اءٍ-	From 990-T Exempt Organization E						ax Return	ı L	OMB No 1545-0047	_	
			-	nd proxy tax und			11004	l	2040		
		Forca	lendar year 2019 or other tax yea	-		, and ending JUN		-	2019		
	epartment of the Treasury Iternal Revenue Service	l ▶	► Go to www Do not enter SSN numbe	•		ons and the latest inform de public if vour organiza		9	Open to Public Inspection for 501(c)(3) Organizations Only		
123	Check box if address changed		Name of organization (and see instructions.)		D Employ (Emplo	Employer identification number (Employees' trust, see instructions)		
202	Exempt upder section	Print	SAINT JOHN'S UNIV	ERSITY				4	5-3656162		
0	X 501(c\)(3)	or	Number, street, and room			ed business activity code structions)	_				
7	408(e) 220(e)	Туре	2850 ABBEY PLAZA	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AUG	408A 530(a) 529(a)		City or town, state or pro-	523000)						
\mathcal{Q}^{0}	at one or your		F Group exemption numb			_ ,					
Щ	424,591,		G Check organization type				401(a)		Other trust	_ `	
Z		•	tion's unrelated trades or b ENERSHIP INVESTMEN		5		the only (or first) un				
CAN		_	ce at the end of the previou		rte I an		complete Parts I-V.				
ပ္တ	business, then complete	•	•	is semence, complete ra	ii is i aii	u ii, complete a Schedule	IVI TOT EACH AUGILION	ai ii aue i)1		
			oration a subsidiary in an a	affiliated group or a parer	nt-subsi	diary controlled group?	▶ [Yes	X No	-	
·			tifying number of the paren	_		olary controlled group					
J	The books are in care of				•	Telepho	one number 🕨 3	20-363	-3161		
	Part I Unrelated	Trac	le or Business Inc	ome		(A) Income	(B) Expenses	3	(C) Net	<i></i>	
	1a Gross receipts or sale	s								1	
	b Less returns and allow	wances		c Balance	1c				/	_ļ	
	2 Cost of goods sold (S		•		2					_	
	3 Gross profit. Subtract				3		1	-4		_	
	4a Capital gain net incom	•	•	4707)	4a					_	
			art II, line 17) (attach Form	4/9/)	4b					_	
	•		ship or an S corporation (at	tach statement\	4c	-164,025.	STMT 1		-164,025	_	
	6 Rent income (Schedu	•	on por un o corporation (at	tach statement)	6			$\overline{}$		÷	
	7 Unrelated debt-financ		ne (Schedule E)		7				·	_	
			nd rents from a controlled o	rganization (Schedule F)	8		-			_	
	9 Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9		,			_	
1	6 Exploited exempt activities	vity inco	me (Schedule I)		10					_	
1	1 Advertising income (S		•		11/					_	
	2 Other income (See ins				12		~ ~~			_	
_	3 Total. Combine lines Part II Deductio			- /	13	-164,025.			-164,025	÷	
L	(Deductions	must b	ot Taken Elsewhere be directly connected with	th the uprelated busin	ess inc	itions on deductions) come)					
1			rectors, and trustees (Sche	— <i>/</i>				14		_	
1		•	, (7	•	RECE	IVED	15		_	
1	6 Repairs and mainten	ance					INCH	16		_	
1	7 Bad debts					MAY (2)		17		_	
1	•	dule) (s	ee instructions)			MAY 2	2021	18	<u>. </u>		
1								19			
2	•		7			L QCDE	N. UT				
2		imea or	Schedule A and elsewhere	e on return		-2-18-		21b		_	
2		ared co	mneneation plane					22		_	
2			ilpensation plans					24	·	-	
2	/		hedule I)					25		-	
2	,							26		-	
2			· ·					27		_	
2	/							28	0,	<u>-</u>	
2	nrelated business tرا	axable ıı	ncome before net operating	loss deduction. Subtract	t line 28	3 from line 13		29	-164,025,	<u>.</u>	
3	/	eratıng l	oss arısıng ın tax years beg	inning on or after Januai	ry 1, 20	18					
	(see instructions)							30	0,	_	
<u>3</u>			ncome. Subtract line 30 from	<u> </u>			.	31	-164,025,		
9:	23701 01-27-20 LHA FO	ır Paper	work Reduction Act Notice	, see instructions.					Form 990-T (2019	9)	

