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DLN: 93493136050732

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 black lung benefit trust or private foundation)

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A Fo	r the	2010 ca	lendar year, or tax year beginning	07-01-2010 and ending 06-30-20	11				
<b>B</b> Che	eck ıf a	applicable	C Name of organization STEVENS INSTITUTE OF TECHNOLOGY			D Emplo	yer i	identification number	
— <sub>Add</sub>	lress cl	hange	STEVENS INSTITUTE OF TECHNOLOGY			22-14	87	354	
— Nar	ne cha	ange	Doing Business As			E Teleph	one	number	
– <sub>Init</sub>	ıal retu	ım			To	_			
_			Number and street (or P O box if mail CASTLE POINT ON HUDSON	is not delivered to street address)	Room/suite	(201)	216	5-8761	
_	mınate					<b>G</b> Gross r	eceir	ots \$ 305,337,572	
Am —	ended	return	City or town, state or country, and ZIP HOBOKEN, NJ 07030	+ 4		<b>C</b> 0.033 1	cccip	7.55 \$ 505,557,572	
App	lication	n pending	,						
			<b>F</b> Name and address of princip	oal officer	H(a) Is this a	group return fo	or affil	ıates?	
			George Korfiatis CASTLE POINT ON HUDSON						
			HOBOKEN, NJ 07030		H(b) Are all				
								t (see instructions)	
Ta	x-exen	npt status	▼ 501(c)(3)	ert no )	H(c) Grou	p exemption	on n	umber 🗗	
ı w	ebsite	e:⊫ WW	W STEVENS EDU						
				_	<u> </u>				
		_	Corporation Trust Association	Other -	<b>L</b> Year of fo	rmation 1870	0	M State of legal domicile NJ	
Pa	rt I	Sum	mary						
			escribe the organization's mission o						
			GANIZATION'S PRIMARY EXEMP T OF AN UNDERGRADUATE, MAS						
Governance	'	10001	TOT AN UNDERGRADUATE, MAS	TERS AND/OR DOCTORATE DE	GREE, AND TO	conductie	. 3 C u	TCII	
₫									
<u> </u>									
9 5	2	Check th	is box দ if the organization disco	ontinued its operations or disposed	d of more than 2	5% of its r	net a	assets	
	3	Number	of voting members of the governing	body (Part VI, line 1a)	•		3	22	
Acuviues &	4	Number	of independent voting members of t	he governing body (Part VI, line 1	b)		4	17	
	5	Total nu	mber of individuals employed in cal	endar year 2010 (Part V, line 2a)			5	3,154	
្ទ	6	Total nu	mber of volunteers (estimate if nec	essary)			6	340	
•	7a	Total un	elated business revenue from Part	VIII, column (C), line 12			7a	140,432	
	ь	Net unre	lated business taxable income fron	n Form 990-T, line 34			7b	-19,530	
					Prio	r Year		Current Year	
	8	Contri	butions and grants (Part VIII, line	1h)		12,035,1	38	8,164,727	
욜	9		m service revenue (Part VIII, line	35	199,260,504				
Revenue	10	Invest	ment income (Part VIII, column (A	5,749,725					
æ	11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,211,915						
	12							2,287,401	
		12) .	<u> </u>	<u> </u>	2	211,532,19	95	215,462,357	
	13	Grants	and similar amounts paid (Part IX	, column (A), lines 1-3)		37,496,5	18	40,484,009	
	14	Benefi	ts paid to or for members (Part IX,	column (A), line 4)			0	0	
ch	15		es, other compensation, employee l	benefits (Part IX, column (A), lines	;	00 200 5	ا ۽ ۾	101 274 024	
Ø.		5-10)				99,389,50	-+	101,374,821	
Expenses	16a		sional fundraising fees (Part IX, co				0	0	
五	Ь	Total fu	ndraısıng expenses (Part IX, column (D), lı	ne 25) 🕨 2,034,374					
	17	Other	expenses (Part IX, column (A), line	es 11a-11d, 11f-24f)		66,129,9	19	71,493,490	
	18	Total	expenses Add lines 13-17 (must e	equal Part IX, column (A), line 25)		203,015,94	4 3	213,352,320	
	19	Reven	ue less expenses Subtract line 18	from line 12		8,516,2	52	2,110,037	
8 % '						of Curren	t	End of Year	
o Ti	_	_				ear			
88 E	20		assets (Part X, line 16)			300,995,44	_	308,683,840	
net Assets of Fund Balances	21		iabilities (Part X, line 26)			37,228,9!	_	134,031,821	
	22	_	sets or fund balances Subtract line	e 21 from line 20		163,766,48	89	174,652,019	
	t II	_	ature Block						
now		and belie	erjury, I declare that I have examined f, it is true, correct, and complete. De						
		****	**			12-05-15			
Sign		Signa	ture of officer		Da	ite			
Here			y L Greene VP of Finance/Treasurer						
			or print name and title						
		Print/Type		arer's signature		Check if self-		PTIN	
Paid	ŀ	preparer's Firm's nai	name   ne			employed 🕨	ļ		
Prepa	arer	Firm's address & 666 THIDD AVENUE						Firm's EIN	
Use (		Firm's add	Iress ₹ 666 ſHIRD AVENUE					Phone no  (212) 599-	
	1		NEW YORK, NY 100174011					0100	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . .

Form	990 (2010)					Page .
Par						
1	Briefly describe the	organızatıon's mıssıor	1			
OFFE SCIE MAS Insti expe unde respo		IENCES, COMPUTER INES LEADING TO THE UTE The mission of the multidisciplinary learning niques and attitudes that sense of ethical				
2			ant program ser	rvices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	ese new services on S	chedule O			
3	services?			changes in how it cor	ducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Sched	ule O			
4	Section 501(c)(3) ar	nd 501(c)(4) organiza	tions and sectio	n 4947(a)(1) trusts aı	e required to report the am	
4a	(Code	) (Expenses \$	137,149,645	ıncludıng grants of \$	40,484,009 ) (Revenue \$	142,474,476 )
	graduated with bachelor 53 Ph D degrees were a provide courses and trai	of engineering, science or also conferred in addition, ning to international studer	arts degrees, and 1 stevens collaborate nts stevens emphas	1,143 students received ma d with numerous domestic	ster's in Engineering, science, bus and international universities and	siness administration or arts, and other educational programs to
	(Code	) (Expenses \$	22.034.031	including grants of \$	0 ) (Revenue \$	20.211.597 \
	STUDENT LIFE STEVEN: HOUSING AS WELL AS S DEVELOPMENT THERE A BROADEN AND ENRICH CAPITALIZING ON A RES	S INSTITUTE MAINTAINS A EVERAL DINING FACILITIES ARE OVER 120 CLUBS, ORG THEIR STUDENT LIFE THE	55 ACRE CAMPUS I CLOSE INTERACTI GANIZATIONS AND V S C WILLIAMS LIBF	N HOBOKEN, NEW JERSEY IONS BETWEEN PROFESSOR ARSITY SPORTS THAT OFFE RARY SERVES AS THE INSTI	AND PROVIDES STUDENTS WITH IS AND STUDENTS ALLOW FOR G IR THE STUDENTS AMPLE OPPOR TUTE'S INTELLECTUAL, CULTURA	ON CAMPUS AND OFF CAMPUS REATER ACADEMIC AND SOCIAL FUNITY TO PARTICIPATE, L AND SOCIAL CENTER
	(-)				23.45	
<b>4</b> c	WITH SUPPORTING ORG INSTITUTE HAS BEEN RI EXCELLENCE IN THE AR	RCH ENTERPRISE INCLUDE SANIZATIONS AND INFRAST ECOGNIZED BY BOTH THE U EAS OF SYSTEMS ENGINEE	ES ACADEMIC RESEA RUCTURE CREATIN J S DEPARTMENT ( RING, PORT SECUR	ARCH, NATIONAL RESEARCI VE AND ENTREPRENEURIAL OF DEFENSE AND THE DEPA ITY AND INFORMATION ASS	H CENTERS, AND CROSS-DISCIPL RESEARCH IS AN INTEGRAL PAR RTMENT OF HOMELAND SECURIT	INARY RESEARCH INITIATIVES, FOF THE STEVENS MISSION THE Y AS A NATIONAL CENTER OF
4d	, ,	•	,	¢	) (Revenue ¢	١
_	• • • • • • • • • • • • • • • • • • • •			·	/ (Nevenue p	,
4e	Total program servi	ce expenses <b>⊩</b> \$	190,088,327	′		

