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Return of Organization Exempt From Income Tax

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

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

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

DLN: 93493103012871 OMB No. 1545-0047

Open to Public

Treasury

Department of the

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2019 , and ending 05-31-2020 C Name of organization D Employer identification number B Check if applicable: St John's University New York ☐ Address change 11-1630830 % Sharon Hewitt Watkins ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Application pending (718) 990-3369 City or town, state or province, country, and ZIP or foreign postal code Jamaica, NY $\,$ 11439 $\,$ G Gross receipts \$ 945,024,722 Name and address of principal officer: H(a) Is this a group return for Rev BRIAN J SHANLEY OP □Yes ☑No subordinates? 8000 Utopia Parkway H(b) Are all subordinates Jamaica, NY 11439 ☐ Yes ☐No included? **✓** 501(c)(3) 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www.stjohns.edu L Year of formation: 1871 M State of legal domicile: NY **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities: St. John's University is a Catholic, Vincentian, Metropolitan, and Global Institution of Higher Education (Continued on Schedule O). Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 25 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6,311 6 Total number of volunteers (estimate if necessary) 126 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 139,480 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 36,339,209 48,652,476 Ravenue 696,912,177 9 Program service revenue (Part VIII, line 2g) . 711,491,398 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 69,947,623 65,123,093 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 817,778,230 810,687,746 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 280,591,100 291,813,216 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 283,175,477 285,415,541 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶8,172,898 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 186,783,294 178,218,221 750,549,871 755,446,978 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 55,240,768 Revenue less expenses. Subtract line 18 from line 12 . 67,228,359 Net Assets or Fund Balances Beginning of Current Year End of Year 1,492,505,023 1,490,909,375 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 570,609,728 555,058,631 921,895,295 935,850,744 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here SHARON HEWITT WATKINS VP BUS AFRS CFO/TREA Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2021-04-13 P01517891 Paid self-employed Firm's name **KPMG** LLP Firm's EIN ▶

☑ Yes ☐ No

NEW YORK, NY 101540102

Firm's address ► 345 PARK AVENUE

Preparer Use Only

Phone no. (212) 758-9700

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III . ✓ 1 Briefly describe the organization's mission: St. John's University is a Catholic, Vincentian, Metropolitan and Global Institution of Higher Education (Continued on Schedule O). 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	Forr	n 990 (2019)				Page 2
Briefly describe the organization's mission: St. John's University is a Catholic, Vincentian, Metropolitan and Global Institution of Higher Education (Continued on Schedule O). Ves	Р	art III Statement of Pro	gram Service Accomplis	hments		
2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27		Check if Schedule O	contains a response or note to	any line in this Part III .		🗹
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1	Briefly describe the organiza	tion's mission:			
the prior Form 990 or 990-E2?	St. I	John's University is a Catholic, '	Vincentian, Metropolitan and G	lobal Institution of High	er Education (Continued on Sched	ıle O).
the prior Form 990 or 990-EZ? If "Ves," describe these new services on Schedule 0. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? If "Ves," describe these changes on Schedule 0. If "Ves," describe these changes on Schedule 0. 4 Describe the organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 705,220,878 including grants of \$ 291,813,216) (Revenue \$ 696,912,177) See Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$)	2	Did the organization underta	ke any significant program ser	vices during the year wi	hich were not listed on	
Did the organization cease conducting, or make significant changes in how it conducts, any program services?		the prior Form 990 or 990-E	Z?			☐ Yes ☑ No
services?	_	•				
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 705,220,878 including grants of \$ 291,813,216) (Revenue \$ 696,912,177) See Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$)	3	_				
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 705,220,878 including grants of \$ 291,813,216) (Revenue \$ 696,912,177) See Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$)			∐ Yes 🗹 No			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$)	4	Describe the organization's p Section 501(c)(3) and 501(c	- program service accomplishmer)(4) organizations are required	I to report the amount o		
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4a	, ,	Expenses \$ 705,220,878	including grants of \$	291,813,216) (Revenue \$	696,912,177)
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code:)(Expenses \$	including grants of \$) (Revenue \$)
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(Expenses \$ including grants of \$) (Revenue \$)						
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	4.	• •		<u> </u>	/ (Ivevenue p	J

Par	Checklist of Required Schedules			
			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 instructions)? 💆	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 2	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 3	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2			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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
	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 2	11b	Yes	
	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
	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 2			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	
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.			No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)			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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b		No No
<u></u>	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	orm 00	0 (2019)

orm s	990 (2019)			Page 4		
Part	Checklist of Required Schedules (continued)					
			Yes	No		
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes			
	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 through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>					
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No		
	employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III					
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No		
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes			
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
	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		
	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	Yes			
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes			
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes			
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2					
	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					
	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			No		
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			
Pari						
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		✓		
1-	Enter the number reported in Box 2 of Form 1006 Enter -0. If not applicable 1.1 1.2 25.947		Yes	No		
тđ	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25,847			1		

1b

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1c

Yes

Par	statements Regarding Other IRS Filings and Tax Compliance (continued)					
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	6,311				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes			
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes			
D	If "Yes," enter the name of the foreign country: ►FR, IT See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB,	^B)				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
Ь	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 organiza solicit any contributions that were not tax deductible as charitable contributions?	tion 6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	a 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?					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	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	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	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.)					
12a	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.					
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a				
	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					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exparachute payment(s) during the year?	. 15	Yes			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	. 16		No		

Form	990 (2019)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines
Se	ction A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 25		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
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	1		
3	officer, director, trustee, or key employee?	3		No No
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			140
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?		103	
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed			
17	, PA , V	/A		
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Sharon Hewitt Watkins 8000 Utopia Parkway Jamaica, NY 11439 (718) 990-3369			
			orm 00	n (2019)

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

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

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

Med-Tek Contracting Inc,

385 WEST MAIN STREET BABYLON, NY 11702 MASON TECHNOLOGIES INC,

517 COMMACK ROAD DEER PARK, NY 11729

601 N Macquesten Parkway Mount Vernon, NY 10552

ACA IND INC DBA AMERICAN MAINTENANC,

compensation from the organization ▶ 93

Page 8

3,981,486

1,704,208

1,367,346

Form **990** (2019)

Construction

Bldg Maintenance

TELECOMM UPGRADE

FOITI	1 990 (2019)													Page 8
Pa	nt VII Section A. Officers, Direct	tors, Trustees	, Key آ	Emp!	loye	es,	and	High	nest Co	mpensate	ed Employees (contii	nued)	
	(A) Name and title	(B) Average hours per week (list any hours for related	rage Position (do not check means per than one box, unless per is both an officer and director/trustee)			ss pers r and a ee)	son	Repo comp fro organ	(D) portable pensation om the nization 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	١ ،	iisc)	MISC)		relati organiza	ed
See	Additional Data Table			\vdash								+		
				\vdash		╁						+		
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		<u> </u>		$oxed{oxed}$	<u> </u>	<u> </u>						\perp		
	Sub-Total					,	•							
	Total (add lines 1b and 1c)	•					<u> </u>		5,	,787,140	0)		711,605
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived mo	ore than \$1	00,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2								ghest cor	mpensated	employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization	ns greater than \$	\$150,000	0? <i>If</i>	"Yes	s," co	omplet	te Sc	chedule J	for such				
_	individual										-	4	Yes	
5	Did any person listed on line 1a recei- services rendered to the organization									ition or ina	ividual for	5		No
Se	ection B. Independent Contract	ors		_	_	_								
1	Complete this table for your five high from the organization. Report compe	est compensate										pens	ation	
	- Name	(A) and business addre	966	-						Desc	(B) cription of services		(C Compen	
Court	ns Building Services Inc, t Square Place 24-01 44th Rd Island City, NY 11101	and business day.	:55							Bldg Mainte				,087,364
Chart 9133	twells, 7 Collections Drive									Food Servic	e		14	,985,668
Cnica	ago, IL 60693											-+		