		SAINT JOHN'S UNIVERSITY				45-365	6162	Page 2
		Total Unrelated Business Taxal		· -				
32	Total of	f unrelated business taxable income computed	from all unrelated trades or businesses (s	ee instructions)	l.	32	24	<u>,107.</u>
33	Amoun	ts paid for disallowed fringes				33		
34	Charita	ble contributions (see instructions for limitatio	n rules)	STMT 4	/	34		0.
35	Total ur	nrelated business taxable income before pre-20	018 NOLs and specific deduction Subtract		. Λ	85		<u>,107.</u>
36	Deduct	ion for net operating loss arising in tax years b	eginning before January 1, 2018 (see insti	ructions) ⁵	этмт з <i>Ц</i>	36	24	<u>,107.</u>
37	Total of	funrelated business taxable income before spe	ecific deduction. Subtract line 36 from line	35	1h	87		
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for exceptions)		9	В8	1,	,000.
39	Unrelat	ted business taxable income. Subtract line 31	8 from line 37. If line 38 is greater than line	e 3 7,				
		e smaller of zero or line 37				39		0.
Part	IV	Tax Computation				<u> </u>		
40	Organiz	rations Taxable as Corporations. Multiply line	e 39 by 21% (0.21)		•	40		0.
41	Trusts	Taxable at Trust Rates. See instructions for ta	ax computation. Income tax on the amount	t on line 39 from:				
	Ta	ax rate schedule or Schedule D (Form	1041)		•	41		
42	Proxy t	ax See instructions			•	42		
43	Alterna	tive minimum tax (trusts only)				43		
48	Vax on	Noncompliant Facility Income See instruction	ons			44		
		Add lines 42, 43, and 44 to line 40 or 41, which	never applies			45		0.
Part	y _	Tax and Payments						
46 a	Foreign	tax credit (corporations attach Form 1118; tru	ists attach Form 1116)	46a]		
b	Other c	redits (see instructions)		46b				
C	General	business credit Attach Form 3800		46c	· · · · · · · · · · · · · · · · · · ·	.		
d	Credit f	or prior year minimum tax (attach Form 8801	or 8827)	46d		↓		
е	Total c	redits. Add lines 46a through 46d				46e		
47	Subtrac	et line 46e from line 45				47		0.
48	Other to	exes. Check if from: Form 4255	Form 8611 Form 8697 Form	1 8866 Other	(attach schedule)	48		
49	Total ta	x Add lines 47 and 48 (see instructions)				49		<u> </u>
50	2019 no	et 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3	0 5/a		50		0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019	_		15,397.	1		
		stimated tax payments		51b		<u> </u>		
	-	osited with Form 8868		51c		4		
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	51d		.		
		withholding (see instructions)		51e		.		
		or small employer health insurance premiums	•	51f		4		
g			orm 2439					
			ther Total	► 51g		∤ ∖ 		
	•	ayments. Add lines 51a through 51g	. —			\$2	15,	<u>,397.</u>
53		ed tax penalty (see instructions). Check if Forn			_	53		
		e. If line 52 is less than the total of lines 49, 50			10	54		
55	•	yment If line 52 is larger than the total of line				55	15,	,397.
Part		e amount of line 55 you want. Credited to 202			funded	56		0.
		Statements Regarding Certain			ctions)			
57	-	time during the 2019 calendar year, did the org	•	-			Yes	No
		inancial account (bank, securities, or other) in		•				
	_	Form 114, Report of Foreign Bank and Financ	ial Accounts. If Yes, enter the name of the	e foreign country			-	x
	here	the tay year did the average street was a second					- ├─	$\frac{\hat{x}}{x}$
58	_	the tax year, did the organization receive a dist see instructions for other forms the organizat	-	transferor to, a forei	yn u ustr		-	┼┷
59		ie amount-of tax-exempt interest received or a						
				d statements, and to the	best of my knowled	dge and belief, it	ıs true.	
Sign	co	nder penalties of perjury, I declare that I have examined react, and complete Declaration of preparer (other than	taxpayer) is based on all information of which prejude VP OF FI	parer has any knowledge NANCE &				
Here		XTIAMSON	5-7-2/ Administ			ay the IRS discus e preparer shows		with
		Signature of officer	Date Title			structions)? X		□No
		Print/Type preparer's name	Preparer's signature	Date		f PTIN	<u> </u>	
Paid	ı	The type propared of taction	para o o . gridadi o		self- employed			
		CHAD LASSEN	CHAD LASSEN	05/06/21	simployou	P01587	992	
•	Only	Firm's name CLIFTONLARSONALLEN	L		Firm's EIN		746749	
O26	Only	220 S 6TH STREE			2			
		Firm's address MINNEAPOLIS, MN			Phone no. 6	12-376-45	00	
	04 07 00				1		000.T	(0046)