art IV	Checklis	st of	Required	Schedules
	CIICCNII			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\bigcirc$ Yes $\checkmark$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $$			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 348			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	u.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶DR			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		L	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
D	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Se	ection A. Governing Body and Management			
			Yes	No
	Enterphysical Control of Control of the Control of			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	110
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	162	N o
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a		
ь	governing body?	7a 7b		No No
		76		14.0
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
D	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website V Upon request			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 RANDY GREENE

ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	tion ( that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
				<u> </u>	<u> </u>					

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

(A) Name and Title		(B) Average hours per		(i ition that a			11		Repo compe	<b>D)</b> rtable nsation n the	<b>(E)</b> Reportable compensation from related		(F) Estimated amount of othe	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza		organizations (W- 2/1099- MISC)		from t organizati relati organiza	:he on and ed
See A	Additional Data Table													
				$\vdash$								-		
				$\vdash$								-		
				$\vdash$								+		
				$\vdash$								+		
				-								+		
				╀			-					_		
												_		
								<u> </u>				_		
1b c	Sub-Total					•	· ·	_				-		
d	Total (add lines 1b and 1c) .							<b> -</b>	10	0,326,372		0	4	155,730
2	Total number of individuals (ind \$100,000 in reportable compe	cluding but not lir	nıted to	thos	e lıs	ted		) who	received	l more tha	n			
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? If "Yes," complete So					ey e	mploy	ee, o	r highest	compens	ated employee	_		
4	For any individual listed on line					nens	sation	and o	other.com	nensation	from the	3	Yes	
	organization and related organi											4	Yes	
5	Did any person listed on line 1a services rendered to the organi		-				-		_	inization o	r individual for •	5		No
_s	ection B. Independent Co	ntractors												
1	Complete this table for your fiv \$100,000 of compensation fro			ındep	ende	ent c	ontra	ctors	that rece	eived more	e than			
		(A) ame and business ad								Descr	(B) uption of services		(C Comper	
PO B	EXHO OPERATIONS ox 360170 GBURGH, PA 152516170	and Eddiness du							F		MANAGEMENT			,566,826
	envice droup								+					

(A) Name and business address	(B)	(C)
SODEXHO OPERATIONS PO Box 360170 PITTSBURGH, PA 152516170	Description of services FOOD SRVC MANAGEMENT	Compensation 7,566,826
gca service group po box 643823 PITTSBURGH, PA 15264	MAINTENANCE	1,936,665
rencor inc 24 tannery road SOMERVILLE, NJ 08876	CONSTRUCTION	892,478
Donnelly Construction 557 Route 23 South WAYNE, NJ 07470	construction	2,777,186
The RSmart Group Inc 1375 N Scottsdale Road SCOTTSDALE, AZ 85257	consulting	1,119,764
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►41	who received more than	

Form 9		(2010)  Statement of Revenue				Pag	e <b>9</b>
Palt	VIII.	Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections 512, 513, or
Contributions, gifts, grants and other similar amounts		Federated campaigns 1a					514
ge.		Membership dues 1b	83,965				
iřts ara		Fundraising events 1c  Related organizations 1d					
s, c mil		Government grants (contributions)  1e					
tion er si			8,080,762				
ibu	T	All other contributions, gifts, grants, and similar amounts not included above					
nd c	g	Noncash contributions included in lines 1a-1f \$	155,259				
a.	h	Total. Add lines 1a-1f		8,164,727			
an	_		Business Code				
Program Service Revenue	2a	TUITION & FEES	611600	142,474,476	142,474,476		
e Pk	b		541700		36,574,431		
rwc	C	ROOM AND BOARD	611710		12,566,812		
<u>₹</u>	d e	STUDENT DINING	611710	7,644,785	7,644,785		
ram	f	All other program service revenue					
⊁∘ડ	_	Total Addison 25, 26		100 200 504			
	<u>д</u> 3	Total. Add lines 2a-2f		199,260,504			
		and other similar amounts)		1,541,535		37,628	1,503,90
	4	Income from investment of tax-exempt bond proceeds		19,691			19,69
	5	Royalties		0			
		(ı) Real	(II) Personal				
		Gross Rents 457,492					
		Less rental expenses					
	С	Rental income 457,492 or (loss)					
	d	Net rental income or (loss)	1	457,492		41,394	416,09
	7-	(1) Securities  Gross amount 92,884,544	(II) O ther				
	/a	from sales of assets other					
		than inventory					
	Ь	other basis and					
	С	sales expenses Gain or (loss) 4,188,499					
	d	Net gain or (loss)		4,188,499			4,188,49
<u>⊕</u>	8a	Gross income from fundraising events					
Other Revenue		(not including \$ 83,965					
ev ev		of contributions reported on line 1c) See Part IV, line 18					
er F		a	41,530				
Ť	ь	Less direct expenses <b>b</b>	35,775				
,	С	Net income or (loss) from fundraising events 🕨		5,755			5,75
		Gross income from gaming activities See Part IV, line 19 . a					
		Less direct expenses		o			
		Net income or (loss) from gaming activities					
		returns and allowances .					
		a	1,661,628				
		Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory •	1,143,395	518,233		4,247	513,98
	_	Miscellaneous Revenue	Business Code	310,233		.,2.,7	- 23,50
	11	OTHER AUXILIARY REVENUE	611710	27,717			27,71
	l _	DINING SERVICES	722210	165,343			165,34
		REC CENTER FEES	713940	75,113			75,11
		I All other revenue		1,037,748		57,163	980,58
	•	Total. Add lines 11a-11d		1,305,921			
				1,303,321			
	12	Total revenue. See Instructions		215,462,357			7,896,69
	]				199,260,504	m <b>990</b> (20	10)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			<u> </u>					
2	Grants and other assistance to individuals in the U S See Part IV, line 22	40,462,959	40,462,959							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	21,050	21,050							
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	5,544,495	3,361,759	1,917,944	264,792					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	79,824,834	70,362,277	8,742,417	720,140					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,823,443	3,283,248	474,752	65,443					
9	Other employee benefits	7,591,660	6,519,072	942,646	129,942					
10	Payroll taxes	4,590,389	3,941,836	569,982	78,571					
а	Fees for services (non-employees) Management	0								
b	Legal	1,231,852	534,976	695,336	1,540					
C	Accounting	715,944		715,944						
d	Lobbying	348,312		348,312						
е	Professional fundraising services See Part IV, line 17	0								
f	Investment management fees	1,636,377	1,636,377							
g	Other	6,891,775	4,692,230	1,825,463	374,082					
12	Advertising and promotion	396,554	310,867	85,687						
13	Office expenses	4,387,635	3,525,874	603,237	258,524					
14	Information technology	2,141,024	1,846,613	267,423	26,988					
15	Royalties	0								
16	Occupancy	10,903,951	10,639,011	264,940						
17	Travel	5,247,852	4,359,853	800,502	87,497					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	0								
20	Interest	4,054,380	3,905,274	149,106						
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	7,614,078	6,979,504	634,574						
23 24	Insurance	1,163,184	1,047,261	115,923						
а	RESEARCH CONTRACTS	9,781,192	9,781,192							
a b	DINING ROOM FOOD PURCHASES	5,672,364	5,672,364							
c	LABORATORY SUPPLIES	2,936,485	2,840,289	88,961	7,235					
d	EQUIPMENT RENTAL	2,397,361	1,745,579	651,782	,,233					
e	TELEPHONE	590,543	763,824	-192,901	19,620					
f	All other expenses	3,382,627	1,855,038	1,527,589	17,020					
25	Total functional expenses. Add lines 1 through 24f	213,352,320	190,088,327	21,229,619	2 024 274					
26	Joint costs. Check here ► [ If following	213,332,320	130,000,327	21,229,019	2,034,374					
20	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a									
	combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			60,672	1	43,950
	2	Savings and temporary cash investments $\ . \ . \ . \ . \ .$	35,653,236	2	20,248,554		
	3	Pledges and grants receivable, net	6,751,601	3	4,082,187		
	4	Accounts receivable, net			28,345,909	4	26,016,278
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			784,324	5	594,081
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	mploy	ers, and			
şţŝ		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
۲	8	Inventories for sale or use			281,401	8	296,938
	9	Prepaid expenses and deferred charges			604,470	9	876,426
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	234,620,024			_
	b	Less accumulated depreciation	10b	104,226,940	129,242,439	10c	130,393,084
	11	Investments—publicly traded securities			56,080,182	11	84,124,950
	12	Investments—other securities See Part IV, line 11	34,250,351	12	33,848,095		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	8,940,855	15	8,159,297		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			300,995,440	16	308,683,840
	17	Accounts payable and accrued expenses .			16,827,832	17	15,063,549
	18	Grants payable				18	
	19	Deferred revenue			7,734,497	19	7,039,528
	20	Tax-exempt bond liabilities			79,063,915	20	78,542,758
Sə	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	5 <b>.</b>		15,467,416	23	15,033,792
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			18,135,291	25	18,352,194
	26	Total liabilities. Add lines 17 through 25			137,228,951	26	134,031,821
5		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete l	lines 27			
, <del>a</del> o		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets		9,529,031	27	22,562,878	
Fund Balance	28	Temporarily restricted net assets	46, 194, 336	28	44,458,950		
	29	Permanently restricted net assets		108,043,122	29	107,630,191	
		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd con	nplete			
ö		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Net	33	Total net assets or fund balances			163,766,489	33	174,652,019
	34	Total liabilities and net assets/fund balances			300,995,440	34	308,683,840