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

Part		_	Statement	of R	Revenue						Page 9
· care						respo	nse or note to any	/ line in this Part VIII			🗹
						·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1	1a	Federated campa	igns		1a		I	revenue	1	312 314
ants unt	b Membership dues 1b c Fundraising events 1c 2,778,000										
0 E							2,778,000				
Ę,		d	Related organiza	tions	; <u> </u>	1d					
آء ق		е	Government grants	(con	tributions)	1e	19,841,774				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contribution				26 022 702				
ibuti the		g	above Noncash contributio	ns in	cluded in	1f 	26,032,702				
Contributions, Gifts, Grants and Other Similar Amounts		_	lines 1a - 1f:\$			1 g	582,753				
ತ ರ		h	Total. Add lines	1a-1	f	• •	•	48,652,476	_	,	
							Business Code	629.014.106	629 014 106		
an a	2	a.	Tuition and Fees				900099	638,014,106	638,014,106		
enue		b	Auxiliary Enterprises	y Enterprises				53,463,000	53,458,031	4,969	
Program Service Revenue		c	Other Revenue				000000	5,435,071	5,435,071		
rvice							900099				
Se .		d									
gran		_									
Prog		е									
		f	All other program	serv	ice revenue.						
	•	g	Total. Add lines 2	2a-2	f	•	696,912,177				
	3		nvestment income milar amounts)				nterest, and other	10,337,121		134,511	10,202,610
	4		ncome from invest				ond proceeds	341,841			341,841
								• 0			
					(i) Real		(ii) Personal				
	6	ia	Gross rents	6a							
	b	,	Less: rental								
			expenses	6b							
	С		Rental income or (loss)	6с		0		0			
		d	Net rental income	or ((loss)			0			
					(i) Securit	ies	(ii) Other				
	7	7a Gross amount from sales of assets other 187,091,956									
			assets other than inventory								
	b	b Less: cost or other basis and 7b 132,647,825									
			sales expenses	\vdash				_			
			Gain or (loss)	7c		14,131	1	F4 444 131			E4 444 121
			Net gain or (loss) Gross income from fu			 —	· · · · •	54,444,131			54,444,131
ne	_		(not including \$	2	,778,000 of						
ven			contributions reported See Part IV , line 18			8a	1,689,15	1			
Re		b	Less: direct expen	ses		8b	1,689,15:	_			
Other Revenue			Net income or (los			ng eve	ents	0			
OĦ	ο-		Gross income from	asmi	ing activities						
	٥٠		See Part IV, line 19	•		9a	(ס			
		b	Less: direct expen	ses		9b	(
		С	Net income or (los	s) fr	om gaming a	ctiviti	es 🕨	0			
	10	0a	Gross sales of inve	entor	ry, less						
			returns and allowa	nces	5	10a	(ס			
		b	Less: cost of good	s sol	ld	10b	(ַ			
		С	Net income or (los			nvent		0			
	1	. 1 a	Miscellaneo a	us R	evenue		Business Code	-			
		-									
		b				\dashv					
		c									
		d	All other revenue	•		-					
		e	Total. Add lines 1	1a-1	l1d		•	0			
	1	2	Total revenue. S	ee ir	nstructions .				202.25=		
								810,687,746	696,907,208	139,480	64,988,582 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	286,095,159	286,095,159		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	5,718,057	5,718,057		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,401,464	413,157	1,697,351	290,956
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	205,568,732	189,216,160	12,267,779	4,084,793
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,756,276	12,499,045	932,825	324,406
9 Other employee benefits	49,973,928	44,656,951	4,144,603	1,172,374
10 Payroll taxes	13,715,141	12,453,791	979,815	281,535
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,206,940	531,746	641,734	33,460
c Accounting	281,626		281,626	<u> </u>
d Lobbying	5,991		5,991	
e Professional fundraising services. See Part IV, line 17	, 0		,	
f Investment management fees	5,124,801		5,124,801	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		3/12 1/302	
12 Advertising and promotion	1,288,131	941,103	326,400	20,628
13 Office expenses	10,803,213	7,637,559	2,855,515	310,139
14 Information technology	6,657,835	4,388,405	2,155,391	114,039
15 Royalties	0	.,,	_,	
16 Occupancy	19,439,276	18,898,897	513,296	27,083
17 Travel	7,274,577	7,082,972	140,038	51,567
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	7,002,372	110,000	31,307
19 Conferences, conventions, and meetings	124,253	120,732	3,195	326
20 Interest	16,146,723	14,252,530	1,800,325	93,868
21 Payments to affiliates	0	- 1,202,000	2,000,020	
22 Depreciation, depletion, and amortization	39,864,252	38,079,372	1,696,429	88,451
23 Insurance	2,795,610	1,099,213	1,612,331	84,066
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,735,610	1,033,213	1,012,331	31,566
a Repairs and Maintenance	25,534,430	24,488,027	993,959	52,444
b Meal Plan & Food Svc Costs	9,907,449	9,907,449		
c Professional Services	6,856,017	5,351,740	1,091,699	412,578
d LIB PERIOD/ BKS/ ONLINE RES	3,685,874	3,685,874		
e All other expenses	21,221,223	17,702,939	2,788,099	730,185
25 Total functional expenses. Add lines 1 through 24e	755,446,978	705,220,878	42,053,202	8,172,898
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here \blacktriangleright \Box if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

Assets

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14

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23

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 1,078,882,123

487,721,856

Page **11**

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0

1,836,409

591,160,267

242,581,115 503,962,867

9,560,666

28,589,075

74,241,600

24,216,494

433.480.810

5,195,000

17,924,727

555.058.631

689,768,679

246,082,065

935,850,744

1,490,909,375

Form 990 (2019)

1,490,909,375

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3,044,801

602,492,160

323,159,416

431,776,132

11,664,593

28,260,310

69,876,437

19,709,892

455.385.234

5,695,000

19,943,165

570.609.728

688,415,104

233,480,191

921,895,295

1,492,505,023

1,492,505,023

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		,			
			(A) Beginning of year		(B) End of year
1 Casi	n-non-interest-hearing	_	11,285,799	1	12,628,4

ı	_	cash hon merest bearing		_	, ,
	2	Savings and temporary cash investments	30,524,381	2	47,785,602
	3	Pledges and grants receivable, net	31,569,939	3	36,316,406
	4	Accounts receivable, net	18,727,492	4	16,488,497

2	Savings and temporary cash investments	30,524,381	2	
3	Pledges and grants receivable, net	31,569,939	3	
4	Accounts receivable, net	18,727,492	4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	

10a

10b

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 .

Investments-program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 11-1630830

Name: St John's University New York

Form 990 (2019)

Students)

Form 990, Part III, Line 4a:

Higher Education: St. John's University is a Catholic, Vincentian, Metropolitan and Global Non-Profit Institution of higher education learning, St. John's University offers more than 100 unique degree programs at the Associate, Bachelor's, Master's, and Doctoral Levels. The degree programs, which are housed in six schools and colleges, span a wide range of disciplines from the liberal arts to professional programs. Approximately 17,088 Undergraduate and 4,633 Graduate students are enrolled in courses. (21,721

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list compensation from the from related

and a director/trustee)

organization

430,344

430,450

410,545

419,921

361,795

321,006

organizations

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75,041

70,055

79,171

54,097

64,563

64,321

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

	6	""" " "" """					′	(11/ 2/1000	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Michael A Anderson Head Coach Men's Basketball	40.0					х		1,595,370	0	39,417
Conrado M Gempesaw PhD President	40.0	Х		х				930,801	0	82,923
Joseph L Tartamella Head Coach Women's Basketball	40.0					Х		464,864	0	82,673
Joseph E Oliva Esq VP for Admin Sec & Gen Counsel	40.0			х				422,044	0	99,344

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Head Coach Women's Basketball
Joseph E Oliva Esq
VP for Admin Sec & Gen Counsel
Michael A Simons JD
Dean Law School

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Mark J Browne PhD

Sharon Hewitt Watkins

Norean Sharpe PhD

Simon Moller PhD

Robert A Mangione

VP for Bus Affairs, CFO & Trea

Dean Tobin College of Business

PVST & VP ACAD AFF-EFF 7/1/19

PVST & VP ACA AFF-THRU 6/30/18

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Professor

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

any hours

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and a director/trustee)

organization

organizations

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

	formulated	u u	u un	CCCC		usice,	'	(14, 2/1000	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Anita Gomez-Palacio Board Member	1.0	Х						0	0	0
Brian T Shea Board Member - THRU 5/6/20	0.0	Х						0	0	0
Catherine M Verrelli Board Member	0.0	Х						0	0	0
James J Shannon Board Member	1.0	Х						0	0	0

Board Member
James J Shannon
Board Member
Joseph A Tarantino
Roard Member

Joseph M Mattone SR Esq.