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory va	luation N/A					
1 Inventory at beginning of year	1		т —	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold Su		ine 6			
3 Cost of labor	3			from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		<u></u> .	
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	From Real	Property and	Pers	onal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)				*************************************					
		ed or accrued				3(a) Deductions directly	connec	ted with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	ersonal p	nal property (if the percentag property exceeds 50% or if d on profit or income)	ge	columns 2(a) a	nd 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)				<u> </u>					
Total	0.	Total			0.	 			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A) .	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	tions)		,			
				Gross income from or allocable to debt-		3. Deductions directly con to debt-finance		perty	
Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		i
(1)									
(2)									
(3)									
(4)								·	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)			<u> </u>	%			\bot		
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals				•			<u>.l_</u>		٥.
Total dividends-received deductions in	icluded in column	18					.		0.

Schedule F - Interest, A	Annuities,	Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	ns)
				Exempt	Controlled O	rganızatı	ons	•			
Name of controlled organization	on	2 Emp identific numb	ation		related income e instructions)		Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										o	
(2)							, .		-		
(3)							,				
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. Total	of specified payr made	nents	10. Part of column 9 that is included in the controlling organization's gross income				eductions directly connected hincome in column 10	
(1)											
(2)											
(3)											
(4)											
	-						Add colum Enter here and line 8, c		o 1, Part I, A)		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals	-A I			F04/: *	() (C) '	<u>▶</u>			0.		0.
Schedule G - Investme		of a S	ection	501(c)(7	'), (9), or (17) Org	ganization				
	(see instructions) 1. Description of income				2. Amount of	ıncome	Deductions directly connected (attach schedule) (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)	
(1)							(attach sono				·
(2)					<u> </u>						
(3)	,								İ		
(4)											
					Enter here and Part I, line 9, co				•		Enter here and on page 1, Part I, fine 9, column (B)
Totals			•	<u> </u>		0.					0.
Schedule I - Exploited I	-	ctivity	Income	, Other	Than Adv	ertisin	ig Income				
Description of exploited activity	2. Gros unrelated bus income fro trade or bus	om	3. Exp directly co with pro- of unre- business	onnected duction elated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or dumn 2 n 3) If a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					_						
(2)											
(3)											
(4)	Enter here at page 1, Pa line 10, col	rt I,	Enter here page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 25
Totals		0.		0.							0.
Schedule J - Advertisir											
Part I Income From F	Periodical	s Repo	rted on	a Con	solidated	Basis		,			•
1 Name of periodical	ac	. Gross Ivertising income		3. Direct rtising costs					6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1										
(2)									<u> </u>		
(3)											
(4)											
Totals (carry to Part II, line (5))	>		0.	().						0.

