	2,117,667
(6) CAPITAL LEASE OBLIGATION	4,756,741
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	20,063,180

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-1487354

Name: STEVENS INSTITUTE OF TECHNOLOGY

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	COLLECTIONS OF ART, HISTORICAL TREASURES AND ARCHIVES STEVENS MAINTAINS A COLLECTION OF VARIOUS WORKS OF ART, HISTORICAL TREASURES, ARCHIVES AND OTHER SIMILAR ASSETS THAT ARE ON PUBLIC DISPLAY IN ITS LIBRARY AND OTHER LOCATIONS ON CAMPUS FOR THE ENRICHMENT AND ENJOYMENT OF VISITORS, FACULTY, STAFF AND STUDENTS.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS THE UNIVERSITY'S ENDOWMENT FUND IS INTENDED TO SUPPORT SCHOLARSHIPS FOR UNDERGRADUATE AND GRADUATE STUDENTS AND TO PROVIDE FINANCIAL ASSISTANCE FOR PROGRAMS AND SERVICES CONDUCTED BY THE UNIVERSITY.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	INCOME TAXES THE UNIVERSITY HAS BEEN CLASSIFIED AS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE AND SIMILAR STATE OF NEW JERSEY TAX PROVISIONS. FEDERAL LAW IMPOSES TAX ON INCOME THAT IS NOT RELATED TO AN ORGANIZATION'S TAX-EXEMPT PURPOSES OR OTHERWISE EXCLUDED UNDER THE CODE AS WELL AS AN EXCISE TAX ON CERTAIN EXCESS COMPENSATION. THE UNIVERSITY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. MANAGEMENT OF THE UNIVERSITY BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990EZ for the latest information.**

Department of the Treasury

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Part I

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

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	SEE SUPPLEMENTAL PAGE
NONDISCRIMINATION POLICY - PART I, LINE 3	STEVENS INSTITUTE OF TECHNOLOGY'S NONDISCRIMINATION POLICY IS AVAILABLE ON THE ADMISSIONS APPLICATION WEBPAGE FOR PROSPECTIVE STUDENTS AND IN THE STUDENT HANDBOOK WHICH IS AVAILABLE ON THE STEVENS WEBSITE AND AVAILABLE TO ALL STUDENTS AT ORIENTATION AND REGISTRATION. THE UNIVERSITY'S BYLAWS ALSO CONTAIN STEVENS' NONDISCRIMINATION POLICY.
GOVERNMENTAL FUNDING PART I, LINE 6A	STEVENS INSTITUTE OF TECHNOLOGY RECEIVES FUNDING FROM VARIOUS GOVERNMENTAL SOURCES INCLUDING, BUT NOT LIMITED TO, PELL, FEDERAL DIRECT LOAN PROGRAMS AND FSEOG. ADDITIONALLY, IN THE CURRENT FISCAL YEAR, THE UNIVERSITY RECEIVED CARES ACT HEERF FUNDING.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number
22-1487354

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			63,902,962
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			63,902,962

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV	STEVENS INSTITUTE OF TECHNOLOGY INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY OR FOREIGN PARTNERSHIP. TO THE EXTENT THAT THOSE INVESTMENTS RESULTED IN TRANSFERS OF PROPERTY THAT EXCEEDED THE APPLICABLE FILING THRESHOLDS, THE FORMS 926, 5471, 8621 AND 8865 ACCOMPANIED THE FILING OF THE UNIVERSITY'S FORM 990-T. DUE TO COVID-19, THERE WAS NO INTERNATIONAL TRAVEL IN THE FISCAL YEAR ENDED JUNE 30, 2021.

Additional Data

Software ID:

Software Version:

EIN: 22-1487354

Name: STEVENS INSTITUTE OF TECHNOLOGY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENTS		40,044,922
EUROPE	0	0	INVESTMENTS		23,858,040

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number
22-1487354

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EAB GLOBAL INC 1920 EAST PARHAM ROAD RICHMOND, VA 23228	DIG & DIR. MAIL MKT.		No	0	100,415	-100,415
RUFFALO NOEL LEVITZ LLC 1025 KIRKWOOD PKWY SW CEDAR RAPIDS, IA 52404	DIG & DIR. MAIL MKT.		No	0	7,875	-7,875
GT MARKETING LTD 51 RAILROAD AVENUE CLOSTER, NJ 07624	DIR MAIL MKT.		No	0	5,713	-5,713
Total					114,003	-114,003