Margaret LaRosa D' Angelo

Margaret M Fitzpatrick SC Ed D

Board Member

Lewis Rice Jr

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Board Member

Board Member

Board Member

Margaret M Keane

ELECTED VICE CHAIR

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

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

and Independent Contractors

Board Member

Board Member

Board Member

Board Member

Rev Kevin G Creagh CM Ed D

Rev Michael M Nguyen CM

Board Member - BEGAN 12/11/19

Rev Robert P Maloney CM STD

Rev Thomas F McKenna CM STD

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	any hours				ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Pascal Desroches Board Member	1.0	Х					0	0	0	
Patricia Castel Skarulis Board Member	1.0	Х					0	0	0	
Paul M Carroll Board Member	1.0	Х					0	0	0	
Rev Elmer Bauer III CM	1.0	х					0	0	0	

Paul M Carroll	1.0	v			0	
Board Member	0.0	^				ı
Rev Elmer Bauer III CM	1.0	v			0	
Board Member	0.0	^				
Rev Gerard H Luttenberger CM STD	1.0				0	
Board Member		^			Ĭ	

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0 1.0 Rev Gregory P Cozzubbo CM

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and a director/trustee)

organization

organizations

from the

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

and Independent Contractors

Board Member

Provincial Vice Chair

CHAIR OF BOARD

WILLIAM J JANETSCHEK

Rev Bernard M Tracev CM Executive VP for Mission

Very Rev Stephen M Grozio CM

	formulated	and	i u un	CCCC	517 61	usice,	<i>'</i>	(14/ 2/1000	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Robert F Kalenka Board Member	0.0	Х						0	0	0
Sr Carol Keehan DC Board Member	1.0	х						0	0	0
Suzanne M Halpin Board Member - THRU 5/6/20	0.0	Х						0	0	0

Board Melliber	0.0					
Sr Carol Keehan DC	1.0					
		Х			0	
Board Member	0.0					
Suzanne M Halpin	1.0					
Suzurine in naipin		Х			0	
Board Member - THRU 5/6/20	0.0					
Tarik S Turner	1.0					
Turk 5 Turker		X			ا ا	

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any hours

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	IOT PROCESS As Filed Data -								
SC	HED	ULE A	Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047				
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019				
		f the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nie Service he organiza versity New Yo					Employer identific	ation number				
30 301	113 0111	versity ivew 10					11-1630830					
	rt I		for Public Charity Statu				See instructions.					
1 ne c	organiz		a private foundation because	`	•		(A)(:)					
		,	onvention of churches, or as									
2	✓		scribed in section 170(b)(,							
3		·	or a cooperative hospital serv	-			-					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5			ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170				
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).					
7			ation that normally receives a receive a		s support from a	governmental u	nit or from the genera	al public described in				
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9			ural research organization de rant college of agriculture. Se					ege or university or a				
10		from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross				
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operated ly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a					
а		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or coppoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by					
b		Type II. A manageme	supporting organization sup- nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i Ition vested in the sar			• • • • • • • • • • • • • • • • • • • •	_				
С		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ted with, its				
d		Type III n	on-functionally integrated integrated integrated. The organization (s). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally				
f	Enter	r the number	of supported organizations				<u> </u>					
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '	anization listed	(v) Amount of	T				
	(i) Name of supported (ii) organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(vi) Amount of other support (see instructions)							
					Yes	No						
Tota			tion Act Notice, see the In		Cat. No. 11285			 90 or 990-EZ) 2019				

Page 2

	(Complete only if you ch If the organization failed			of Part I or if th		ailed to qua	
S	ection A. Public Support	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				/	
	Calendar year		413.0040		(I) 22/2		70
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
L	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	27,707,728	36,047,419	55,710,446	36,339,209	48,652,	,476 204,457,278
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
	Total. Add lines 1 through 3	27,707,728	36,047,419	55,710,446	36,339,209	48,652,	,476 204,457,278
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	27,77,20	3,7,7,7			,,	18,313,194
5	(f) Public support. Subtract line 5						186,144,084
	from line 4.						160,144,064
S	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ►	27,707,728	36,047,419	55,710,446	36,339,209		,476 204,457,278
	Amounts from line 4	27,707,726	30,047,419	33,710,440	30,339,209	48,652,	,470 204,437,278
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,718,202	8,355,159	9,577,059	12,182,065	10,337,	,121 48,169,606
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
LO	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	140,308	25,379	81,852	254,062	341,	,841 843,442
1	Total support. Add lines 7 through 10						253,470,326
L 2	Gross receipts from related activities,	etc. (see instruction	ons)			12	3,421,691,644
L3	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	organization,
	check this box and stop here						▶ □
S	ection C. Computation of Publi						
	Public support percentage for 2019 (li			olumn (f))		144	72.420.00
						14	73.438 %
	Public support percentage for 2018 Sc					15	74.700 %
L 6 a	33 1/3% support test—2019. If the						
	and stop here. The organization qual 33 1/3% support test—2018. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	ne organization did n qualifies as a pub t—2019. If the ord n meets the "facts	not check a box or dicly supported org ganization did not of a-and-circumstance	n line 13 or 16a, a anization check a box on line s" test, check this	nd line 15 is 33 1/ 	3% or more, and line 14 re. Explain	check this ▶ □
b	organization	st— 2018. If the o zation meets the "i on meets the "fact	rganization did not facts-and-circumst s-and-circumstance	check a box on lir ances" test, check es" test. The orgar	ne 13, 16a, 16b, o this box and stor nization qualifies a	r 17a, and lin here. s a publicly	e
							·

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3					
Pa	rt IV Supporting Organizations (continued)								
_			Yes	No					
	Has the organization accepted a gift or contribution from any of the following persons?								
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?								
		11a							
	A family member of a person described in (a) above?	11b							
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c							
S	ection B. Type I Supporting Organizations								
			Yes	No					
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1							
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-							
2	operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting								
	organization.	2							
S	ection C. Type II Supporting Organizations								
_			Yes	No					
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of								
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1							
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).								
S	ection D. All Type III Supporting Organizations								
_			Yes	No					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing								
	documents in effect on the date of notification, to the extent not previously provided?	1							
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).								
_		2							
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax								
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3							
S	ection E. Type III Functionally-Integrated Supporting Organizations								
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):							
	The organization satisfied the Activities Test. Complete line 2 below.								
	b								
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)						
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No					
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a							
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's								
	involvement.	2b							
3	Parent of Supported Organizations. Answer (a) and (b) below.								
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a							
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h							

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	nsive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2019:						
a From 2014						
b From 2015						
c From 2016						
d From 2017						

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (edule A (Form 990 or 990-EZ) 2019 Page 8					
Part VI	Section A, lines 1, 2 Part IV, Section D, l	ormation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; ines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See				
Facts And Circumstances Test						
<u> </u>						
990 Sched	dule A, Suppleme	ntal Information				
Ret	Return Reference Explanation					
Schedule A, Part II, Line 10 - Other Income Represents Income Earned on Funds Held by Bond Trustees.						

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493103012871

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** St John's University New York 11-1630830 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a

				separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see th	he instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

Sche	dule C (Form 990 or 990-EZ) 2019				Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill Form 5768 (election under section 501(h)).	ed				
For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying				(b)	
activ		Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?	Yes				
е	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				14,376
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				5,991
j	Total. Add lines 1c through 1i					20,367
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?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sec	tion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members				501(c	:)(6)
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	-				
2	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				
	art IV Supplemental Information					
Pro	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II	-A, line	s 1 ar	ıd 2 (se	ee
	Return Reference Explanation					
Щ.						

Return Reference	Explanation
Schedule C, Part II-B, Line 1	The University's Office of Government Relations and the President are the primary liaisons to Local, State and Federal government through their regular communication regarding the University's mission, goals and programs. The office of Government Relations also apprises the University's officials about pertinent government activities to ensure the University is sufficiently informed. The primary focus of the University's effort is directed toward helping government representatives learn more about St. John's University. The University's participation in the legislative process is primarily through its memberships in the Commission on Independent Colleges and Universities (CICU) and the National Association of Independent Colleges and Universities (NAICU). The University does not have any other lobbying activities other than those listed on lines 1a, 1b, 1d, 1g and 1i.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493103012871

Schedule D (Form 990) 2019

Cat. No. 52283D

OMB No. 1545-0047

2019

Supplemental Financial Statements

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	nme of the organization John's University New York		Em	ployer identification number
Эι.	John's University New York		11-:	1630830
Pā	art I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds	or Acc	counts.
	Complete if the organization answered "Ye			
		(a) Donor advised funds		(b) Funds and other accounts
•	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ŀ	Aggregate value at end of year			
i	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex			funds are the
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose	be use conferi	ed only for ring impermissible
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990 Part IV line 7		
	Purpose(s) of conservation easements held by the orga			
•				
	☐ Preservation of land for public use (e.g., recreation	n or education) \square Preservation of ar	n histor	rically important land area
	Protection of natural habitat	☐ Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the fo	rm of a	a conservation Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histori	c structure included in (a)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	red after 7/25/06, and not on a historic	2d	
1	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the or	ganization during the
ļ	Number of states where property subject to conservation	n easement is located >		
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of viol	ations, Yes No
j	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onserv	
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conse	rvation	easements during the year
3	Does each conservation easement reported on line 2(d)		.70(h)(4)(B)(i)
)	and section 170(h)(4)(B)(ii)?	ervation easements in its revenue and expe		
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	ts.		
वा	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.		
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or research in		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:			
((i) Revenue included on Form 990, Part VIII, line ${f 1}$			▶ \$
(ii)Assets included in Form 990, Part X			. ▶\$
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or other similar assets for fina		
а	Revenue included on Form 990, Part VIII, line 1			. ►\$
b	Assets included in Form 990, Part X			. ▶\$

 ${f b}$ Buildings

 ${f c}$ Leasehold improvements

d Equipment

e Other . .