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		215,4	162,35
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		2,1	10,03
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		163,7	766,48
5	Other changes in net assets or fund balances (explain in Schedule O)	5		8,7	775,49
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		174,6	552,01
Par	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		-	୮	
1	Accounting method used to prepare the Form 990			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued		103	
За	Separate basis Consolidated basis Both consolidated and separated basis  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?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

10

h

Complete if the organization is a section 501(c)(3) organization or a section

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

4947(a)(1) nonexempt charitable trust.

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY

**Employer identification number** 

22-1487354 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	ļ	Yes	No
and (III) below, the governing body of the the supported organization?	11g(i)		
(ii) a family member of a person described in (i) above?	11g(ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
Provide the following information about the supported organization(s)			

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	<b>(vii)</b> A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

following persons?

# 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 fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t			Jaco complete		
	endar year (or fiscal year beginning							
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
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							
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)							
6	Public Support. Subtract line 5 from							
Ū	line 4							
S	ection B. Total Support		<u> </u>	<b>I</b> I.				
	endar year (or fiscal year beginning							
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total	
7	A mounts from line 4							
8	Gross income from interest,							
Ū	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
	sources							
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 IV )							
11	Total support (Add lines 7							
	through 10)					<u> </u>		
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı		
	check this box and <b>stop here</b>						<b>►</b>	
	-tiC Ct-ti	L'a Carana at B						
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))				
	· ·		•	II Column (1))		14		
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15		
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check		
_	and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</b> 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
b					5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>	
	box and <b>stop here.</b> The organization				45.46		<b>►</b>	
1/a	10%-facts-and-circumstances test—2010. 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							
							rt a d	
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo		
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □	
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ							
	Explain in Part IV how the organization						v	
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯	
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1	
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □	

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136050732

OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

Open to Public Inspection

If the organization answered "	Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Na	ection 501(c)(4), (5), or (6) organi me of the organization	zations Complete Part III		Employer iden	tification number
STE	EVENS INSTITUTE OF TECHNOLOGY			22-1487354	
ar	t I-A Complete if the or	ganization is exempt unde	r section 501(		organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	ıvıtıes ın Part IV	
2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
201	ther Complete if the or	ganization is exempt unde	r coction EO1/	c)/3)	
<u>СШ</u> 1		e tax incurred by the organization u	_		¢.
2		e tax incurred by organization mana			₽
3		section 4955 tax, did it file Form 47		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	↑ Yes  No
- 4a	Was a correction made?	rection 1999 tax, and te me Form 17	20 for ems year		Γ Yes Γ No
b	If "Yes," describe in Part IV				, 105 , 110
		ganization is exempt unde	r section 501(	c) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o	organization's funds contributed to	other organizations	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	0-POL, line 17b ►	ф
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			↑
5	organization made payments famount of political contribution	nd employer identification number ( For each organization listed, enter t ns received that were promptly and political action committee (PAC)	the amount paid fro directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
or F	Paperwork Reduction Act Notice, se	 ee the Instructions for Form 990 or 9	<u> </u>	<u> </u>	l Form 990 or 990-EZ\ 2010

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns			
	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		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Pa	complete if the organization is exempt under section 501(c)(3) (election under section 501(h)).	and has NOT f	iled F	orm	5768	3				
	(		(a)		(a)		(a)		(b)	
		Yes	No		A mour	nt				
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 referent through the use of		1							
а	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			34	8,312				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No							
i	Other activities? If "Yes," describe in Part IV		No							
j	Total lines 1c through 1:				34	8,312				
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?									
ar	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , $501(c)(6)$ .	section 501(	:)(5),	or s	ectio	n				
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No				
-	were substantially all (50 % of fillote) dues received holideductible by filefilbers?									

			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 carryover lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136050732

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ema	l Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.			Inspec	tion
	me of the organ			Emp	oloyer ident if icat	ion numb	er
ıΕ	EVENS INSTITUTE O	FIECHNOLOGY		22-	1487354		
Pa	rt I Organ	izations Maintaining Donor Ac	dvised Funds or Other Similar Fo			Comple	te if the
	organı	zation answered "Yes" to Form 99					
			(a) Donor advised funds		<b>(b)</b> Funds and ot	heraccou	ınts
	Total number a	,					
		tributions to (during year)					
		nts from (during year)					
		ue at end of year					
			sors in writing that the assets held in don organization's exclusive legal control?	or adv	ısed	┌ Yes	┌ No
	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ai			┌ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forr	n 990, Part IV	, lıne 7.	
	Preservat Protection Preservat Complete lines	n of natural habitat ion of open space	rganization (check all that apply) on or pleasure)	ertifie	d historic struct	ure	
		_			Held at the	End of the	Year
а		of conservation easements		2a			
b		restricted by conservation easements		2b			
С		servation easements on a certified his	, ,	2c			
d	Number of con	servation easements included in (c) a	equired after 8/17/06	2d			
	the taxable ye	ar • tes where property subject to conserva				idinig	
		nization have a written policy regarding fthe conservation easements it holds?	g the periodic monitoring, inspection, hand	dling of	r violations, and	┌ Yes	┌ No
		5, .	ecting and enforcing conservation easem		<i>J</i> ,		
	Does each cor	nservation easement reported on line 2	ng, and enforcing conservation easements (d) above satisfy the requirements of sec		g the year ► \$ _		
	In Part XIV, d		onservation easements in its revenue and the footnote to the organization's financial nents				∏ No
ar			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Ot	her Similar <i>F</i>	\ssets.	
а	art, historical	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	ch in fu			e,
b	historical trea		116, to report in its revenue statement a public exhibition, education, or research in ;				
	(i) Revenues	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets inc	luded in Form 990, Part X			<b>►</b> \$	3	16,405
	If the organiza	•	orical treasures, or other similar assets fo S 116 relating to these items	or finan			
а	Revenues incl	uded in Form 990, Part VIII, line 1			<b>►</b> \$		
		-					