Part II	Înco	me From Perio	dicals Reporte	ed on a Separ	ate Basis	(For ea	ch periodical listed	In Part II, fill in
	colun	nns 2 through 7 on a	a line-by-line basis))				
-				·				

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						,,,	
(2)							
(3)							
(4)							
Totals from Part i		0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	•	%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
BAYVIEW CAPITAL PARTNERS III LP - ORDINARY BUSINESS INCOME (LOSS) COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS	-104,99
INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP -	6,42
ORDINARY BUSINESS INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L -	-31
ORDINARY BUSINESS INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, - ORDINARY BUSINESS INCOME (-1,80 16,50
COMMONFUND CAPITAL VENTURE PARTNERS VI, LP - ORDINARY BUSINESS INCOME (LOSS)	. 25
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP - ORDINARY BUSINESS INCOME (LOSS	-2
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP - ORDINARY BUSINESS INCOME (LOS	-
OMMONFUND GLOBAL DISTRESSED INVESTORS, LLC - ORDINARY OUSINESS INCOME (LOSS OMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP -	
PRDINARY BUSINESS INCOME VARBOURVEST 2018 GLOBAL FUND HOLDINGS LLC - ORDINARY	1,9
BUSINESS INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS XI, LP - ORDINARY	-62,8
USINESS INCOME (LOSS) CCARTHY GROUP - ORDINARY BUSINESS INCOME (LOSS) ANDMARK REAL ESTATE PARTNERS VIII - ORDINARY BUSINESS	15,79 4,19
NCOME (LOSS) RLEND, LLC - ORDINARY BUSINESS INCOME (LOSS) PUS REAL ESTATE VIII, LP - ORDINARY BUSINESS INCOME	15,5 -118,5
LOSS) IARBOURVEST 2019 GLOBAL FUND HOLDINGS LP - ORDINARY	49,30
BUSINESS INCOME (LOSS) OTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	7,79
OTAL INCOOLS ON FORM 550 1, FROM 1, BINE 5	
FORM 990-T INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
PLATINUM BANCORP - ORDINARY BUSINESS INCOME (LOSS)	6,82
TOTAL INCLUDED ON FORM 990-T, LINE 5	6,82

FORM 990-T	NET	STATEMENT, 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	85,545.	85,545.	0.	0.
06/30/17	300,856.	73,104.	227,752.	227,752.
06/30/18	208,139.	0.	208,139.	208,139.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	435,891.	435,891.

FORM 990-T	CONTRIBUTIONS	SUMMARY		STATEMENT	4
	CONTRIBUTIONS SUBJECT TO 100%				
QUALITED.	CONTRIBUTIONS SUBJECT TO 25%	LIMIT			
CARRYOVER	OF PRIOR YEARS UNUSED CONTRIB	JTIONS			
FOR TAX	YEAR 2014	6,308			
	YEAR 2015	7,500			
	YEAR 2016	7.,500			
	YEAR 2017	7,500			
FOR TAX	YEAR 2018	3,750			
TOTAL CAR	RYOVER		32,558		
TOTAL CURI	RENT YEAR 10% CONTRIBUTIONS		02,000		
TOTAL CONT	TRIBUTIONS AVAILABLE		32,558		
	NCOME LIMITATION AS ADJUSTED		0		
	NTRIBUTIONS		32,558	_	
	0% CONTRIBUTIONS		0		
TOTAL EXCI	ESS CONTRIBUTIONS		32,558		
ALLOWABLE	CONTRIBUTIONS DEDUCTION				C
TOTAL CONT	TRIBUTION DEDUCTION				