		(Form 990) 2019							Page 2
Par	HIII		aintaining Collect						
3		the organization's acq (check all that apply)		d other records		ny of the f	ollowing that are a	significant use o	of its collection
а		Public exhibition			d	☐ Loa	n or exchange prog	ırams	
b		Scholarly research			e	☐ Oth	er		
c		Preservation for future	e generations						
4	Provid Part >	de a description of the	_	ons and explain	how they	further tl	ne organization's e	xempt purpose ir	ı
5		ig the year, did the org							Yes □ No
Pai	rt IV		codial Arrangeme ganization answere		rm 990,	Part IV,	line 9, or reporte	ed an amount o	
1 a		e organization an agent ded on Form 990, Part						_	Yes 🗌 No
	TE 111/-	"						Amou	·mt
b c		es," explain the arrange		·	_		1c	Alliot	<u> </u>
d	-	nning balance ions during the year .							
e		butions during the year.					· · · 		
f		ng balance					· · · · · · · · · · · · · · · · · · ·		
2a	Did th	he organization include	an amount on Form 9	990, Part X, line	21, for e	scrow or c	ustodial account lia	ability?	Yes 🗆 No
b		es," explain the arrange							
Pa	rt V	Endowment Fun							
		Complete if the or	ganization answere	d "Yes" on Fo	rm 990,	Part IV,			
_				a) Current year		or year	(c) Two years back	(d) Three years b	
	_	ing of year balance .	⊢	748,872,999 13,021,690		56,098,839 13,886,272	716,485,533		
		outions		23,077,921		15,888,125	64,182,689		
		/estment earnings, gair	ns, and losses	6,496,099		6,322,089	6,217,187		
		or scholarships	·	6,496,099		0,322,069	0,217,187	6,063,	412 6,222,334
	and pro	expenditures for faciliti ograms		53,425,966	:	26,296,590	26,758,633	' '	
		istrative expenses .		5,369,507		4,381,558	3,859,649		
g	End of	year balance		719,681,038	74	18,872,999	756,098,839	716,485,	533 643,376,223
2		de the estimated perce			e (line 1g,	column (a)) held as:		
а	Board	d designated or quasi-e	endowment ► 74.2	200 %					
b	Perm	anent endowment ►	20.850 %						
c	Temp	orarily restricted endo	wment ► 4.950 %	6					
	The p	percentages on lines 2a	, 2b, and 2c should ed	qual 100%.					
3a		here endowment funds nization by:	not in the possession	of the organiza	tion that	are held a	nd administered fo	r the	Yes No
	(i) ur	nrelated organizations							3a(i) No
b		elated organizations as es" on 3a(ii), are the re							3a(ii) No 3b
4	Descr	ribe in Part XIII the into	ended uses of the orga	anization's endo	wment fu	nds.			
Pai	rt VI	Land, Buildings,							
		<u> </u>	ganization answere						
	Descri	iption of property	(a) Cost or other ba (investment)	asis (b) Cos	t or other b	asis (other)	(c) Accumulated of	depreciation	(d) Book value
1a	Land					27,708,11	7		27,708,117

551,232,484

26,026,338

114,496,839

359,418,345

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

210,482,137

12,973,933

54,022,565

210,243,221

340,750,347

13,052,405

60,474,274

149,175,124

591,160,267

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value Column (b) must equal Form 990, Part X, col.(B) line 15.) Column (b) must equal Form 990, Part X, col.(B) line 15.) Column (b) must equal Form 990, Part X, col.(B) line 15.) Column (b) must equal Form 990, Part X, col.(B) line 15.) Column (b) must equal Form 990, Part X, col.(B) line 15.) Column (b) must equal Form 990, Part X, line 15.) Column (b) must equal Form 990, Part X, col.(B) line 15. Column (b) must equal Form 990, Part X, col.(B) line 15. Column (b) must equal	Part VIII	Investments—Other Securities. Complete if the organization answered "Yes" on F	form 990. Part IV line	11b.See Form 990	Part X. line 12
Transport of the organization answered "Nes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Nes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Nes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Nes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Nes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Nes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Nes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Nes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Nes" on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) Book value (c) Book value (d) Book value (a) Description of liability (b) Book value (c) Description of liability (d) Book value (e) Description of liability (f) Book value (a) Description of liability (b) Book value (c) Book value (d) Book value (e) Book value (a) Description of liability (b) Book value (c) Book value (d) Book value (e) Book value (a) Description of liability (b) Book value (c) Book value (d) Book value (e) Book value (f) Book value (g) Book value (h) Book		(a) Description of security or category	(b) Book value	(c) Metho	d of valuation:
SPLIT INTEREST AGREEMENTS 1, 285 899 F 4. Claiment plut owner report from 490, Part X and (#6 town 12.) 2, 503,962,967 1. Will Investments—Program Related. Complete if the organization answered Year on Form 990, Part XV, line 11.C. See Form 990, Part X, line 13. Cost or and of report makes and from 490, Part X and (#6 town 12.) 1. Will Investments—Program Related. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 13. Cost or and of report makes and the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 13. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. Complete if the organization answered Year on Form 990, Part IV, line 11.C. See Form 990, Part X, line 25. A. Country IV and IV a		derivatives		Cost of effu-of	year market value
ALT. INVEX. COMMUNICED FAMOS S12,877,168 PRITT INTEREST AGREEMENTS 1,205,699 F 1,205,795 F F F F F F F F F F F F F		neld equity interests			
L. (Column (b) must case? From 990, Part X, col (d) line 13.) L. (Column (b) must case? From		& COMMINGLED FUNDS	502,677,168		F
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Book value (c) Book value (d) Book value (e) Book value (e) Book value (f) Book value (g) Part X, line 13. (h) Book value (g) Part X, line 13. (h) Book value (g) Part X, line 13. (h) Book value (TEREST AGREEMENTS	1,285,699		F
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Book value (c) Book value (d) Book value (e) Book value (e) Book value (f) Book value (g) Part X, line 13. (h) Book value (g) Part X, line 13. (h) Book value (g) Part X, line 13. (h) Book value ())				
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Cost or end-of-year market value L. Column (a) must equal Form 990, Part X, col.(8) Ine 13.) T. IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col.(8) Ine 15.) T. X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) Book value (c) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (c) Description of liability (b) Book value (a) Description of liability (b) Book value (b) Book value (c) Description of liability (b) Book value (b) Book value (c) Description of liability (b) Book value (c) Book value (b) Book value (c) Description of liability (b) Book value (c) Book value (c) Description of liability (c) Book value (b) Book value (c) Book value (c) Book value (d) Book value (l) Book		Complete if the organization answered 'Yes' on F	form 990, Part IV, line		1
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Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes 0 REFUNDABLE U.S. GOVERNMENT ADVANCES PRESENT VALUE OF ANNUITIES PAYABLE INTEREST RATE SWAP LIABILITY 3,130,111 II. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 17,924,727 Iability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization financial				Trai See Form 330, rai	
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2

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b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

3

4

Schedule D (Form 990) 2019

-325,254,728

807,252,096

3,435,650

810,687,746

468,041,919

1,689,151

466,352,768

289,094,210

755,446,978

Schedule D (Form 990) 2019

Page 4

а Net unrealized gains (losses) on investments Donated services and use of facilities b d Other (Describe in Part XIII.)

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Other (Describe in Part XIII.)

Subtract line 2e from line 1

Supplemental Information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines 2a through 2d .

Return Reference

Prior year adjustments

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Subtract line **2e** from line **1**

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . Add lines **4a** and **4b**

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4a 4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

5,124,801 -1,689,151 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1,689,151

5,124,801

283.969.409

-40.775.934

-284,478,794

4c 5

2e

3

4c

5

2e

3

chedule D (Form 990) 2019		
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:
EIN: 11-1630830

Name: St John's University New York

Supplemental Information

Supplemental Information				
Return Reference	Explanation			
	The University's endowment funds are invested for the long-term to generate investment inc ome which is used to support operations, scholarships, professorships, chairs and other in itiatives of the University related to its educational mission.			

Supplemental Information			
Return Reference	Explanation		
SCHEDULE D, PART X, LINE 2	The University recognizes the effects of income tax positions only if those positions are more likely than not of being sustained. The University evaluates, on an annual basis, the effects of any uncertain tax positions on its consolidated financial statements. As of Ma y 31, 2020 and 2019, the University has not identified or provided for any such positions.		

Supplemental Information				
Return Reference	Explanation			
	OTHER CONSISTS OF THE CHANGE IN FAIR VALUE OF INTEREST RATE SWAP OF (\$509,385) AND SCHOLARSHIP ALLOWANCES OF (\$283,969,409).			

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B & PART XII, LINE 2D	EXPENSES OF \$1,689,151 RELATED TO FUNDRAISING EVENTS.

upplemental Information	
Return Reference	Explanation
SCHEDULE D. PART XII. LINE 4B	OTHER CONSISTS OF SCHOLARSHIP ALLOWANCES OF \$283.969.409.