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, F	listorical Tre	asures, or Othe	er Similar As	sets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any o	f the following th	at are a significant	use of its collec	tion	
а	▼ Public exhibition		<b>d</b> F Loan or	exchange program	s		
b	Scholarly research		e $\Gamma$ Other				
С	✓ Preservation for future generations						
4	Provide a description of the organization's co Part XIV	llections and explain	how they further	the organization's e	exempt purpose	ın	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t				mılar	☐ Yes	√ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Complete	ıf the organiza	ation answered "	Yes" to Form		- 140
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table			mount	
c	Paginning halance			1c		- Iount	
d	Beginning balance Additions during the year			1d			
e	- ,			1u 1e	1		
f	Distributions during the year  Ending balance			1e			
2a	Did the organization include an amount on Fo	rm 990 Part V line 3	1 2		1	☐ Yes	□ No
	If "Yes," explain the arrangement in Part XIV		1,			1 165	, 140
	t V Endowment Funds. Complete i		inswered "Yes'	' to Form 990. Pa	ırt IV. line 10.		
		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years	(e)Four \	Years Back
1a	Beginning of year balance	134,214,252	129,122,256	155,485,695	Back	+	
b	Contributions	335,365	742,425	788,435		+	
c	Investment earnings or losses	14,682,338	8,926,018	-24,764,095			
d	Grants or scholarships	5,131,339	4,576,447	2,387,779		1	
e	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance	144,100,616	134,214,252	129,122,256			
2	Provide the estimated percentage of the year	end balance held as					
а	Board designated or quasi-endowment	7 140 %					
b	Permanent endowment > 92 860 %						
С	Term endowment ▶						
За	Are there endowment funds not in the posses	sion of the organization	on that are held a	and administered fo	r the		
	organization by				[a-	Yes	No
	(i) unrelated organizations				3a		No
b	(ii) related organizations					b	1
4	Describe in Part XIV the intended uses of the	•					
Par	t VI Investments—Land, Buildings	, and Equipment	. See Form 990	0, Part X, line 10	<u>.                                      </u>		
	Description of investment		(a) Cost or oth basis (investme		(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
1a	and			1,763,196	5	1	1,763,196
b I	Buildings			199,361,444	89,339,97	3 11	10,021,471
c I	easehold improvements					0	
d I	Equipment			22,808,255	14,886,96	7	7,921,288
	Other			10,687,129		0 1	10,687,129
Гotа	. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column	(B), line 10(c).)		<b>►</b>	13	30,393,084
					Schedule	D (Form 9	90) 2010

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12.		
(a) Description of security or category (including name of security)	( <b>b)</b> Book value		of valuation year market value
(1)Financial derivatives			year market raide
(2)Closely-held equity interests			
(3)Other (A)ALTERNATIVE INVESTMENTS	27,346,386		,
(B) TRUSTS HELD BY OTHERS	2,792,499		1
(C) SPLIT INTEREST AGREEMENTS	3,623,422		
(D) OTHER	85,788		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	33,848,095		
Part VIII Investments—Program Related. See	Form 990, Part X, line 13		
(a) Description of investment type	( <b>b)</b> Book value		of valuation year market value
		Cost of the of	year market varae
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line	15		
(a) Descript			(b) Book value
		T	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	(.)		
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
ACCRUED POSTRETIREMENT BENEFIT	5,130,522		
ANNUITIES PAYABLE  CONDITIONAL ASSET RETIREMENT	1,939,196		
REFUNDABLE ADVANCES	6,151,420 5,131,056		
SILDINGE INSTITUTE	3,131,030		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	10 252 104		
Focal (Column (D) Should Equal Form 550, Part A, COI (B) IIIIE 25 )	18,352,194		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	215,462,357
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	213,352,320
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,110,037
4	Net unrealized gains (losses) on investments	4	10,746,444
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,970,951
9	Total adjustments (net) Add lines 4 - 8	9	8,775,493
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,885,530
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	184,838,359
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	10,746,444
3	Subtract line <b>2e</b> from line <b>1</b>	3	174,091,915
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,636,377		
Ь	Other (Describe in Part XIV)		
_ <b>c</b>	Add lines 4a and 4b	4c	41,370,442
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	215,462,357
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	s per	171,981,878
-	statements	1	171,501,070
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	749,944
3	Subtract line <b>2e</b> from line <b>1</b>	3	171,231,934
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,636,377	-	
b	Other (Describe in Part XIV)	4	
_ C	Add lines <b>4a</b> and <b>4b</b>	4c	42,120,386
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	213,352,320
	rt XIV Supplemental Information	- ut 114	lines the sed of
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV ,	innes ib and Zb,

Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS	FORM 990, SCHEDULE D, PART III	LINE 4 - Various pieces of art that have been donated are on Public Display for the enrichment and enjoyment of visitors, faculty, staff and students
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V	LINE 4 - the Institute'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 Institute
INCOME TAXES	FORM 990, SCHEDULE D, PART X	The Institute adopted ASC 740-10 as of July 1, 2007 ASC 740-10 clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement This section provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The Institute 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 Institute believes there are no uncertain tax positions. Therefore, the adoption of ASC 740-10 did not have any impact on the Institute's financial statements.
RECONCILIATION OF CHANGE IN NET ASSETS	FORM 990, SCHEDULE D, PART XI, LINE 8	Post-retirement benefit changes other than periodic costs \$(1,145,103) Change in value of split interest agreements (62,234) Allowance for uncollectible contributions (763,614)
OTHER REVENUE INCLUDED ON RETURN BUT NOT ON BOOKS	FORM 990, SCHEDULE D, PART XII, LINE 4b	SCHOLARSHIPS NETTED AGAINST REVENUE ON Financial statements reclassed to expenses (Part IX, Line 2) \$40,484,009 Book store costs of goods sold, net of interdepartment sales, included in expenses on financial statements \$(749,944) Total \$39,734,065 ==========
OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS	FORM 990, SCHEDULE D, PART XIII, LINE 2d	Book store costs of goods sold, net of interdepartment sales, included in expenses on financial statements \$(749,944) FORM 990, SCHEDULE D, PART XIII, LINE 4b SCHOLARSHIPS NETTED AGAINST REVENUE ON Financial statements reclassed to expenses (Part IX, Line 2) \$40,484,009

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DLN: 93493136050732

OMB No 1545-0047

2010

2010

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or Form 990-EZ.