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	SCHEDULE G, PART 1, LINE 2A FUNDRAISING ACTIVITIES THE UNIVERSITY UTILIZED OUTSIDE VENDORS FOR DIGITAL AND DIRECT MARKETING SERVICES. IN ADDITION TO THE PROFESSIONAL SERVICE EXPENSES SHOWN IN PART I, THE UNIVERSITY PAID \$9,589 FOR POSTAGE EXPENSES.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AND GRANTS	5698	100,866,383			
(2) PRIZES/AWARDS	695	1,457,645			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS AND OTHER ASSISTANCE IN U.S. SCHOLARSHIPS AND GRANTS ARE AWARDED AS FINANCIAL ASSISTANCE TO STUDENTS ATTENDING STEVENS INSTITUTE OF TECHNOLOGY. DISTRIBUTION AND APPLICATION OF FINANCIAL ASSISTANCE ARE BASED ON THE SPECIFIC CRITERIA OF EACH SCHOLARSHIP AND GRANT AND ARE ADMINISTERED CONSISTENT WITH FEDERAL, STATE, AND INSTITUTIONAL STUDENT AID POLICIES. SITUATIONS SUCH AS CHANGES IN FINANCIAL NEED, CHANGES IN FEDERAL AID ELIGIBILITY, CHANGES IN ENROLLMENT AND RECEIPT OF AID FROM OUTSIDE SOURCES MAY AFFECT A STUDENT'S ELIGIBILITY TO RECEIVE FUNDING. STEVENS' ADMINISTRATION MONITORS THESE SITUATIONS ON AN ON-GOING BASIS AND MAKES ANY APPROPRIATE ADJUSTMENTS.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number
22-1487354

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes									
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	SEVERANCE PAYMENTS: EDWARD STUKANE \$139,213 DAVID DODD \$227,032
COMPENSATION INFORMATION PART I, LINE 1	THE STEVENS INSTITUTE OF TECHNOLOGY GUIDELINES REGARDING SPOUSAL TRAVEL ARE INCLUDED IN THE STEVENS BUSINESS AND TRAVEL EXPENSE POLICY. EXPENSES INCURRED FOR ACCOMPANYING COMPANIONS/SPOUSES ARE CONSIDERED PERSONAL IN NATURE EXCEPT ON OCCASIONS WHEN ATTENDANCE OF A COMPANION/SPOUSE AT AN EVENT SERVES A BONA FIDE BUSINESS PURPOSE FOR THE UNIVERSITY AND THE PRESENCE OF THE COMPANION/SPOUSE IS ESSENTIAL (NOT JUST BENEFICIAL) TO THE EMPLOYEE BEING ABLE TO CARRY OUT THE BUSINESS PURPOSE FOR THE UNIVERSITY; GIVEN THAT ATTENDANCE IS ESSENTIAL, THIS IS NOT TAXABLE TO THE EMPLOYEE. CAMPUS HOUSING IS PROVIDED FOR THE UNIVERSITY PRESIDENT AND IS USED FOR PROGRAM AND DEVELOPMENT PURPOSES. THE PRESIDENT IS CONTRACTUALLY REQUIRED TO LIVE IN CAMPUS HOUSING AND, THEREFORE, IT IS NOT TAXABLE COMPENSATION TO HIM. THE FOLLOWING KEY EMPLOYEE ALSO RECEIVED A HOUSING ALLOWANCE WHICH IS INCLUDED IN THEIR TAXABLE INCOME: DAVID ZENG, VICE PROVOST. THERE IS ONE INSTANCE IN WHICH A CLUB MEMBERSHIP IS IN THE NAME OF AN INDIVIDUAL DUE TO CLUB IMPOSED MEMBERSHIP RULES. THIS MEMBERSHIP IS SOLELY FOR BUSINESS PURPOSES TO FOSTER RELATIONSHIPS WITHIN THE NEW YORK METROPOLITAN AREA FOR THE UNIVERSITY. PERSONAL SERVICES ARE PROVIDED TO THE PRESIDENT IN THE FORM OF HOUSEKEEPING BY AN EMPLOYEE OF THE PHYSICAL PLANT DEPARTMENT. THE VALUE OF THESE SERVICES IS INCLUDED AS TAXABLE INCOME AND IS DISCLOSED AS PART OF HIS SCHEDULE J PART II, COLUMN B (II), OTHER REPORTABLE COMPENSATION.
INCENTIVE COMPENSATION, PART I, LINE 7	THE STEVENS INCENTIVE COMPENSATION PLAN PROVIDES A MECHANISM TO REWARD FACULTY AND CERTAIN KEY STAFF FOR EXTRAORDINARY PERFORMANCE OVER A PERIOD OF ONE ACADEMIC YEAR WHERE PERMITTED BY LAW. IN CONTRAST TO MERIT-BASED SALARY INCREASES, ANNUAL INCENTIVES DO NOT INCREASE BASE SALARY. INCENTIVE COMPENSATION MAY BE AWARDED UPON A FINDING BY MANAGEMENT THAT AN EMPLOYEE'S WORK HAS BEEN EXTRAORDINARY AND HAS CLEARLY CONTRIBUTED TOWARD THE GOALS AND MISSION OF STEVENS. INCENTIVE COMPENSATION, EVEN IN CASES OF EXTRAORDINARY PERFORMANCE, IS NOT GUARANTEED, AND DECISIONS REGARDING INCENTIVE COMPENSATION WILL BE SUBJECT TO THE BOARD OF TRUSTEES AND OTHERS' DETERMINATIONS AS TO THE FINANCIAL RESULTS OF THE UNIVERSITY AND OTHER FACTORS NOT SPECIFIED IN THE PLAN. INCENTIVE COMPENSATION FOR FACULTY AND STAFF ARE RECOMMENDED BY MANAGERIAL STAFF, ARE APPROVED BY THE PRESIDENT AND ARE WITHIN PARAMETERS ESTABLISHED BY THE BOARD OF TRUSTEES. INCENTIVE COMPENSATION FOR EXECUTIVE LEADERS IS RECOMMENDED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES AND APPROVED BY THE HUMAN RESOURCES COMMITTEE OR FULL BOARD OF TRUSTEES AS PART OF ITS CONSIDERATION OF THE PRESIDENT, THE TOP FIVE HIGHEST COMPENSATED EMPLOYEES, AND OTHER DISQUALIFIED PERSONS LISTED IN SCHEDULE O. EACH YEAR, THE HUMAN RESOURCES COMMITTEE APPROVES THE ANNUAL PERFORMANCE GOALS FOR THE EXECUTIVE LEADERS AND REVIEWS WITH THE PRESIDENT THE PROCESS FOR DETERMINING THEM FOR EACH OTHER GROUP OR SUB-GROUP OF EMPLOYEES. DUE TO THE EXTRAORDINARY CHALLENGES OF COVID-19 PANDEMIC, INCENTIVE COMPENSATION WAS AWARDED IN ONLY RARE INSTANCES THIS FISCAL YEAR.
COMPENSATION INFORMATION, PART II LINE 4	PART II, LINE 4 CONTAINS INFORMATION ABOUT THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT, DR. NARIMAN FARVARDIN, PAID DURING THE YEAR. ALL AMOUNTS WERE PAID PURSUANT TO THE PRESIDENT'S WRITTEN FIVE-YEAR CONTRACT; HIS ANNUAL BASE SALARY FOR 2020 IS \$868,957.