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493103012871 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** St John's University New York 11-1630830 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **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 No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No 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? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? No 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. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019) Schedule E (Form 990 or 990EZ) (2019)

Return Reference	Explanation
Schedule E, Part I, Line 3	The University publicizes its racially nondiscriminatory policy to the community it serves in various ways, including by posting the policy To its website, publishing the policy in its Undergraduate and Graduate Bulletins, and printing the policy on its applications for employment.
Schedule E, Part I, Line 6	The University consistently strives to place an outstanding higher education within the financial reach of all qualified applicants. The University awards millions of dollars in federal and state financial aid funds each year based upon a student's financial need. Additionally, the University provides financial aid via University grants-in-aid AND scholarships. Grants-in-Aid are awarded on the basis of demonstrated financial need assessed by the use of a standard financial aid application, currently the Free Application for Federal Student Aid (FAFSA), which analyzes the family income data provided on the FAFSA through the mandated Federal Methodology. All need-based financial aid must be awarded according to a student's calculated financial need. Scholarship awards are primarily provided on scholastic achievement. University scholarships are highly competitive and available to students through a combination of academic achievement and personal commitment, display of values, compassion, and pursuit of excellence which embody the spirit and mission of the University. The University has many scholarships funded through special endowments and donations. In most instances, academic merit and financial need are considered along with the particular requirements of the scholarship selection process. Also, various associations, corporations, foundations and unions provide scholarships for recipients whom they select.

Page 2

SCHEDULE F (Form 990)		ement of	Activities (Outside the Un	ited States	OMB No. 1545-0047
roilli 990)	► Comp	lete if the organi	2019			
		Go to www.irs.		to Form 990. nstructions and the latest i	nformation.	Open to Public
Department of the Treasury Internal Revenue Service So to www.irs.gov/Form990 for instructions and the latest inform Department of the Treasury Continuous Continuous					mormation.	Inspection
ame of the organization t John's University New Y	/l .				Employer ider	ntification number
t John's University New 1	OFK				11-1630830	
	nformation Part IV, line		Outside the U	Jnited States. Comple	ete if the organization a	nswered "Yes" on
1 For grantmakers	Does the o	rganization ma	intain records to	substantiate the amoun	t of its grants and	
other assistance, t	he grantees'	eligibility for th	ne grants or assi	stance, and the selectior	n criteria used	
to award the grant	s or assistan	ce?				🗹 Yes 🗌 No
2 For grantmakers outside the United		Part V the org	anization's proce	dures for monitoring the	e use of its grants and ot	her assistance
3 Activites per Region	. (The followin	ng Part I, line 3	table can be dupli	cated if additional space is	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data				,		
2 6 1 1 1 1			130			220 600 71/
3a Sub-totalb Total from continuati			2 138			238,689,710
			9			5,731,576
Part I			147			244,421,286

	duplicated if addition						
Type of grant or assistance		(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Europe (Including Iceland and Greenland)	500				Scholarships	FMV
	Central America and the Caribbean	4				Scholarships	FMV
Scholarships	South America	17			35,182	Scholarships	FMV

Page **3**

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	⊻ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	✓ Yes	□No

Datum Datamana	Franchis	
990 Schedule F,	Supplemental Information	
Provid amour metho	emental Information e the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting met nts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to providitional information. See instructions.	
	,	age 5
Schedule F (Form 99	n) 2010	Page 5

Return Reference Explanation Schedule F, Part I, The procedures for monitoring the use of grant funds outside the United States are consistent with the monitoring performed for domestic grants

in the United States. See Schedule I. Part IV for further detail.

Line 2

Additional Data

Central America and the

Caribbean

Software ID: Software Version:

EIN: 11-1630830

Name: St John's University New York

Instruction

79,409

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	2	81	Program Services	Instruction	8,010,690

1 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 2 Program Services Instruction 52,391 East Asia and the Pacific 0 Program Services Instruction 2,100

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the 205,151,611 IInvestments Caribbean Europe (Including Iceland and 24,960,149 Investments Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Service Learning 19,011 1 Program Services South America 1 Program Services Service Learning 54,318

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 5 | Program Services Service Learning 6.377 Greenland) Central America and the 1 |Program Services Service Learning 486 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 192,487 3 Program Services Recruiting Expense Europe (Including Iceland and 3 Program Services Recruiting Expense 43,206 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 2 Program Services 17,760 Recruiting Expense South America 1 Program Services Recruiting Expense 17,664

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the 1 |Program Services Recruiting Expense 1.878 Caribbean Europe (Including Iceland and 32 | Program Services Conference 71,808 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific Conference 8,365 4 Program Services Conference Middle East and North Africa 4 Program Services 7,943

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Conference 2.073 1 Program Services Conference North America 3 Program Services 1,941

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) South America 1 | Program Services Conference 1.562 Europe (Including Iceland and Grantmaking Grants to Recipients 5,626,075 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 56,800 Grantmaking Grants to Recipients Caribbean 35,182 South America Grantmaking Grants to Recipients

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493103012871 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization St John's University New York 11-1630830 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants 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? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	rt II Fundraising Events. Comple than \$15,000 of fundraising e	vent contributions and			
Revenue	gross receipts greater than \$5	(a)Event #1 President's Din (event type)	(b) Event #2 Insurance Lead (event type)	(c)Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	1,509,930 1,054,853		818,321 409,855	4,467,151 2,778,000
	line 2)	455,077	825,608	408,466 2,292	, ,
nses	5 Noncash prizes 6 Rent/facility costs		556		8,972
Direct Expenses	7 Food and beverages 8 Entertainment	279,318 67,300	·	191,414 83,915	
Direc	9 Other direct expenses	108,459	·	96,815	
	11 Net income summary. Subtract line 10 1 III Gaming. Complete if the orgation on Form 990-EZ, line 6a.	nization answered "Ye	es" on Form 990, Part I		more than \$15,000 (d) Total gaming (add
Revenue	1 Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col.(a) through col.(c))
Direct Expenses	2 Cash prizes				
<u> </u>	 6 Volunteer labor 7 Direct expense summary. Add lines 2 t 	☐ Yes %	☐ Yes <u>%</u> ☐ No	☐ Yes % % > % > % > % > % > % > % > % > % >	
9 a b	8 Net gaming income summary. Subtract Enter the state(s) in which the organizatio Is the organization licensed to conduct ga If "No," explain:	line 7 from line 1, colum on conducts gaming activ ming activities in each of	ities:		☐ Yes ☐ No
10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspende	d or terminated during the		Yes No

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· 🗆 Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

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

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

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

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

OMB No. 1545-0047

DLN: 93493103012871

Open to Public Inspection

Treasury Internal Revenue Service		► Go to <u>ww</u>	<u>w.irs.gov/Form990</u> for	the latest informati	on.		
Name of the organization St John's University New York						Employer identi	fication number
<u> </u>						11-1630830	
		and Assistance					
Does the organization main the selection criteria used	intain records to sub to award the grants	ostantiate the amount of s or assistance? . . .	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ No
2 Describe in Part IV the org							⊈ fes □ No
			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, li	ne 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
		-					

(Form 990)

Department of the

(3) EMERGENCY AID TO STUDENTS

(1) Scholarships

(2) Scholarships

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference

Schedule I. Part I. Line 2

SCHEDULE I. PART III. LINE 3

Part III can be duplicated if additional space is needed

Explanation

Schedule I (Form 990) 2019

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

various associations, corporations, foundations and unions provide scholarships for recipients whom they select.

2,074,448

5,630,304

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

(b) Number of

recipients

13434

307

5757

The University consistently strives to place an outstanding higher education within the financial reach of all qualified applicants. The University awards millions of dollars in federal and state financial aid funds each year based upon a student's financial need. Additionally, the University provides financial aid via University grants-in-aid land scholarships. Grants-in-Aid are awarded on the basis of demonstrated financial need assessed by the use of a standard financial aid application, currently the Free Application for Federal Student Aid (FAFSA), which analyzes the family income data provided on the FAFSA through the mandated Federal Methodology. All need-based financial aid must be awarded according to a student's calculated financial need. Scholarship awards are primarily provided on scholastic achievement. University scholarships are highly competitive and available to students through a combination of academic achievement and personal commitment, display of values, compassion, and pursuit of excellence which embody the spirit and mission of the University. The University has many scholarships funded through special endowments and donations. In most instances, academic merit and financial need are considered along with the particular requirements of the scholarship selection process. Also,

THE UNIVERSITY PROVIDED DIRECT EMERGENCY AID TO ELIGIBLE STUDENTS FOR THEIR EXPENSES RELATED TO THE DISRUPTION OF CAMPUS OPERATIONS DUE TO CORONAVIRUS, SUCH AS FOOD, HOUSING, COURSE MATERIALS, TECHNOLOGY, HEALTHCARE, AND CHILDCARE EXPENSES. \$5,396,663 WAS FUNDED BY THE HIGHER

EDUCATION EMERGENCY RELIEF FUND (HEERF) ESTABLISHED UNDER THE CORONAVIRUS AID. RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT).