Schools

Inspection
Employer identification number

STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Part I YES NO 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? 1 Yes 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 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 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

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Part I, Line 3		The Stevens Institute of Technology nondiscriminatory policy is distributed annually as well as printed in student materials and on its website
Part I, Line 6a		Stevens Institute of Technology receives funding from various governmental sources including, but not limited to, Pell, ACG, National Smart, Perkins, and FSEOG

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493136050732

OMB No 1545-0047

2010

Open to Public

**Inspection** 

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

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

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Name of the organization

**Employer identification number** 

1 =	VENSINSTITUTE OF TECHNO	LOGY			22-1487354	
Pā	<b>General Informati</b> "Yes" to Form 990, F			he United States. C	omplete if the organiza	ation answered
1	For grantmakers. Does the assistance, the grantees' e the grants or assistance? .	ligibility for the	grants or assi	stance, and the select	ion criteria used to awa	rd
2	<b>For grantmakers.</b> Describe in F United States	Part V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside th	e
3	Activites per Region (Use Pai	t V ıf addıtıonal s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean	1	2	Program Services	GRADUATE EDUCATION	195,76
	East Asia and the Pacific	0	0	Program Services	continuing education	400,20
	South Asia	0	1	Program Services	academic recruiting	10,0
	South Asia	0	1	Program Services	education development	81,9
	Central America and the Caribbean	0	0	Grantmakıng	graduate education	21,0
	Central America and the Caribbean			Investments		30,626,0

4

31,335,002

31,335,002

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

USE Part V II	Use Part V if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
SCHOLARSHIPS	Cent A merica/Caribbean	12	21,050	other				
					1		l .	

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	<b>▽</b>	Νo
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)	굣	Yes	Г	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Г	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	Г	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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Γ	Yes	<b>▽</b>	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES	FORM 990, SCHEDULE F, PART I	LINE 2 - Central America Scholarships equal up to 10% of program tuition (\$3,000 per student) are awarded to students enrolled in a graduate program conducted in the Dominican Republic Recipients are selected on the basis of academic performance and demonstrated financial need. Student scholarships are applied to the students' bursar accounts, therefore, there are no cash transactions involving the students.

Identifier	Return Reference	Explanation
Form 990, Schedule F, Part IV, Lines 1, 4 & 5		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 Nevertheless, Stevens Institute of Technology's investment in these partnerships may not have reached the thresholds required for filing the Forms 926, 8621 or 8865

Schedule F (Form 990) 2010

DLN: 93493136050732

OMB No 1545-0047

**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" to 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. See separate instructions.

Name of the organization **Employer identification number** STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations 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? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Fundraising Events. Commore than \$15,000 on Form									
	(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events					
	GOLF OUTING (event type)	WINE TASTING (event type)	(total number)	(Add col <b>(a)</b> through col <b>(c)</b> )					
Gross receipts	106,260	19,235		125,495					
Less Charitable contributions	73,135	10,830		83,965					
Gross income (line 1 minus line 2)	33,125	8,405		41,530					
Cash prizes									
Non-cash prizes									
Rent/facility costs	26,377	8,200		34,577					
Food and beverages									
Entertainment									
Other direct expenses .	1,198			1,198					
Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	35,775					
Net income summary Combine li	nes 3 and 10 in column (d	d)		5,755					
Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		'Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than					
	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))					
Gross revenue									
Cash prizes									
Non-cash prizes									
Rent/facility costs									
Other direct expenses									
Volunteer labor	Г Yes	┌ Yes%	Г Yes	ı					
7 Direct expense summary Add lines 2 through 5 in column (d)									
Net gaming income summary Com	ibine lines 1 and 7 in colu	mn (d)	<u> </u>						
Enter the state(s) in which the organization operates gaming activities									
Is the organization licensed to operate gaming activities in each of these states?									
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organıza	tion's gaming/special events books and	
	Name 🟲			
	Address ►			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	revenue?			· Fyes Fno
b			tion 🟲 \$ and the	,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
С	If "Yes," enter name and address	S		
	Name 🟲			
	Address ▶			
16	Gaming manager information			
	Name 🕨			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b></b>		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes Tho
b		required under state law distributed t	o otner exempt organizations or spent	
Par		activities during the tax year * \$	responses to question on Schedule G (	See
	instructions.)	provide additional information for	responses to question on schedule of (	
	Identifier	ReturnReference	Explanation	

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DLN: 93493136050732 OMB No 1545-0047

**Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

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

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

Employer identification number

STEVENS INSTITUTE OF TECHNOLOGY						22-1487354	
Part I General Information  1 Does the organization maintain r			grants or assistance the	e grantees' eligibility for	the grants or assist	ance. and	
the selection criteria used to aw	ard the grants or as:	sıstance <sup>?</sup>					✓ Yes
2 Describe in Part IV the organiza							
Form 990, Part IV, line duplicated if additional	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
		+					
		+					
2 Enter total number of section 50	1(c)(3) and governr	ment organizations .				<u>-</u>	
3 Enter total number of other organ	nizations					•	
For Privacy Act and Paperwork Reduction	Act Notice, see the I	nstructions for Form 99	0.	Cat No 50055P		Schedu	le I (Form 990) 2010

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS AND GRANTS	2734	40,462,959			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
	I, LINE 2	Scholarships and grants are awarded as financial assistance to students attending the Stevens Institute of Technology The distribution and application of the 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. Administration of financial assistance is monitored on an on-going basis through a review of bi-weekly system-generated reports.

DLN: 93493136050732

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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

Pa	Irt I Questions Regarding Compensation	n	<u>.</u>			
					Yes	No
la	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<b>▽</b>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	ᅜ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		- · · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organizatiograms or the control organization or the control of the		y			
	Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $1 a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	it from the organization or a related organization?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr					
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o			7	Yes	
3	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
INFORMATION	,	LINE 1 - first/business class may only be used for foreign travel greater than six hours, unless special circumstances warrant an upgrade and these must be approved by senior management no prior approval is required for the president, however his expenses are reviewed by the CFO and Chairman of the Board of Trustees
	compensation	the stevens annual incentive plan provides a mechanism to reward faculty, administrative leaders, and key staff for extraordinary performance over a period of one academic year 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 extra ordinary 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 this plan the following employee groups are eligible for participation in the plan faculty, staff, administration and executive leaders incentive compensation for faculty, staff and administration 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 and compensation committee of the board of trustees and approved by the full board of trustees as part of its consideration of this group (and as further described in schedule O) each year, the board of trustees will approve a set of annual incentive performances metrics (performance measures) for the executive leaders and will review with the president the process for determining the metrics for each other group or sub-group of employees the metrics must be defined by the institutional performance metrics and the institutional core and strategic objectives levels of performance required for "minimum", "target" and "maximum" incentive compensation will be defined by group, sub-group or, where appropriate, at the level of individual employee performance
,	Former President	Dr Raveche served 22 years as Stevens' President, ending on June 30, 2010 All of the elements of his compensation reported in the 2010 IRS Form 990 relate to long-standing contractual obligations. His calendar year 2010 contracted compensation consisted of base salary as president, auto allowance and other contractual employee benefits, severance, consulting payments, and the value of a supplemental retirement benefit earned over his 22 years in service. Dr. Raveche had a supplemental retirement benefit beginning with his appointment as president in 1988. On advice of counsel, it was determined that the proceeds of the supplemental retirement benefit be paid in full upon his retirement. In addition, Stevens accelerated Dr. Raveche's repayment of outstanding loans to the University three years ahead of schedule. Dr. Raveche repaid the University in full on 10/31/2011. The compensation amounts for Dr. Raveche reported on 2010. IRS Form 990 consist of the following. Payments made while serving as president (January 1 - June 30, 2010). \$315,055 BASE SALARY AS PRESIDENT 33,388 OTHER MISCELLANEOUS PAYMENTS 12,250 UNIVERSITY TIAA-CREF. CONTRIBUTION 6,241 NONTAXABLE EMPLOYER SHARE OF MEDICAL PLAN Payments in connection with the termination of prior contractual arrangements. 102,096 CONSULTING PAYMENTS 320,000 SEVERANCE payments relating to the supplemental retirement benefit earned over 22 years in service. \$1,837,578 amount earned in previous years 35,238.2010 benefit liability change. 1,651,222 accounting adjustment due to accelerating retirement date to June 30, 2010 588,094 PROCEEDS of an insurance policy payable on retirment or death