Additional Data

Software ID:
Software Version:
EIN: 22-1487354
Name: STEVENS INSTITUTE OF TECHNOLOGY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1NARIMAN FARVARDIN PRESIDENT/TRUSTEE	(i)	868,957	0	21,863	28,500	141	919,461	0
	(ii)	0	0	0	0	0	0	0
1CHRISTOPHE PIERRE PROVOST	(i)	568,843	0	0	28,500	19,356	616,699	0
	(ii)	0	0	0	0	0	0	0
2GREGORY PRASTACOS DEAN	(i)	438,049	0	0	28,500	25,541	492,090	0
	(ii)	0	0	0	0	0	0	0
3LOUIS J MAYER VP OF FINANCE/TREASURER, CFO	(i)	429,812	0	0	28,500	19,356	477,668	0
	(ii)	0	0	0	0	0	0	0
4KATHY L SCHULZ VP & GENERAL COUNSEL/SECRETARY	(i)	441,579	0	0	25,650	8,546	475,775	0
	(ii)	0	0	0	0	0	0	0
5EDWARD STUKANE VP FOR COMM/MKT TO 11/6/20	(i)	244,350	0	167,465	22,816	23,401	458,032	0
	(ii)	0	0	0	0	0	0	0
6CONSTANTIN CHASSAPIS VICE PROVOST	(i)	389,862	0	0	28,500	19,356	437,718	0
	(ii)	0	0	0	0	0	0	0
7DINESH VERMA PROFESSOR/EXEC DIR	(i)	359,460	0	0	25,650	25,541	410,651	0
	(ii)	0	0	0	0	0	0	0
8GEORGE KORFIATIS PROFESSOR	(i)	361,993	0	0	28,500	19,357	409,850	0
	(ii)	0	0	0	0	0	0	0
9DAVID ZENG VICE PROVOST	(i)	340,454	0	8,098	25,650	25,541	399,743	0
	(ii)	0	0	0	0	0	0	0
10JEAN ZU DEAN	(i)	349,053	0	0	25,650	8,546	383,249	0
	(ii)	0	0	0	0	0	0	0
11DILHAN KALYON VICE PROVOST	(i)	332,028	0	0	28,500	19,357	379,885	0
	(ii)	0	0	0	0	0	0	0
12ROBERT MAFFIA VP FOR FACILITIES/OPERATIONS	(i)	296,063	0	26,740	28,500	25,541	376,844	0
	(ii)	0	0	0	0	0	0	0
13YEHIA MASSOUD DEAN TO 6/30/21	(i)	319,108	0	0	25,650	25,541	370,299	0
	(ii)	0	0	0	0	0	0	0
14MARYBETH MURPHY VP FOR ENROLLMENT/STU AFF TO 6/30/21	(i)	316,263	0	0	28,500	8,546	353,309	0
	(ii)	0	0	0	0	0	0	0
15ELISABETH MCGRATH VP FOR UNIV RELATIONS	(i)	321,084	0	0	26,878	141	348,103	0
	(ii)	0	0	0	0	0	0	0
16DAVID DODD FORMER KEY EMPLOYEE	(i)	100,000	0	227,032	0	0	327,032	0
	(ii)	0	0	0	0	0	0	0
17ANTHONY BARRESE FORMER KEY EMPLOYEE	(i)	259,606	0	0	27,000	19,357	305,963	0
	(ii)	0	0	0	0	0	0	0
18WARREN PETTY VP FOR HUMAN RESOURCES	(i)	257,977	0	0	23,315	141	281,433	0
	(ii)	0	0	0	0	0	0	0
19JOSEPH E CASSIDY AVP FINANCE/ASST TREAS	(i)	255,549	0	0	23,027	141	278,717	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ELIZABETH SHELTON AVP FOR INVST/ASST TREAS TO 12/31/20	(i)	232,448	0	100	19,634	13,856	266,038	0
	(ii)	0	0	0	0	0	0	0
1 KEITH G SHEPPARD FORMER KEY EMPLOYEE	(i)	226,077	0	0	22,963	8,546	257,586	0
	(ii)	0	0	0	0	0	0	0
2 LAURA ROSE VP FOR DEV/ALUM AS OF 5/11/20	(i)	224,534	0	0	18,638	13,286	256,458	0
	(ii)	0	0	0	0	0	0	0
3 DAWN DA SILVA FORMER KEY EMPLOYEE	(i)	193,981	25,000	0	15,592	141	234,714	0
	(ii)	0	0	0	0	0	0	0
4 YI GUO TRUSTEE/PROFESSOR	(i)	201,170	2,191	0	14,958	8,546	226,865	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL PARENTE INT. VP INFO TECH TO 8/16/20	(i)	198,558	0	0	12,991	141	211,690	0
	(ii)	0	0	0	0	0	0	0
6 RAINER MARTINI TRUSTEE/PROFESSOR AS OF 5/25/21	(i)	185,334	0	0	13,752	141	199,227	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include NJ EDU FAC AUTH STEVENS ISSUE 2020 SERIES A, 2017 SERIES A, 2016B, and 2014B.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Issuance costs from proceeds, and various questions about bond issuance (14-17).