(e) Method of valuation (book,

FMV, appraisal, other)

Scholarships

Page **2**

(f) Description of noncash assistance

Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49310	3012	:871	
Schedule J (Form 990)		Compensation Information					OMB No. 1545-0047		
		For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					2019		
Depar	tment of the Treasury	► Go to <u>www.irs.go</u> r		to Form 990. instructions and the latest inform	nation.)pen i	to Pul	blic	
Interna	al Revenue Service	4:				Insp	ectio	n	
	me of the organiza ohn's University New				Employer identifica	tion nu	ımber		
	- Overeti	Barandina Camanana			11-1630830				
Pa	rt I Questi	ons Regarding Compensat	tion				Yes	No	
1 a				the following to or for a person listed y relevant information regarding thes			163		
		or charter travel	$\overline{\checkmark}$	Housing allowance or residence for p	personal use				
		companions		Payments for business use of person					
		nification and gross-up payments	; ✓ □	Health or social club dues or initiatio					
	☐ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauff	eur, chef)				
b				follow a written policy regarding payn ve? If "No," complete Part III to expla		1b	Yes		
2				or allowing expenses incurred by all	- 1-7	2	Yes		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Line	ela?				
3				ed to establish the compensation of the not check any boxes for methods	e				
				CEO/Executive Director, but explain in	n Part III.				
	✓ Compensa	ation committee	П	Written employment contract					
		ent compensation consultant	<u> </u>	Compensation survey or study					
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensat	ion committee				
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fil	ing organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No	
b		· · ·		ified retirement plan?		4b		No	
C						4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5			=	the organization pay or accrue any					
	compensation co	ontingent on the revenues of:							
а	The organization	1?				5a		No	
b		anization?				5b		No	
6	For persons liste	ed on Form 990, Part VII, Section		the organization pay or accrue any					
	•	ontingent on the net earnings of:							
a L	-	1?				6a 6b		No	
b		anization?			•	90		No	
7	For persons liste	ed on Form 990, Part VII, Section		the organization provide any nonfixed		7		No	
8				red pursuant to a contract that was		<u> </u>			
-	subject to the in	nitial contract exception described	d in Regulations	section 53.4958-4(a)(3)? If "Yes," de		8		No	
9				presumption procedure described in F		9		1.0	
For F	Panerwork Redu	ction Act Notice, see the Inst	tructions for Fo	orm 990. Cat. No. 5	0053T Schedule J		1 990)	2019	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compensation 0. Part VII.	n from the organization	n on row (i) and fro	om related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total	al amount of	Form 990, Part VII, S	ection A, line 1a, a				
(A) Name and Title	(B) B	reakdown of W-2 and/ compensation		and other benefits		columns	columns Compensation in
	(i) Base compensat	e (ii) ion Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				1			

University travel in connection with University Business. None of the benefit was treated as taxable compensation in calendar year 2019. President's Housing: The president is provided housing near campus for the convenience of the University as a condition of employment so that he can fully engage in campus life, entertain students, donors and faculty; for proximity to the campus for many evening events; and to be nearby in the event of emergencies. Additionally, the president uses the employer-provided house for significant business use, such as entertaining donors, University meetings and other business activities. None of the benefit is taxable compensation, and an estimate of annual value is reported in Schedule J, Part II, column (D). Tax Indemnification and Gross-up Payments: Other lagreement.

Schedule J (Form 990) 2019

INITIATION FEES:

reportable compensation for the President includes a supplemental payment for his retirement plan and the related tax gross-up pursuant to his employment HEALTH OR SOCIAL CLUB DUES OR

Schedule 1 (Form 990) 2019

Page 3

Companions: If approved by the chair of the Board of the Trustees, the University covers the cost of travel for the President's spouse when she accompanies him on

(i)

(i)

(ii) (i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

Conrado M Gempesaw PhD

1Joseph E Oliva Esq

2Joseph L Tartamella

3Mark J Browne PhD

4Michael A Anderson

5Michael A Simons JD

6Norean Sharpe PhD

7Robert A Mangione

PVST & VP ACA AFF-THRU

8Sharon Hewitt Watkins

VP for Bus Affairs, CFO &

PVST & VP ACAD AFF-EFF

9Simon Moller PhD

Dean Tobin College of

Head Coach Men's Basketball

Dean Law School

Business

6/30/18

Trea

7/1/19

Head Coach Women's Basketball

VP for Admin Sec & Gen

President

Counsel

Professor

823,470

414,430

449,431

429,676

1,593,499

429,570

408,689

318,720

402,931

354,181

Software ID: Software Version:

compensation

10,000

EIN: 11-1630830

compensation

Name: St John's University New York

107,331

7,614

5,433

774

1,871

774

11,232

2,286

7,614

7,614

	ranie sessinis sinversity new tork							
Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
	(i) Base Compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on	

32,500

41,564

45,500

28,000

14,000

37,598

19,000

28,000

40,500

28,000

50,423

57,780

37,173

42,055

25,417

37,443

35,097

36,321

38,671

36,563

prior Form 990

1,013,724

521,388

547,537

500,505

1,634,787

505,385

474,018

385,327

489,716

426,358

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Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

DLN: 93493103012871

Open to Public

Department of the Treasury

Schedule K

(Form 990)

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

▶ Attach to Form 990.

Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** St John's University New York 11-1630830 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No DASNY St John's University 14-6000293 649903FF3 02-22-2007 138,318,912 Refund 1996, 1998 & 2001A Bonds Χ Χ Χ Series 2007C 14-6000293 135,540,000 Refund 2005B, 2005C & 2007B Χ DASNY St John's University 649903358 09-24-2008 Χ Series 2008B1& 2008B2 DASNY St John's University 14-6000293 649906S54 08-09-2012 55,493,238 Refund 1998, 2001A & 2005A Х Χ Χ Series 2012A DASNY St John's University 14-6000293 649906U28 08-09-2012 50,021,736 Refund 2008A Bonds Χ Series 2012B Part II **Proceeds** C D 34,310,000 30,580,000 47,895,000 28,675,000 2 Total proceeds of issue . 3 138,318,912 135,540,000 55,493,238 50,021,736 4 5 6 1,652,825 2.056,088 669,695 771,170 8 1,238,011 9 0 10 11 135,428,076 133,483,912 54,823,543 49,250,566 13 2001 2009 2008 2009 Yes Yes Yes Yes No No No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable Χ Χ Χ Has the final allocation of proceeds been made? Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Was the organization a partner in a partnership, or a member of an LLC, which owned property

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

Private Business Use

Part 🎹

Cat. No. 50193E

No

No

Χ

Χ

Yes

Yes

Yes

Schedule K (Form 990) 2019

Yes

No

Χ

No

Χ

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Are there any management or service contracts that may result in private business use of

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Private Business Use (Continued)

Penalty in Lieu of Arbitrage Rebate?

If "No" to line 1. did the following apply?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

Part III

b

C

d

6

8a

Part IV

b

C

Arbitrage

0 %

Χ

Χ

Х

Χ

No

Χ

Χ

Χ

Χ

В

Yes

Χ

Х

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Page 2

No

Χ

0.700 %

0.700 %

0.168 %

No

Χ

Χ

Χ

Χ

Χ

Χ

D

Yes

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Schedule K (Form 990) 2019

D

C

No

Χ

0.400 %

0.400 %

0.193 %

Χ

Yes

Χ

Χ

Х

Χ

Χ

No

Χ

Х

Χ

Χ

Х

C

Χ

0.600 %

0.600 %

0.168 %

Yes

Χ

Χ

Χ

Yes

Χ

escrow. DASNY St. John's University Series 2017A - The other spent proceeds are the refunding proceeds that are no longer in escrow.

No

Explanation DASNY St. John's University Series 2007C - The other spent proceeds are the refunding proceeds that are no longer in escrow. DASNY St. John's University Series 2008B1 and 2008B2 - The other spent proceeds are the refunding proceeds that are no longer in escrow. DASNY St. John's University Series 2012A - The other spent proceeds are the refunding proceeds that are no longer in escrow. DASNY St. John's University Series 2012B - The other spent proceeds are the refunding

proceeds that are no longer in escrow. DASNY St. John's University Series 2015A - The other spent proceeds are the refunding proceeds that are no longer in

Χ

Χ

Yes

No

Yes

Χ

Page 3

No

D

Nο

Χ

Yes

Nο

(GIC)?

Χ

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

Term of GIC

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Was the regulatory safe harbor for establishing the fair market value of

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Return Reference

Schedule K, Part II, Line 11

Schedule K (Form 990) 2019

period?

Part V

Part VI

Return Reference	Explanation
Schedule K, Part III, Line 4	DASNY St. John's University Series 2013A - All activities and contracts currently operated within this bond-financed space are either related to St. John's University, New York's tax exempt purpose or fall within one of the safe harbors and/or exceptions, and consequently do not result in private business use in this bond-financed space.