Software ID: Software Version:

**EIN:** 22-1487354

Name: STEVENS INSTITUTE OF TECHNOLOGY

Form 990, Schedule J,	Part I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compen	sated Employees	5	,
(A) Name	]	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Anthony Barrese	(1) (11)	162,728 0	10,000 0	0	16,693 0	0	189,421	0
George P Korfiatis	(1) (11)	417,129 0	100,000 0	91,623 0	22,050 0	15,218 0	646,020	0
Randy L Greene	(1) (11)	319,083 0	86,667 0	71,163 0	22,050 0	4,498	503,461 0	0
Mark Samolewicz	(1) (11)	150,924 0	0 0	1,595 0	14,402 0	13,520	180,441	0
Henry P Dobbelaar Jr	(1) (11)	264,920 0	11,000 0	2,050 0	21,433 0	C	299,403	0
Maureen P Weatherall	(1) (11)	311,855 0	45,000 0	91,988 0	22,050 0	13,497	484,390	0
Michael S Bruno	(1) (11)	315,142 0	0	63,847 0	22,050 0	10,265	411,304	0
Lisa Dolling	(1) (11)	164,650 0	16,000 0	0	13,268 0	C	193,918	0
Charles T koeller	(1) (11)	204,125 0	15,000 0	0	16,105 0	4,216	239,446	0
Dinesh Verma	(1) (11)	409,707 0	30,000	62,396 0	19,600 0	13,521	535,224	0
Constantin Chassapis	(1) (11)	292,640 0	13,000	0	22,050 0	13,521	341,211	0
Ralph G Giffin III	(ı) (ıı)	296,096 0	15,000 0	0	15,965 0	C	327,061	0
Souran Manoochehri	(1) (11)	288,008 0	5,000 0	250 0	15,213 0	C	308,471	0
Malcolm R Kahn	(1) (11)	258,731 0	10,000	0	24,500 0	10,214	303,445	0
Alan F Blumberg	(1) (11)	261,713 0	7,000	0	19,707 0	4,539	292,959	0
Harold Raveche 63010	(1) (11)	315,055 0	0	4,567,616	12,250	6,241	4,901,162	1,837,578
FREDERICK REGAN13110	(1) (11)	21,458 0	0	250,040	5,513	1,121	278,132	0

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

DLN: 93493136050732 OMB No 1545-0047

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

Pa	Part I Bond Issues														
<u>-</u> -	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	ıce	(f)	Description o	of Purpose	(g) Def	feased	Beh	) On nalf of suer		Pool
			<b></b>	<u> </u>	<del></del>	$\bot$				Yes	No	Yes	No	Yes	No
A	NJ Edu FAC Auth Stevens Issue 2007	22-1829511	64605LZ43	08-02-2007	71,633,		REFUN SSUE	NDING OF PE	₹IOR		Х		Х		Х
В	NJ EDU FAC AUTH CAPITAL IMP 2005 A	22-1829511	60605Lwwx	08-10-2005	792,		REFUNDING OF PRIOR SSUES				Х		Х		Х
c	NJ EDU FAC AUTH CAPITAL IMP 2006 A	22-1829511	64605lz43	10-26-2006	133,0		REFUN SSUE	IDING OF PE	RIOR		Х		х		Х
D	NJ EDU FAC AUTH DORM SAFETY 2003 A	22-1829511	64605NBU7	01-15-2004	244,;			ICE DORM S OVEMEN	AFETY		Х		х		Х
									,						
Do	WELL Discoods		<u> </u>											<u> </u>	
Fa	rt II Proceeds				A		$\overline{}$	В			С		$\overline{}$	D	
1	A mount of bonds retired						0		0				0		138,500
2	A mount of bonds legally defea	ased			+		-		0				0		0
3	Total proceeds of issue				- ξ	85,725,356 0						0		0	
4	Gross proceeds in reserve fur	nds				5,782,758				0 0					
5	Capitalized interest from proc	ceeds				0 0						0		0	
6	Proceeds in refunding escrow	<i>i</i>			$\epsilon$	66,517,119 0					0 0				
7	Issuance costs from proceeds	is			1,535,969 0						0	•	0		
8	Credit enhancement from prod	ceeds	•	•		0 0						0 0			
9	Working capital expenditures	from proceeds					0		0				0 0		0
10	Capital expenditures from pro	oceeds					0		0			(	0	-	0
11	Other spent proceeds						0		0				0		0
12	Other unspent proceeds						0		0			(	0		0
13	Year of substantial completion	n			200	J 9									
					Yes	No	,	Yes	No	Yes		No	Yes	<u>.                                    </u>	No
14	Were the bonds issued as par	rt of a current refun	ding issue?			Х			Х			Χ			Х
15	Were the bonds issued as par	rt of an advance ref	unding issue?		×				Х			Χ	T		X
16	Has the final allocation of pro	ceeds been made?			Х			Х		Х			Х		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?							х		Х			×		
Pai	rt IIII Private Business U	Jse													
					A Voc			y <sub>a</sub> ,			C	No.	<del>  Yau</del>	D	- No
	Mac the erganization a partne	or in a nartharchin	ara mambar of an '	LLC which owned	Yes	No		Yes	No	Yes	+	No	Yes	-	No
1	1 Was the organization a partner in a partnership, or a member of an LLC, which owned					X			X			Χ			X

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Χ

Par	Private Business Use (Continued)								
			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		х		х		Х
b	Are there any research agreements that may result in private business use of bond- financed property?		х		х		x		×
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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		0 %		0 %		0 %		0 %
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		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х	
D-	THE Auditure		•						

Pai	rt IV Arbitrage								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		х		х		Х
	Is the bond issue a variable rate issue?		X		X		X		Х
	Has the organization or the governmental issuer entered	+	<del></del>	+	<del>  ^</del>		^		^
3a	into a hedge with respect to the bond issue?		x		x		x		х
ь	Name of provider								
	Term of hedge								
d	Was the hedge superintegrated?								
<u>е</u>	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х
ь	Name of provider				•				
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		x		х		х		Х
6	Did the bond issue qualify for an exception to rebate?		х		×		×		х

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
See Schedule O for Supplemental Information		

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DLN: 93493136050732

Employer identification number

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**2010** 

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STEVEN	S INSTITUTE OF TECHNOLOGY								2 14072	T 4		
Part I								organı		nly).	.no 40h	
1	(a) Name of disq			vered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V  Derson  (b) Description of transaction				rail V, i		(c)		
						(5, 5 55					Yes	
<b>2</b> Er	nter the amount of tax impos	ed on t	he orgar	nization man	agers or	disqualified perso	ons durii	ng the y	ear under	-	I	
	ection 4958								<b>.</b>	\$ —		
			-		-	e organization .		• •		* <u> </u>		
Part :	Loans to and/or I Complete if the organi					), Part IV, line 26,	, or Form	n 990-E	Z, Part V	, lıne 38	a	
<b>(a)</b> Nar	a) Name of interested person and purpose		oan to m the zation?	(c)Original principal amount		(d)Balance due	<b>(e)</b> In default?		(f) Approved by board or committee?		(g)Writ	
		То	From				Yes	No	Yes	No	Yes	No
	OLD J RAVECHE AGE note		×	9	28,314	594,081		No	Yes		Yes	
Total					<b>▶</b> \$	594,081						1
Part I	Grants or Assistan Complete if the orga	nce Be	enefitti	ing Intere	ested F	Persons.	line 2	7				
	(a) Name of interested pers			Relationsh)	ıp betwe	een interested per ganization			nount of gı	ant or ty	/pe of assı	stance