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows include Was the organization a partner in a partnership... and Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X			X	X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X				X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X	X			X
b Exception to rebate?		X		X		X		X
c No rebate due?		X	X			X	X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
<p>SCHEDULE K, PART I, BOND ISSUES</p>	<p>1. NJ EDU FAC AUTH STEVENS ISSUE 2020 SERIES A: THESE BONDS WERE ISSUED IN THE PAR AMOUNT OF \$174,315,000 TO FINANCE: (A) THE CONSTRUCTION, RENOVATION AND EQUIPPING OF THE NEW STUDENT HOUSING AND UNIVERSITY CENTER; (B) FINANCE CAPITAL PROJECTS FOR CONSTRUCTION, RENOVATION, EXPANSION AND EQUIPPING OF CERTAIN ADDITIONAL UNIVERSITY RESEARCH AND EDUCATION BUILDINGS; AND (C) FUND CAPITALIZED INTEREST FOR THE 2020 SERIES A BONDS. TOTAL PROCEEDS OF THE ISSUANCE WERE \$209,648,096 OF WHICH \$38,600,000 WERE USED TO REPAY A LINE OF CREDIT USED FOR CAPITAL EXPENDITURES PRIOR TO THE COMPLETION OF THE ISSUANCE. THE UNIVERSITY GRANTED A PLEDGE OF AND LIEN ON TUITION AS SECURITY FOR THIS LOAN. 2. NJ EDU FAC AUTH STEVENS ISSUE 2017 SERIES A: THESE BONDS WERE ISSUED IN THE PAR AMOUNT OF \$132,589,361 FOR REFUNDING AND LEGAL DEFEASANCE OF THE 1998 SERIES I AND 2007 SERIES A BONDS AND TO FINANCE: (A) THE CONSTRUCTION, RENOVATION AND EQUIPPING OF THE NEW RESEARCH AND ACADEMIC BUILDINGS COMPRISING THE ACADEMIC GATEWAY COMPLEX; (B) THE CONSTRUCTION, RENOVATION AND EXPANSION OF THE EXISTING BABBIO GARAGE; (C) THE CONSTRUCTION, RENOVATION, EXPANSION AND EQUIPPING OF CERTAIN ADDITIONAL FACILITIES AT THE UNIVERSITY FOR RESEARCH AND EDUCATION; (D) PRECONSTRUCTION COSTS RELATED TO A PROPOSED COMBINED STUDENT RESIDENCE AND UNIVERSITY FACILITY. 3. NJ EDU FAC AUTH CAPITAL IMP SERIES 2016B: THESE BONDS WERE ISSUED PURSUANT TO A LEGISLATIVELY CREATED STATE-BACKED PROGRAM TO FINANCE CAPITAL IMPROVEMENTS FOR NEW JERSEY COLLEGES AND UNIVERSITIES. THE BONDS ARE REPAYABLE IN PART BY STATE APPROPRIATIONS. NJEFA BOND PROCEEDS OF \$142,715,000 WERE RECEIVED FROM A SINGLE ISSUANCE WHICH WAS GRANTED IN VARYING AMOUNTS TO COLLEGES LOCATED IN NEW JERSEY. STEVENS RECEIVED A TOTAL OF \$17,434,500 WHICH REQUIRES THAT THE UNIVERSITY PAY ONE HALF (50%) OF THE DEBT SERVICE OF THE UNDERLYING BONDS. THE \$17,434,500 IS TO BE USED TO FINANCE A PORTION OF THE CONSTRUCTION OF THE ACADEMIC GATEWAY COMPLEX. STEVENS PRINCIPAL PORTION IS \$8,522,585 AND IS RECORDED ON THE BOOKS AS LONG TERM DEBT, PAYABLE OVER 20 YEARS. SCHEDULE K, PART II, LINE 1 AMOUNT OF BONDS RETIRED IS A RESULT OF PRINCIPAL PAYMENTS BY THE UNIVERSITY PURSUANT TO AGREEMENTS WITH THE AUTHORITY. 4. NJ EDU FAC AUTH ELF ISSUE, SERIES 2014B: THESE BONDS WERE ISSUED PURSUANT TO A LEGISLATIVELY CREATED STATE-BACKED PROGRAM, HIGHER EDUCATION EQUIPMENT LEASING FUND, TO FINANCE CAPITAL IMPROVEMENTS FOR NEW JERSEY COLLEGES AND UNIVERSITIES. THE BONDS ARE REPAYABLE IN PART BY STATE APPROPRIATIONS. BOND PROCEEDS OF \$8,131,497 WERE RECEIVED FROM A SINGLE ISSUANCE WHICH WAS GRANTED IN VARYING AMOUNTS TO 6 OF THE PRIVATE COLLEGES LOCATED IN NEW JERSEY. THE UNIVERSITY ENTERED INTO LEASE AGREEMENTS WITH NJEFA FOR A TOTAL OF \$4,500,000 WHICH REQUIRES THAT THE UNIVERSITY PAY ONE FOURTH (25%) OF DEBT SERVICE OF THE UNDERLYING BONDS. SCHEDULE K, PART II, LINE 1 AMOUNT OF BONDS RETIRED IS A RESULT OF PRINCIPAL PAYMENTS OF THE DEBT SERVICE OF THE UNDERLYING BOND BY</p>