_

_

Return Reference	Explanation
LLOUIMAS BLI AND DASE	The percentages of bond-financed property sold or disposed of include bonds issued to refund bonds originally issued prior to 2003.

Return Reference	Explanation
	DASNY ST. JOHN'S UNIVERSITY 2007C - THERE IS NO REBATE DUE. REBATE CALCULATION WAS DONE ON MARCH 8, 2017.

2C (

Return Reference	Explanation
DACNIV CT. 10UNIC	DUE. REBATE CALCULATION WAS DONE ON SEPTEMBER 27, 2018. DASNY ST. JOHN'S UNIVERSITY SERIES 2012A - THERE IS NO REBATE DUE. REBATE CALCULATION WAS DONE ON AUGUST 22, 2017. DASNY ST. JOHN'S UNIVERSITY SERIES 2012B - THERE IS NO REBATE DUE. REBATE CALCULATION WAS DONE ON AUGUST 22, 2017. SCHEDULE K, PART IV, LINE 2C (ST. JOHN'S BONDS 2013, 2015 & 2017 SERIES) DASNY ST. JOHN'S UNIVERSITY SERIES 2013A - THERE IS NO REBATE CALCULATION WAS DONE ON AUGUST 31, 2018. DASNY ST. JOHN'S UNIVERSITY SERIES 2015A - THERE IS NO REBATE DUE. REBATE CALCULATION WAS DONE ON APRIL 30, 2020.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K

(Form 990)

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

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, OMB No. 1545-0047

Schedule K (Form 990) 2019

DLN: 93493103012871

explanations, and any additional information in Part $\ensuremath{\text{VI}}$.

Department of the Treasury Internal Revenue Service Name of the organization St John's University New York ► Attach to Form 990. ► Go to www.irs.qov/Form990 for instruction St John's University New York					tions and the latest information.						Open to Public Inspection Employer identification number									
										'	yer iden 30830									
Pa	art I Bond Issues									1 1 10										
	(a) Issuer name	name (b) Issuer EIN (c) CUSIP # (d) Date issued			(e) Issue	price	(f) Description of purpose			(g) De	efeased	(h) On behalf of issuer		(i) I finar						
										Yes	No	Yes	No	Yes	No					
A	DASNY St John's University Series 2013A	14-6000293	649907XK3	11-20-2013	58,0	19,006	Purcl	Purchase student residence			Х		Х		Х					
В	DASNY St John's University Series 2015A	14-6000293	6499076D9	04-15-2015	121,1	.09,546	Refu	Refund 2007A Bonds			Х		Х		Х					
С	DASNY St John's University Series 2017A	14-6000293	64990c6d8	12-28-2017	51,0	95,452	Refu Bond	nd 2012A&B, Is	2008B1&B2		Х		Х		Х					
Pä	art II Proceeds			L						<u> </u>	<u> </u>	ļ								
						A		Е	1	C	;			D						
1	Amount of bonds retired						0		5,665,000			0								
2	Amount of bonds legally defea	sed					0				0									
3	Total proceeds of issue					58,019	9,006	:	.21,109,546		51,095	,452								
4	Gross proceeds in reserve fund	ls				0 0														
5	Capitalized interest from proce	eds					0 0					0								
6	Proceeds in refunding escrows						0 0				,128									
7	Issuance costs from proceeds					869	9,568 1,072,236				687	,320	20							
8	Credit enhancement from proc	eeds					0 0			0										
9	Working capital expenditures f						0	0 0				0								
10	Capital expenditures from prod	eeds				57,149	,438 0			0										
11	Other spent proceeds						0	:		6,004										
12	Other unspent proceeds						0			0										
13	Year of substantial completion			•	20	017		2015		2018										
					Yes	No	,	Yes	No	Yes	No		Yes		No					
14	Were the bonds issued as part bonds (or, if issued prior to 20	of a current refunding 18, a current refundin	g issue of tax-exempt g issue)?			Х			Х	Х										
15	Were the bonds issued as part bonds (or, if issued prior to 20					Х		Х		Х										
16	Has the final allocation of proc	eeds been made? .			Х			Х		Х										
17	Does the organization maintain proceeds?				Х			Х		Х										
Pa	art III Private Business U	se																		
						Α		. E	-	C				D						
1	Was the organization a partner financed by tax-exempt bonds				Yes	X		Yes	No X	Yes	No X		Yes	+-'	No					
2	Are there any lease arrangements					х			Х		Х			1						

Cat. No. 50193E

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

Yes Are there any management or service contracts that may result in private business use of Х If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government 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)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

Χ

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Α

Nο

Χ

Χ

Χ

Χ

Yes

Χ

В

0 %

В

No

Χ

0.600 %

0.600 %

Χ

Х

Χ

Yes

Χ

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

C

No

Χ

0.500 %

0.500 %

Х

Χ

Χ

Yes

Χ

Χ

Χ

No

Х

Χ

Χ

Χ

Х

C

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2019

Part IV

(GIC)?

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

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

В

No

No

Yes

Yes

No

No

Yes

Χ

Nο

Yes

Yes

Χ

Page 3

No

D

D

Nο

Yes

Yes

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493103012871 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** St John's University New York 11-1630830 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 16 582,753 see part II 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (______) Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
Schedule M, Part I, Column B	The University is reporting the number of contributions.
SCHEDULE M, PART I, LINE 9	AVERAGE MARKET PRICE ON DATE STOCK IS RECEIVED.
· · · · · · · · · · · ·	THE UNIVERSITY ONLY USES STOCK BROKERS TO SELL STOCKS THAT ARE DONATED TO THE UNIVERSITY. THERE IS NO SOLICITING FOR NON-CASH DONATIONS INVOLVED IN THIS PROCESS.
	Schedule M (Form 990) (2019)

efile GRAPHI	IC print - D	O NOT PROCESS	As Filed Data -		DLN:	93493103012871
SCHEDULI	E O	0		4 F 000	00 F7	OMB No. 1545-0047
(Form 990 or 9 EZ)	II.	Supplement Complete to pro Form 990 o	2019			
Department of the Tre	reasury	► Go to <u>v</u>		Open to Public Inspection		
Namel Betherorga					Employer identi	fication number
St John's University	New York				11-1630830	
990 Schedule	O, Supple	mental Informatio	n			
Return Reference				Explanation		
Organization's Mission	IAN, METRO LLENT EDU HE VINCEN ORE VALUE D SERVICE D RISK COI	OPOLITAN, AND GLOE ICATION FOR ALL PEC ITIAN TRADITION AT S ES ITS MEMBERS STF FORM 990, PART VI,	BAL INSTITUTION OF OPLE; ESPECIALLY 1 ST. JOHN'S UNIVERS RIVE TO EMBODY: TF , SECTION B, LINE 11 ARD OF TRUSTEES A	UNIVERSITY IS A CATHOLIC, N HIGHER EDUCATION THAT S THOSE LACKING ECONOMIC A HITY IS THE FOUNDATION AND RUTH, LOVE, RESPECT, OPPO B THE FORM 990 IS REVIEWE AND IS MADE AVAILABLE TO T	TRIVES TO PROVAND SOCIAL ADVA THE SOURCE OPRTUNITY, EXCEL DBY THE AUDIT	ANTAGES. T F THE C .LENCE, AN AN

Return Explanation

Form 990,
Part VI,
SECTION B,
Line 12c
The University monitors and enforces compliance with its conflict of interest policy by ob taining signed and dated conflict of interest statements from officers and all members of the Board of Trustees on an annual basis. Any trustee with an interest in a proposed trans action is required to make a full disclosure of all material facts as soon as he/she becom es aware of the proposed transaction, and he/she may not participate in any deliberation o

r vote, or exercise any influence with regard to the proposed transaction.

990 Schedule O, Supplemental Information

Return

Reference	Explanation
Form 990, Part VI.	An external consultant is contracted to compile survey data from educational, not-for-prof it and peer institutions as well as information on other Form 990s to establish comparable
Section B, Line 15	compensation ranges. The President's compensation is recommended by the consultant and pr esented to the independent chairman of the Board of Trustees. Management's recommendations
	of officers' compensation are approved by the independent Governance Committee of the boa rd of trustees. The University's compensation review and approval process is recorded cont

emporaneously in the minutes. The 2020 review was completed on December 11, 2019.