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

Complete if the organizati	on answered res on	roini 550, rait IV, iii	10 200, 200, 01 200.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) Lawrence T Babbio Jr	Chairman of the Board	1,046,453	See Schedule L, Part V		No
(2) Virginia P Ruesterholz	Board Trustee	506,110	See Schedule L, Part V		No
(3) Ronald E Salluzzo	Board Trustee	87,050	See Schedule L, Part V		No

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Schedule L, Part IV		Chairman of the Board, Lawrence Babbio, also sits on the Board of Directors of Hewlett-Packard Company. The Institute conducts business with Hewlett Packard Company (total fees of \$120,230) and with Hewlett Packard Financial Services (total fees of \$926,223). Board of Trustees Member, Virginia. Ruesterholz, is the President of Verizon Services Operation. The Institute conducts business with Verizon Wireless (total fees of \$145,904), with Verizon Select Services (total fees of \$72,336), and various other Verizon companies (total fees of \$287,870). Board of Trustees member, Ronald E. Salluzzo, is a partner at Attain, LLC. The Institute conducts business with Attain, LLC (total fees of \$87,050).

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493136050732

OMB No 1545-0047

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**NonCash Contributions** 

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Inspection Employer identification number

	e of the organization ENS INSTITUTE OF TECHNOLOGY		Employer identification number					
JILVI	instricte of Technology				22-1487354			
Pa	Types of Property				_			
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		contribut	tion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
good								
	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property		10	11151				
9 10	Securities—Publicly traded Securities—Closely held	X	13	114,518	FMV			
11	stock							
4.5	LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	COMPUTER							
25	Other►(LICENSES&SUPPORT)	Х	1	40,741	FMV			
26	O ther ►()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received by				29			
	for which the organization complete	ea Form 8	3283, Part IV, Donee Ackr	iowieagement			v	
302	During the year, did the organizatio	n receiv	e by contribution any prope	arty reported in Dart I lines	1 - 28 that it		Yes	No
<b>50</b> 0	must hold for at least three years fr							
	for exempt purposes for the entire h			•	d to be used			No
	····					30a		No
31	If "Yes," describe the arrangement  Does the organization have a gift a			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use the	nira parti	ies or related organizations	to solicit, process, or sell	non-casn			
	contributions?					32a	Yes	
	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NONCASH CONTRIBUTIONS F	,	Line 9 - To the extent that the Institute receives contributions of securities, the Institute's investment brokerage bank is tasked with selling those securities Line 32 - the Institute uses various galleries to facilitate the sale of art. No art was sold in Fiscal Year 2011

Schedule M (Form 990) 2010

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DLN: 93493136050732

OMB No 1545-0047

2010

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# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization STEVENS INSTITUTE OF TECHNOLOGY

Employer identification number

22-1487354

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2		Two of the Institution's trustees disclosed in their respective annual conflict of interest disclosure statements that they jointly own a real estate holding company. The Institution has no business or other dealings with this company. Form 990, Part VI, Line 4 during the year, the board of trustees approved changes to the by-laws of the institution and adopted and/or modified charters of committees of the board of trustees, these changes addressed the involvement of faculty trustees and participants in board activities, the authority of the executive committee of the board of trustees and the requirements of "independent" trustees all changes to the by-laws were fully reviewed by counsel to the institution and all current organizational documents of the institution are posted on the institution's website.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11A		this form 990 was prepared by members of the finance and legal offices of the institution together with its outside tax and accounting firm specializing in higher education, the form 990 was then presented to the audit committee of the board of trustees for review, and approval following this process and any modifications recommended by the audit committee, the form 990 was presented to a meeting of the full board of trustees of the institution and approved in accordance with the by-laws of the institution.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12C		the institution's conflict of interest policy requires ongoing compliance and self-reporting of conflicts. It also provides for completion of an annual questionnaire by all trustees, officers and faculty, which questionnaire is reviewed by the office of compliance and internal audit and the general counsel and reported to the audit committee of the board and to the board of trustees information disclosed in the questionnaires which indicates the possible presence of a conflict is investigated, discussed with relevant personnel and, if necessary, the conflict is eliminated or managed pursuant to a conflict management plan or device supervised by the chair of the board of trustees or the chair of the audit committee, with advice from the office of audit, risk and compliance and the general counsel in addition, conflicts are identified by the officers of the institution and staff at other levels of the institution as they arise from time to time and are referred to office of audit, risk and compliance and the general counsel for further analysis and resolution certain conflicts relating solely to research activities may be managed by the director of the office sponsored programs, with advice from the office of audit, risk and compliance and the general counsel

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15B		the total compensation of the persons occupying the following positions and any recommended adjustments were reviewed by the human resources and compensation committee of the board of trustees, in the fall of 2010, based on recommendations from the president (except with respect to the president himself), together with comparative data from peer institutions collected and analyzed by an independent compensation consultant to the institution, and then proposed by such committee to the full board of trustees for approval president provost and university vice president (interim president) deans vice president for facilities and community affairs chief administrative officer chief financial officer and treasurer vice president for development vice president for enterprise development vice president for the research enterprise vice president, gerenal counsel and secretary vice president for human resources assistant secretary grants and contracts specialist (related) associate provost for graduate enterprise and professor deputy dean and department director (engineering) faculty trustee, associate dean and chief of staff (systems) the secretary of the board of trustees took contemporaneous minutes of the meetings at which these decisions were made by the human resources and compensation committee and the board of trustees

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19		The Governing documents of the institution together with charters for committees of the board of trustees, the conflict of interest policy and the financial statements of the institution are all made available on the institutions website (www stevens edu) in addition, a variety of other documents and materials regarding the institution and its operations, as well as the other policies of the institution, are available on the website

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 5	assets or fund	Net unrealized gains (losses) on investments \$10,746,444 Post-retirement benefit changes other than periodic costs (1,145,103) Change in value of split interest agreements (62,234) Allowance for uncollectible contributions (763,614) Total \$8,775,493 ====================================

ldentifier	Return Reference	Explanation
Schedule K, Part I	Supplemental Information	1 Bond Issue A - Columm (F) This issue advance refunded all of the outstanding principal amount of the revenue bonds, Stevens Institute of Technology issue, 2004 Series B issued on July 1, 2004 by the New Jersey Educational Facilities Authority ("NJEFA"), all of the revenue bonds, 2002 Series C issued by NJEFA on December 1, 2002 and a portion of the revenue bonds, Stevens Institute of Technology issue, 1998 Series I issued by NJEFA on August 25, 1998. The refunded bonds financed capital improvements for the Institute 2 Bond Issue B - Columns (E) and (F) These bonds were issued in the par amount of \$15,077,352 to refund a portion of the NJEFA Capital Improvement Fund (CIF) Issues, Series 2000 A, Series 2000 B and Series 2002 A CIF Bonds were issued pursuant to a legislative program to finance capital improvements for New Jersey colleges and universities. Eleven colleges received grants from the 2000 A, 2000 B, and 2002 A bonds. Stevens received grants only from the 2000 A and 2000 B bonds. The refunded bonds and the series 2005 A refunding bonds (bond issue B) are repayable in part by state appropriations. The issue price shown on Schedule K for the Series 2005 A Bonds is the approximate amount of the issue price allocable to the Institute 3. Bond Issue C - Columns (E) and (F). These bonds were issued in the par amount of \$155,460,000 to refund a portion of NJEFA's capital improvement fund issues, Series 2000 A, Series 2000 B, Series 2002 A, and Series 2004 A. The 2000 A, 2000 B, 2002 A, and 2004 A bonds were issued on July 1, 2000, December 30, 2000, November 21, 2002 and March 14, 2004 respectively. At least eleven colleges received grants from these bonds. Stevens received grants only from 2000 A and 2000 B. The refunded bonds and the series 2006 A refunding bonds (Bond Issue C) are repayable in part by state appropriations. The issue price shown on the Schedule K for the refunding 2006 A Bonds is the approximate amount of the issue price allocable to the Institute 4. Bond Issue D - Columns (E) and (F). Thes