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	THE UNIVERSITY PURSUANT TO AGREEMENTS WITH THE AUTHORITY.

Return Reference	Explanation
SCHEDULE K, PART III, PRIVATE BUSINESS USE, LINES 4 & 5	THE UNIVERSITY HAS SERVICE CONTRACTS AND RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE. THESE AMOUNTS WERE DETERMINED TO BE WITHIN THE PERMITTED LEVELS OVER THE LIFE OF EACH BOND, THEREFORE, A PERCENTAGE WAS NOT DISCLOSED. ADDITIONALLY, THE UNIVERSITY HAS RETAINED KPMG TO CONSULT AND ADVISE ON THE CURRENT PRIVATE BUSINESS USE; THIS REVIEW SHOULD BE COMPLETED FOR THE FISCAL YEAR ENDED JUNE 30, 2022.

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE REBATE, LINE 2C	AN ARBITRAGE REBATE AND YIELD RESTRICTION ANALYSIS WAS PERFORMED BY BLX FOR NJ EDU FAC AUTH STEVENS ISSUE 2017 SERIES A FOR THE PERIOD FROM APRIL 4, 2017 THROUGH JUNE 30, 2021. BASED UPON THE REPORT NO PAYMENT IS DUE. NJ EDU FAC AUTH ELF ISSUE, SERIES 2014B ALL BOND PROCEEDS WERE EXPENDED IN 2017 ON CAPITAL PROJECTS AND NO PROCEEDS REMAIN AS OF 2017 TO GENERATE ANY ARBITRAGE. THE UNIVERSITY PERFORMED ITS OWN INTERNAL REVIEW AND NO REBATE IS DUE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number
22-1487354