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY		1
	OMB No	1545-0047

For calendar year 2019 or other tax year beginning JUL 1, 2019

_____, and ending <u>JUN</u> 30, 2020

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

Interna	Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								
Name	of the organization SAINT JOHN'S UNIVERSITY			Employer identificati 45-3656162	on number				
	Jurelated Business Activity Code (see instructions) ► 541800			1 33 3030101					
	Describe the unrelated trade or business ADVERTISING								
	t Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net				
				(=, =:4=::000					
1 a	Gross receipts or sales								
b	Less returns and allowances c Balance ▶	1c							
2	Cost of goods sold (Schedule A, line 7)	2							
3	Gross profit Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Schedule D)	4a							
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b							
C	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5							
6	Rent income (Schedule C)	6							
7	Unrelated debt-financed income (Schedule E)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Schedule F)	8							
9	Investment income of a section 501(c)(7), (9), or (17)				•				
	organization (Schedule G)	9		60.740	4 504				
10	Exploited exempt activity income (Schedule I)	10	56,155.	60,749.	-4,594.				
11	Advertising income (Schedule J)	11							
12	Other income (See instructions, attach schedule)	12		44 514					
<u>13</u>	Total. Combine lines 3 through 12	13	56,155.	60,749.	-4,594.				
14	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Schedule K)			ctions.) (Deduction	ons must be				
15	Salaries and wages			15					
16	Repairs and maintenance			16					
17	Bad debts			17					
18	Interest (attach schedule) (see instructions)			18					
19	Taxes and licenses			19					
20	Depreciation (attach Form 4562)		20						
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b					
22	Depletion			22					
23	Contributions to deferred compensation plans			23					
24	Employee benefit programs			24					
25	Excess exempt expenses (Schedule I)			25					
26	Excess readership costs (Schedule J)			26					
27	Other deductions (attach schedule)			27					
28	Total deductions. Add lines 14 through 27			28	0.				

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

29

30

31

STMT 5

instructions)

29

30

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

-4,594.

-4,594.

٥.

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS R EMA INING	AVAILABLE THIS YEAR
06/30/19	5,142.		5,142.	5,142.
NOL CARRYO	VER AVAILABLE THIS	YEAR	5,142.	5,142.

Page	
rauc	

Identification number Identification number Identifications	ation's wi	6. Deductions directly connected with income in column 5 Deductions directly connecte the income in column 10 Add columns 6 and 11 here and on page 1, Part I, line 8, column (B) 5. Total deduction and set-asides (col 3 plus col 4)
(2) (3) (4) Idenexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is in the controlling organization in the controlling organization (see instructions) Add columns 5 and 1 Enter here and on page 1, line 8, column (A) otals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) (1) (2) (3)	10 A. Part I, Enter	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B) 5. Total deduction and set-asides
(3) (4) Ionexempt Controlled Organizations 7. Taxable Income 8. Net urrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is in the controlling organization (research or specified payments) (1) (2) (3) (4) Add columns 5 and 1 Enter here and on page 1, line 8, column (A) otals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) (1) (2) (3)	10 A. Part I. Enter	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B) 5. Total deduction and set-asides
Indexempt Controlled Organizations S. Net unrelated income (loss) (see instructions) S. Net unrelated income (loss) S. Net unrelated	10 A. Part I. Enter	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B) 5. Total deduction and set-asides
Interview Inte	10 A. Part I. Enter	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B) 5. Total deduction and set-asides
7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is in the controlling organization (see instructions) Add columns 5 and 1 Enter here and on page 1, line 8, column (A) otals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3)	10 A. Part I. Enter	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B) 5. Total deduction and set-asides
(see instructions) (see instructions) (see instructions) (a) Add columns 5 and 1 Enter here and on page 1, Inne 8, column (A) (see instructions) 1. Description of income 2. Amount of income (attach schedule) (1) (2) (3)	10 A. Part I. Enter	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B) 5. Total deduction and set-asides
(2) (3) (4) Add columns 5 and 1 Enter here and on page 1, Inne 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income (1) (2) (3)	Part I, Enter	here and on page 1, Part I, line 8, column (8) 5. Total deduction and set-asides
Add columns 5 and 1 Enter here and on page 1, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) . (3)	Part I, Enter	here and on page 1, Part I, line 8, column (8) 5. Total deduction and set-asides
Add columns 5 and 1 Enter here and on page 1, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3)	Part I, Enter	here and on page 1, Part I, line 8, column (8) 5. Total deduction and set-asides
Enter here and on page 1, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3)	Part I, Enter	here and on page 1, Part I, line 8, column (8) 5. Total deduction and set-asides
Enter here and on page 1, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3)	Part I, Enter	here and on page 1, Part I, line 8, column (8) 5. Total deduction and set-asides
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3)		and set-asides
(see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) (1) (2) (3)		and set-asides
1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3)		and set-asides
(2) . (3)		
(3)	,	
(4)		
Enter here and on page 1, Part I, line 9, column (A) Totals		Enter here and on page Part I, line 9, column (E
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)		•
2. Gross unrelated business income from trade or business wade or business unrelated business income from trade or business income from activity that is not urrelated business income from activity that is not u	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) VARIOUS ADVERTISING		,
(2) ACTIVITIES 56,155. 60,7494,594. 0.		0.
(3)		
(4)		1
Enter here and on page 1, Part I, page 1, Part I, line 10, col (A) line 10, col (B)		Enter here and on page 1, Part II, line 25
otals > 56,155. 60,749.		
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis		
2. Gross advertising income 3. Direct advertising costs advertising costs 3. Direct advertising costs advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		
(2)		7
(3)		1
(4)		1
Totals (carry to Part II, line (5))		1
		Form 990-T (20