ldentifier	Return Reference	Explanation
Schedule K, Part II	Supplemental Information	1 Bond Issue A - As described above, these bonds advance refunded three prior issues. The \$85,725,356 30 shown on Line 1 is the total of the par amount, the original issue discount, the amount held in escrow funds for the refunded bonds applied to the refunding and gross earnings of \$8,747,827 89 on all funds as reported in the interim rebate report for these bonds as of June 30, 2010 (the "rebate report"). The \$5,782,757 88 is the amount reported as the balance remaining in the debt reserve fund in the rebate report. The original deposit was \$5,772,781.26. The \$66,517,119.10 in Line 3 is the total balance remaining in the escrow funds for the refunded bonds reported in the rebate report. The issuance costs in Line 5 includes underwriters' discount. 2. Bond Issues B, C, & D - As described in the supplemental information to Part I, these three bond issues were issued by the New Jersey Educational Facilities Authority under state legislative programs intended to provide financial assistance to a large number of colleges and universities in New Jersey. Stevens Institute received grants under these programs but was only 1 of 11 or 12 institutions that received money from each issue. Each of these issues were sold on the credit of the State of New Jersey which pays debt service from state appropriations. The Institute is reporting the amounts it received but does not have the complete information that the Authority, as issuer, has

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DLN: 93493136050732

SCHEDULE R (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization STEVENS INSTITUTE OF TECHNOLOGY 22-1487354 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled (if section 501(c)(3)) or foreign country) entity organization For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2010

•	<u> </u>												
				able as a Partner treated as a partne			answe	red "\	res" or	ı Form 990,	Part	IV, lıı	ne 34
<b>(a)</b> lame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop	allocations? amo		(i) Code V—UBI ount in box 20 of Schedule K-1 (Form 1065)		) ral or rging ner?	<b>(k)</b> Percentage ownership
							Yes	No			Yes	No	
				able as a Corpora					nswere	d "Yes" on	Form	990,	Part IV,
Name, address, and	(a) EIN of related organiza	ition	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share	<b>(f)</b> of total	income	( <b>g)</b> Share end-of-y asset	of ⁄ear		<b>(h)</b> Percentage ownership
(1) RAVENSWOOD CORPOR ONE CASTLE POINT ON HUI HOBOKEN, NJ07030 22-1854071			real estate	NJ	stevens inst	C CORP			306,137		1,864,3	40	100 000 %
<b>(2)</b> CASTLE POINT HOLDIN ONE CASTLE POINT ON HUI HOBOKEN, NJ07030 20-4264786			tech transfer	NJ	stevens inst	C CORP			0		407,3	36	100 000 %

he	edule R (Form 990) 2010		Рa	ge <b>3</b>
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
е	Loans or loan guarantees by other organization(s)	1e	Yes	
f	Sale of assets to other organization(s)	1f		No
	Purchase of assets from other organization(s)	1g		No
	Exchange of assets	1h		No
	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
	Reimbursement paid by other organization for expenses	<b>1</b> p		No
	O ther transfer of cash or property to other organization(s)	1q		No
Ч	Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)	1r	$\vdash$	No

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) RAVENSWOOD CORPORATION	e, k	56,203	
(2) CASTLE POINT HOLDINGS	d, k	101,010	
(3)			
(4)			
(5)			
(6)			

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
									+	-	
										1	
							$\vdash$		+	$\vdash$	
										T	
									-	$\vdash$	
										╁	
									+	+	

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 22-1487354

Name: STEVENS INSTITUTE OF TECHNOLOGY

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

(A) Name and Title	(B) Average hours	Posi	((	cheo	cka			( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Lawrence T Babbio Jr Trustee/ Chairman	1 0	Х		Х				0	0	0
Anthony Barrese Trustee/ Assoc Dean	1 0	Х						172,728	0	16,693
Stephen T Boswell trustee	1 0	Х						0	0	0
Thomas A Corcoran trustee	1 0	Х						0	0	0
Philip P Crowley Trustee	1 0	Х						0	0	0
Mary A Doddy trustee	1 0	Х						0	0	0
David J Farber trustee (NON-VOTING)	1 0	Х						0	0	0
Martin C Fliesler trustee	1 0	Х						0	0	0
John J Hanlon IV Trustee	1 0	Х						0	0	0
andrew g kaplan trustee	1 0	Х						0	0	0
Mark LaRosa trustee	1 0	Х						0	0	0
Richard S Magee trustee	1 0	Х						30,000	0	0
Victoria O'Connor Trustee	1 0	X						0	0	0
Hillary Paul Trustee	1 0	Х						0	0	0
Spyros Polemis trustee	1 0	Х						0	0	0
Richard R Roscitt trustee	1 0	Х						0	0	0
Vırgınıa P Ruesterholz trustee	1 0	Х						0	0	0
RONALD E SALLUZZO trustee	1 0	Х						0	0	0
John A Schepisi trustee	1 0	Х						0	0	0
frank j semcer sr trustee	1 0	Х						0	0	0
Steven Shulman Trustee/ Vice Chairman	1 0	Х		Х				0	0	0
Richard F Spanier trustee	1 0	Х						0	0	0
James M Walsh trustee	1 0	Х						0	0	0
George P Korfiatis Provost/ Interim President	60 0			Х				608,752	0	37,268
Randy L Greene VP of Finance/Treasurer	60 0			Х				476,913	0	26,548

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours		tion ( that a	che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
Mary Wheeler Assist VP of Fin/Assist Treas	60 0			х				94,370	0	13,683			
Kathy Schulz General Counsel/Secretary	60 0			X				98,866	0	8,046			
Diana Colombo Exec Assistant/Assistant Sec	60 0			X				82,937	0	18,731			
Mark Samolewicz VP of HR/Secretary	60 0			Х				152,519	0	27,922			
Henry P Dobbelaar Jr Vice President	60 0				х			277,970	0	21,433			
Maureen P Weatherall Vice President	60 0				х			448,843	0	35,547			
Michael S Bruno Dean	60 0				X			378,989	0	32,315			
Lısa Dollıng Dean	600				Х			180,650	0	13,268			
Charles T koeller Dean	600				X			219,125	0	20,321			
Dinesh Verma Dean	60 0				X			502,103	0	33,121			
Constantin Chassapis Deputy Dean	600					X		305,640	0	35,571			
Ralph G Giffin III Assoc Dean/Assoc Prov	600					Х		311,096	0	15,965			
Souran Manoochehrı Prof/Associate Dean	60 0					Х		293,258	0	15,213			
Malcolm R Kahn Vice President	60 0					Х		268,731	0	34,714			
Alan F Blumberg Professor	60 0					Х		268,713	0	24,246			
Harold Raveche 63010 President Former	0 0						х	4,882,671	0	18,491			
FREDERICK REGAN13110 vice president, former	0 0						х	271,498	0	6,634			