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	25	730,988	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISC EQUIP.)	X	2	52,500	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, LINE 9	NON-CASH CONTRIBUTIONS TO THE EXTENT THAT THE UNIVERSITY RECEIVES CONTRIBUTIONS OF SECURITIES, THE UNIVERSITY'S INVESTMENT BROKERAGE BANK IS TASKED WITH PROMPTLY SELLING THOSE SECURITIES. SCHEDULE M, LINE 32 THE UNIVERSITY USES VARIOUS GALLERIES TO FACILITATE THE SALE OF ART. THE UNIVERSITY IS REPORTING IN PART I, COLUMN B, THE NUMBER OF ITEMS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, ITEM C, NAME OF ORGANIZATION	<p>THE FULL LEGAL NAME OF THE UNIVERSITY IS THE TRUSTEES OF THE STEVENS INSTITUTE OF TECHNOLOGY. STEVENS INSTITUTE OF TECHNOLOGY IS REGISTERED IN THE STATE OF NEW JERSEY AS A "DOING BUSINESS NAME". COVID-19 IMPACT THE CONTINUED SPREAD OF THE CORONAVIRUS (COVID-19) AROUND THE WORLD DURING 2021 HAS CAUSED SIGNIFICANT VOLATILITY IN THE U.S. AND INTERNATIONAL MARKETS. WHILE THE UNIVERSITY DID EXPERIENCE A LOSS OF AUXILIARY REVENUE DUE TO THE LIMITED NUMBER OF STUDENTS ON CAMPUS DURING THE FISCAL YEAR ENDED JUNE 30, 2021, THE EFFECT WAS NOT MATERIAL SINCE CLASSES CONTINUED REMOTELY, EXPENSES WERE REDUCED, AND GOVERNMENT GRANTS PROVIDED RELIEF FOR STUDENT AND COVID-19 RELATED EXPENSES. THERE IS, HOWEVER, UNCERTAINTY AROUND THE BREADTH AND DURATION OF BUSINESS DISRUPTIONS RELATED TO COVID-19, AS WELL AS ITS IMPACT ON THE U.S. AND INTERNATIONAL ECONOMIES AND, AS SUCH, WHILE IT MAY HAVE AN IMPACT ON THE LATTER PART OF FISCAL 2022 OPERATIONS, IT IS NOT EXPECTED TO BE MATERIAL.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	<p>STEVENS INSTITUTE OF TECHNOLOGY WAS FOUNDED IN 1870. THE UNIVERSITY IS A NON-PROFIT RESEARCH UNIVERSITY OFFERING MORE THAN 30 UNDERGRADUATE MAJORS INCLUDING PROGRAMS IN ENGINEERING, THE SCIENCES, COMPUTER SCIENCE, BUSINESS, AND THE HUMANITIES; AND GRADUATE LEVEL COURSES IN A RANGE OF DISCIPLINES LEADING TO THE MASTERS AND PHD DEGREES. ACADEMIC RESEARCH IS CARRIED OUT AT EVERY LEVEL OF THE UNIVERSITY. THE MISSION OF THE UNIVERSITY IS ACCOMPLISHED BY THE ACHIEVEMENT OF THE FOLLOWING CORE GOALS: PROVIDING STUDENTS WITH A BROAD-BASED, MULTIDISCIPLINARY LEARNING EXPERIENCE IN THE SCIENCES, ENGINEERING, BUSINESS AND LIBERAL ARTS WHILE STRESSING THE FUNDAMENTAL CONCEPTS, TECHNIQUES AND ATTITUDES THAT UNDERLIE DIFFERENT BRANCHES OF TECHNOLOGY; PROMOTING THE PERSONAL DEVELOPMENT OF THE STUDENT, DEMONSTRATED BY A SENSE OF ETHICAL RESPONSIBILITY, AWARENESS OF THE SOCIETAL IMPACT OF THEIR PROFESSIONS, DEVELOPMENT OF LEADERSHIP AND TEAM SKILLS, AND A LOVE OF LEARNING; CREATING KNOWLEDGE THROUGH WORLD-CLASS RESEARCH WITH A DISTINCT IMPACT IN FOCUSED AREAS OF NATIONAL IMPORTANCE; NURTURING AN INNOVATIVE ENVIRONMENT WHEREIN STUDENTS, FACULTY AND COLLEAGUES IN INDUSTRY CONTRIBUTE TO THE PROCESS OF CONCEPTION, DESIGN AND MARKETPLACE REALIZATION OF NEW TECHNOLOGIES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIP TWO OF STEVENS' TRUSTEES ARE RELATED BY MARRIAGE. TRUSTEE KAREN CAROLO NZA IS THE STEP-DAUGHTER-IN-LAW OF TRUSTEE FRANK SEMCER. ALL SUCH RELATIONSHIPS ARE DISCLOSED AS PART OF STEVENS' ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS AND REPORTED TO THE AUDIT AND RISK COMMITTEE AND TO THE BOARD OF TRUSTEES. MITIGATION EFFORTS WILL BE EMPLOYED BY THE SECRETARY TO THE BOARD AND THE CHAIRMAN OF THE BOARD, IF NEEDED, TO AVOID ANY IMPACT ON STEVENS RELATING TO THESE RELATIONSHIPS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	GOVERNING BODY AND MANANGEMENT STEVENS' BOARD OF TRUSTEES DELEGATED TO A PROMINENT INVESTMENT BANK THE MANAGEMENT OF STEVENS' ENDOWMENT PURSUANT TO CONTRACTS WHICH ADDRESS THE SCOPE OF THE DELEGATION OF AUTHORITY, MONITORING BY STEVENS' MANAGEMENT AND THE BOARD, AND REPORTING, AMONG OTHER MATTERS. PURSUANT TO THE BY-LAWS OF THE UNIVERSITY AND THE CHARTER OF THE EXECUTIVE COMMITTEE, THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF TRUSTEES IN CERTAIN INSTANCES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	GOVERNING DOCUMENTS THE BYLAWS OF THE UNIVERSITY WERE AMENDED AND RESTATED ON MAY 25, 2021 TO (I) CHANGE THE NUMBER OF DAYS ON WHICH A SPECIAL MEETING MAY BE CALLED TO 3 DAYS AND (II) MAKE THE POSITION OF VICE CHAIR OPTIONAL WITH A MECHANISM FOR THE CHAIR OF THE GOVERNA NCE COMMITTEE TO SERVE AS CHAIR IN THE EVENT OF THE UNEXPECTED INCAPACITY OF THE CHAIR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW THIS FORM 990 WAS PREPARED BY MEMBERS OF THE FINANCE AND LEGAL OFFICES OF THE UNIVERSITY TOGETHER WITH ITS OUTSIDE TAX AND ACCOUNTING FIRM SPECIALIZING IN HIGHER ED UCATION. THIS FORM 990 WAS THEN PRESENTED TO THE AUDIT AND RISK COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL FOLLOWING THIS PROCESS AND ANY MODIFICATIONS RECOMMENDED BY THE AUDIT AND RISK COMMITTEE, THE FORM 990 WAS PRESENTED TO A MEETING OF THE FULL BOARD OF TRUSTEES OF THE UNIVERSITY AND APPROVED IN ACCORDANCE WITH THE BY-LAWS OF THE UNIVERSITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST THE UNIVERSITY'S CONFLICT OF INTEREST POLICY REQUIRES ONGOING COMPLIANCE AND SELF-REPORTING OF CONFLICTS. IT ALSO PROVIDES FOR COMPLETION OF AN ANNUAL DISCLOSURE FORM BY ALL TRUSTEES, OFFICERS, CERTAIN STAFF POSITIONS AND FACULTY. EACH DISCLOSURE FORM IS REVIEWED BY THE OFFICE OF AUDIT, RISK AND COMPLIANCE, AND DISCLOSURE FORMS FOR TRUSTEES AND OFFICERS ARE REVIEWED BY THE OFFICE OF GENERAL COUNSEL; ALL CONFLICTS OF INTEREST ARE REPORTED TO THE AUDIT COMMITTEE OF THE BOARD AND TO THE BOARD OF TRUSTEES. INFORMATION DISCLOSED IN THE DISCLOSURE FORMS WHICH INDICATES THE PRESENCE OF A CONFLICT IS REVIEWED, DISCUSSED WITH RELEVANT PERSONNEL AND, IF NECESSARY, THE CONFLICT IS ELIMINATED OR MANAGED PURSUANT TO A CONFLICT MANAGEMENT PLAN OR DEVICE SUPERVISED BY THE CHAIR OF THE BOARD OF TRUSTEES OR THE CHAIR OF THE AUDIT COMMITTEE, WITH ADVICE FROM THE OFFICE OF AUDIT, RISK AND COMPLIANCE AND THE GENERAL COUNSEL. IN ADDITION, CONFLICTS ARE IDENTIFIED BY THE OFFICERS OF THE UNIVERSITY AND STAFF AT OTHER LEVELS OF THE UNIVERSITY AS THEY ARISE FROM TIME TO TIME AND ARE REFERRED TO THE OFFICE OF AUDIT, RISK AND COMPLIANCE AND THE GENERAL COUNSEL FOR FURTHER ANALYSIS AND RESOLUTION. CERTAIN CONFLICTS RELATING TO RESEARCH ACTIVITIES MAY BE MANAGED BY THE DIRECTOR OF THE OFFICE OF SPONSORED PROGRAMS, WITH ADVICE FROM THE OFFICE OF AUDIT, RISK AND COMPLIANCE AND THE GENERAL COUNSEL.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION THE COMPENSATION OF THE PRESIDENT AND FIVE HIGHEST COMPENSATED EMPLOYEES OF THE UNIVERSITY WAS APPROVED BY AN INDEPENDENT HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES AND THE FULL BOARD OF TRUSTEES, IN EACH CASE ACTING AT MEETINGS DULY HELD. IN ADDITION TO APPROVING THE PRESIDENT'S COMPENSATION FOR CALENDAR YEAR 2020, THE COMPENSATION FOR THE FOLLOWING 5 ADDITIONAL POSITIONS WERE APPROVED: PROVOST AND UNIVERSITY VICE PRESIDENT CHIEF FINANCIAL OFFICER, VICE PRESIDENT FOR FINANCE AND TREASURER DEAN OF ENGINEERING AND SCIENCE VICE PRESIDENT, GENERAL COUNSEL AND SECRETARY DEAN OF SCHOOL OF BUSINESS WITH RESPECT TO THE FOLLOWING ADDITIONAL POSITIONS, THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES, ACTING ON BEHALF OF THE BOARD OF TRUSTEES, APPROVED THE COMPENSATION AT DULY HELD MEETINGS OF THE COMMITTEE. THE BOARD WAS FULLY INFORMED OF THE COMMITTEE'S ACTIONS: VICE PRESIDENT FOR DEVELOPMENT AND ALUMNI ENGAGEMENT VICE PRESIDENT FOR FACILITIES AND CAMPUS OPERATIONS VICE PRESIDENT FOR ENROLLMENT MANAGEMENT AND STUDENT AFFAIRS VICE PRESIDENT FOR INFORMATION TECHNOLOGY AND CIO VICE PRESIDENT FOR COMMUNICATIONS AND MARKETING VICE PRESIDENT FOR HUMAN RESOURCES VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY RELATIONS, CHIEF OF STAFF FACULTY TRUSTEE (2) ALL SUCH COMPENSATION WAS DETERMINED BASED UPON RECOMMENDATIONS FROM THE PRESIDENT (EXCEPT WITH RESPECT TO THE PRESIDENT, WHOSE COMPENSATION IS RECOMMENDED BY THE BOARD OF TRUSTEES, AND THE DEANS AND FACULTY, WHOSE COMPENSATION IS RECOMMENDED BY THE PROVOST). THE UNIVERSITY RETAINS THE SERVICES OF A NATIONALLY PROMINENT COMPENSATION CONSULTING FIRM TO PERFORM A BIENNIAL COMPREHENSIVE COMPENSATION ASSESSMENT OF THE SALARIES OF ALL MEMBERS OF THE SENIOR ADMINISTRATION, INCLUDING THE PRESIDENT. THIS STUDY INCLUDES A COMPARISON OF THE UNIVERSITY'S SALARIES WITH A CORE GROUP OF PEER INSTITUTIONS. THE RESULTS OF THE STUDY ARE REVIEWED AND DISCUSSED ANNUALLY WITH THE BOARD'S HUMAN RESOURCES COMMITTEE AND THE BOARD OF TRUSTEES, AS THOSE BODIES APPROVE EXECUTIVE COMPENSATION. THE SECRETARY TO THE BOARD OF TRUSTEES OR THE VICE PRESIDENT OF HUMAN RESOURCES TOOK CONTEMPORANEOUS MINUTES OF EACH MEETING OF THE BOARD AT WHICH THESE COMPENSATION DECISIONS WERE MADE. NEITHER OF THEM TOOK MINUTES WITH RESPECT TO THEIR OWN COMPENSATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DISCLOSURE THE GOVERNING DOCUMENTS OF THE UNIVERSITY TOGETHER WITH CHARTERS FOR EACH COMMITTEE OF THE BOARD OF TRUSTEES, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS OF THE UNIVERSITY ARE ALL MADE AVAILABLE ON THE UNIVERSITY'S WEBSITE (WWW.STEVENS.EDU). IN ADDITION, A VARIETY OF OTHER DOCUMENTS AND MATERIALS REGARDING THE UNIVERSITY AND ITS OPERATIONS AS WELL AS THE OTHER POLICIES OF THE UNIVERSITY, ARE ALSO AVAILABLE ON THE WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	EQUITY 192,467,123 FIXED INCOME 5,470,562 TOTAL 197,937,685