Explanation

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1A	Pursuant to an agreement with the congregation of the mission of St. Vincent De Paul, comp ensation for Rev. Bernard M. Tracey, C.M., Executive Vice President for Mission, is paid d irectly to the congregation of the mission. Part VIII, Line 1e The University received an allocation from the Higher Education Emergency Relief Fund (HEERF) established under the C oronavirus Aid, Relief, and Economic Security Act (CARES Act) of \$12,191,880 which include d \$6,095,940 to provide emergency aid to eligible students and \$6,095,940 to mitigate fina ncial losses associated with THE CORONAVIRUS PANDEMIC (COVID-19) disruptions to the Univer sity. As of May 31, 2020, \$1,398,554 was included in deferred revenue as \$699,277 was not yet distributed to students and \$10,793,326 was included in Part VIII, Line 1e, government grants. Part VIII, Line 2A AND LINE 2b As a result of COVID-19, the University provided c redits to students of \$13,253,208 and \$1,429,080 for room and board and study abroad program fees, respectively, for services the university could no longer provide for the remaind er of the Spring 2020 semester. Credits for room and board are included in Part VIII, Line 2B, auxiliary enterprises, and credits for study abroad program fees are included in Part VIII, Line 2A, Tuition and Fees. Students were given the option to request refunds or app ly the credits to their future term charges. As of May 31, 2020, \$6,678,992 was included in deferred revenue.

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Change in fair value of interest rate swap of (\$509,385). Part XI, Line

and selection of the University's independent auditors.

Return Reference	Explanation
,	The consolidated audited financial statements as of and for the year ended May 31, 2020 have been prepared by St. John's University and include the University and its affiliates -
2c	St. John's Paris Association and the Rome SRL. The University's Audit and Risk Committee a
	ssumes responsibility for oversight of the audit of the University's financial statements

Return Reference	Explanation
SCHEDULE F, PART III, COLUMN C AND SCHEDULE I, PART III, COLUMN B	SOME OF THE RECIPIENTS THAT RECEIVED GRANTS OUTSIDE THE U.S. ALSO RECEIVED GRANTS INSIDE THE U.S.

SCHEDULE R
(Form 990)

As Filed Data Related

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Attach to Form 990.

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

2019

Schedule R (Form 990) 2019

DLN: 93493103012871OMB No. 1545-0047

Open to Public
Inspection

Name of the organization St John's University New York				Employer iden	tification number		
ic John's Offiversity New York				11-1630830			
Part I Identification of Disregarded Entities. Complete if	the organization answ	ered "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity	1	
(1) St John's Paris Association 93 RUE DE SEVRES PARIS 75006 FR 98-1545738	Education	FR	1,891,958	120,323	StJohn'sNY		_
(2) St John's University SRL VIA MARCANTONIO COLONNA 21A ROME 00192 IT 98-1545745	Education	IT	306,158	489,116	StJohn'sNY		
							-
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization	s. Complete if the orga (b) Primary activity	(c) Legal domicile (state	"Yes" on Form 990 (d) Exempt Code section	(e) Public charity status	(f) Direct controlling		g) 512(b)
		or foreign country)		(if section 501(c)(3))	entity	ent	ity?
(1)St John's Bread & Life Program Inc 795 Lexington Avenue	Meals/SVCS	NY	501(c)(3)	7	StJohn'sNY	Yes Yes	No
Brooklyn, NY 11221 11-3174514							
						+	

Cat. No. 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelatea excluded fr tax unde sections 5: 514)	ted, total incom l, om r		(I Disprop alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging ner?	(k) Percentag ownersh
								Yes	No		Yes	No	
Part IV Identification of Related Org because it had one or more rela							swered "Ye	s" on F	orm 9	990, Part IV	, line	34	
		s a corporation	on or tru: (c) Legal micile or foreign	st during th	(d) controlling		(f) Share of total income	Share	(g) of end- year ssets	(1	n) ntage	Se (13	3) control entity?
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a	s a corporation	on or trus (c) egal emicile	st during th	(d) controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	n) ntage	Se (1:	ction 512 3) control
because it had one or more relation (a) Name, address, and EIN of related organization 1)Pooled Income Fund	(b) Primary activity	s a corporation	on or trust (c) Legal Emicile or foreign untry)	ot during th	(d) controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	n) ntage	Se (1:	ction 512 3) contro entity? 'es N
because it had one or more relation (a) Name, address, and EIN of related organization 1)Pooled Income Fund 000 Utopia Parkway amaica, NY 11439	(b) Primary activity	s a corporation	on or trust (c) Legal Emicile or foreign untry)	ot during th	(d) controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	n) ntage	Se (1:	ction 512 3) control entity? 'es N
because it had one or more rela (a) Name, address, and EIN of	(b) Primary activity Investment	s a corporation	on or tru: (c) Legal micile or foreign untry) NY	Direct	(d) controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	n) ntage	Se (1:	ction 512 3) control entity? Yes N es
Name, address, and EIN of related organization 1)Pooled Income Fund 000 Utopia Parkway amaica, NY 11439 2)Charitable Remainder Trust	(b) Primary activity Investment	s a corporation I do (state co	on or tru: (c) Legal micile or foreign untry) NY	Direct	ne tax year (d) controlling entity ((e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ntage rship	Se (1:	ction 512 3) control entity? Yes N es
Name, address, and EIN of related organization 1)Pooled Income Fund 000 Utopia Parkway amaica, NY 11439 2)Charitable Remainder Trust 000 Utopia Parkway amaica, NY 11439	Investment Investment	s a corporation I do (state co	on or tru: (c) .egal .egal .micile or foreign .mtry) NY	Direct NA	ne tax year (d) controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) of end- year	of- Perce owne	ntage rship	Se (1:	ction 512 3) control entity? Yes N es
Name, address, and EIN of related organization 1)Pooled Income Fund 000 Utopia Parkway amaica, NY 11439 2)Charitable Remainder Trust 000 Utopia Parkway amaica, NY 11439	Investment Investment	s a corporation I do (state co	on or tru: (c) .egal .egal .micile or foreign .mtry) NY	Direct NA	ne tax year (d) controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) of end- year	of- Perce owne	ntage rship	Se (1:	ction 512 3) control entity? Yes N es
Name, address, and EIN of related organization 1)Pooled Income Fund 1)OU Utopia Parkway Imaica, NY 11439 2)Charitable Remainder Trust 1)OU Utopia Parkway Imaica, NY 11439 3)St Vincent De Paul Legal Program Inc 1)OU Utopia Parkway Imaica, NY 11439	Investment Investment	s a corporation I do (state co	on or tru: (c) .egal .egal .micile or foreign .mtry) NY	Direct NA	ne tax year (d) controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) of end- year	of- Perce owne	ntage rship	Se (1:	ction 512 3) contro entity? Yes N es
Name, address, and EIN of related organization 1)Pooled Income Fund 1000 Utopia Parkway maica, NY 11439 2)Charitable Remainder Trust 1000 Utopia Parkway maica, NY 11439 3)St Vincent De Paul Legal Program Inc 1000 Utopia Parkway maica, NY 11439	Investment Investment	s a corporation I do (state co	on or tru: (c) .egal .egal .micile or foreign .mtry) NY	Direct NA	ne tax year (d) controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) of end- year	of- Perce owne	ntage rship	Se (1:	ction 51; 3) control entity? Yes N es
Name, address, and EIN of related organization 1)Pooled Income Fund 1)OU Utopia Parkway Imaica, NY 11439 2)Charitable Remainder Trust 1)OU Utopia Parkway Imaica, NY 11439 3)St Vincent De Paul Legal Program Inc 1)OU Utopia Parkway Imaica, NY 11439	Investment Investment	s a corporation I do (state co	on or tru: (c) .egal .egal .micile or foreign .mtry) NY	Direct NA	ne tax year (d) controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) of end- year	of- Perce owne	ntage rship	Se (1:	ction 51; 3) control entity? Yes N es

Page **3**

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No					
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes						
c Gift, grant, or capital contribution from related organization(s)	1c		No					
d Loans or loan guarantees to or for related organization(s)	1 d		No					

С	Gift, grant, or capital contribution from related organization(s)	TC	IAC
d	Loans or loan guarantees to or for related organization(s)	1 d	No
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1 g	No
		1 h	Nic

d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
		1.0		No

9	Sale of assets to related organization(s) in the first of	-9				
h	Purchase of assets from related organization(s)	1h		No		
	Exchange of assets with related organization(s)	1 i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No		
0	Sharing of paid employees with related organization(s)	10		No		
р	Reimbursement paid to related organization(s) for expenses	1 p		No		
q	Reimbursement paid by related organization(s) for expenses	1 q		No		
r	Other transfer of cash or property to related organization(s)	1r		No		
s	Other transfer of cash or property from related organization(s)	1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining	(d) etermining amount involved				

p q	Reimbursement paid to related organization(s) for expenses				1p 1q	No No			
r	Other transfer of cash or property to related organization(s)				1r	No			
s	Other transfer of cash or property from related organization(s)				1s	No			
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
	(a) Name of related organization	(d) Method of determining a	mount invo	lved					

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 exc	clusion for certain inv	estment p	artnerships.							•							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	0	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations:	(h) Disproprtionate allocations?		(j) General or managing partner?		General or managing		General or managing		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
				L						Schedul	e R (Forn	n 99	0) 2019				

Schedule R (Form 990) 2019						
Part VII	Supplemental Information					
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).				
Return Reference		Explanation				