FORM 990-T (M) SCHEDULE I - EXPENSES DI PRODUCTION OF UNRELATE	STATEMENT 13		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT ADVERTISING COSTS - SUBTOTAL -	- 1	60,749.	60,749.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	3		60,749.

Unrelated Business Taxable Income from an Unrelated Trade or Business

2019

ENTITY

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

OMB No 1545-0047

2

Name o	of the organization SAINT JOHN'S UNIVERSITY			Employer identification number 45-3656162			
	nrelated Business Activity Code (see instructions) 451211 escribe the unrelated trade or business WEBSITE SALES						
Part	Unrelated Trade or Business Income		. (A) Income	(B) Expenses	(C) Net		
b	Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7) Gross receipts or sales C Balance ▶	1c 2	98,869. 47,028.				
3	Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D)	3 4a	51,841.		51,841.		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts	4b 4c					
	Income (loss) from a partnership or an S corporation (attach statement)	5					
	Rent income (Schedule C) Unrelated debt-financed income (Schedule E)	6 7					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
	Investment income of a section 501(c)(7), (9), or (17) or ganization (Schedule G)	9					
11 .	Exploited exempt activity income (Schedule I) Advertising income (Schedule J)	10 11					
	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	12 13	51,841.		51,841.		

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	13,739.
16	Repairs and maintenance	16	55.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562) 20 1,614		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	1,614.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	1,029.
24	Employee benefit programs	24	2,591.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 6	27	8,706.
28	Total deductions. Add lines 14 through 27	28	27,734.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	24,107.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	24,107.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
UTILITIES		215.
ADMINISTRATION		1,916.
OFFICE		1,274.
OCCUPANCY		3,646.
TRAVEL		304.
ADVERTISING & MARKETING		188.
CREDIT CARD FEES		1,163.
TOTAL TO SCHEDULE M, PART II, LI	NE 27	8,706.

Form 990-T (2019)								Page
SAINT JOHN'S						45-36561	62	
Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory v	valuation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2	47,028.	7	Cost of goods sold Su	ıbtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs				line 2			7	47,028.
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	47,028.		the organization?				х
Schedule C - Rent Income (see instructions) 1. Description of property	(From Real	Property and	Per	sonal Property L	ease	d With Real Propo	erty) 	
(1)				-				
(2)								
(3)				· · · · · · · · · · · · · · · · · · ·				
(4)								
	2. Rent receiv	ed or accrued				1		
rent for personal property is more than			ersona	personal property (if the percentage and property exceeds 50% or if based on profit or income) 3(a) Deductions directly connected with the incomposition columns 2(a) and 2(b) (attach schedule)				he income in redule)
(1)		l		•				
(2)								
(3)								
(4)			•					
Total	0.	Total			٥.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Det	t-Financed	Income (see	ınstrı	uctions)				
				2. Gross income from		3. Deductions directly conr to debt-financ		ocable
Description of debt-fit	nanced property			or allocable to debt- financed property	(8)	Straight line depreciation (attach schedule)		er deductions h schedule)
(1)						· ·		
(2)								
(3)			İ					
(4)			Ì					
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	e adjusted basis allocable to inced property h schedule)		6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columns a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A)		and on page 1, o 7, column (B)