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	POST-RETIREMENT BENEFIT CHANGES -318,010. UNCOLLECTIBLE CONTRIBUTIONS -123,627. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 888,820. LOSS IN VALUE OF ANNUITIES AND GIFTS -3,613. MISCELLANEOUS LOSS -1,234.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CASTLE POINT HOLDINGS INC ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030 20-4264786	HOLDING COMPANY - SEE PART VII	NJ	STEVENS INSTITUTE OF TECHNOLOGY	C	-59,382	416,105	100.000 %	Yes	
(2) CHARITABLE REMAINDER TRUST (1)	TRUST	OH	N/A	T				Yes	
(3) CHARITABLE REMAINDER UNITRUST (5)	TRUST	NJ	N/A	T				Yes	

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R, PART IV, COLUMN (C)	CASTLE POINT HOLDINGS, INC., LISTED ON SCHEDULE R, PART IV, IS A HOLDING COMPANY WITH A MINORITY INTEREST IN INACTIVE SUBSIDIARIES.

Return Reference	Explanation
SCHEDULE R, PART IV, COLUMN (C)	THE CHARITABLE REMAINDER UNITRUSTS LISTED ON PART IV, LINE 2 HAVE THE FOLLOWING LEGAL DOMICILES: MD NJ (2) NC PA