Totals

Total dividends-received deductions included in column 8

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019

Employer identification number

ENTITY

OMB No 1545-0047

3

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

501(c)(3) Organizations Only

SAINI COM S CHIVERSIII	43-3030102			
Unrelated Business Activity Code (see instructions) 53112 Describe the unrelated trade or business RENTALS WIT		AL SERVICES	"	
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 48,488.				
b Less returns and allowances c Balance	▶ 1c	48,488.		
2 Cost of goods sold (Schedule A, line 7)	2 .	12,938.		
3 Gross profit Subtract line 2 from line 1c	3	35,550.		35,550.
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Schedule C)	6	10,294.	51,912.	-41,618.
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12			
13 Total. Combine lines 3 through 12	13	45,844.	51,912.	-6,068.
Part II Deductions Not Taken Elsewhere (See instrudirectly connected with the unrelated business			uctions.) (Deductions	s must be
14 Compensation of officers, directors, and trustees (Schedule K)			14	
15 Salaries and wages			15	12,810.

1,356. 16 Repairs and maintenance 16 17 **Bad debts** 17 SEE STATEMENT 7 375. 18 Interest (attach schedule) (see instructions) 18 Taxes and licenses 19 19 523 20 Depreciation (attach Form 4562) 523. 21 Less depreciation claimed on Schedule A and elsewhere on return 21b 22 Depletion 22 1,153. 23 Contributions to deferred compensation plans 23 2,690. 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule i) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) SEE STATEMENT 8 5,186. 27 24,093. 28 Total deductions. Add lines 14 through 27 28 -30,161. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see STMT 9 0. 30 instructions) -30,161. 31 Unrelated business taxable income Subtract line 30 from line 29

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T	(M)	INTEREST PAI	D	STATEMENT	7
DESCRIPTION				AMOUNT	
INTEREST	-				375.
TOTAL TO SO	CHEDULE M, PART II	, LINE 18			375.
FORM 990-T	(M)	OTHER DEDUCTI	ons	STATEMENT	8
DESCRIPTION	ī			AMOUNT	
UTILITIES SUPPLIES INSURANCE GROUNDS, SE ADMINISTRAT OFFICE OCCUPANCY	- CCURITY, FIRE, CUS ^o	TODIAL			1,258. 2,009. 49. 163. 949. 43.
	G & MARKETING D FEES				14. 79.
TOTAL TO SO	HEDULE M, PART II	, LINE 27		5	5,186.
SCHEDULE M	NET	OPERATING LOSS D	EDUCTION	STATEMENT	9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/19	31,469.		31,469.	31,	469.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	31,469.	31,	469.

, Form 990-T (2019)							I	Page 3
SAINT JOHN'S					45-365616	2		
Schedule A - Cost of Goods	s Sold. Enter i	method of invent	ory valuation N/A					
 Inventory at beginning of year 	1		6 Inventory at end of year	Г	_	6		
2 Purchases	2	12,938.	7 Cost of goods sold. Su	btract line 6				
3 Cost of labor	3		from line 5. Enter here a	and in Part I,				
4a Additional section 263A costs			line 2 7					938.
(attach schedule)	48		8 Do the rules of section	the rules of section 263A (with respect to				
b Other costs (attach schedule)	4b		property produced or a	cquired for res	ale) apply to			
5 Total. Add lines 1 through 4b	5	12,938.	the organization?					X
Schedule C - Rent Income (see instructions)	(From Real P	Property and	Personal Property Lo	eased Wit	h Real Prope	rty)		
Description of property		-			•			
(1)								
(2)	<u>-</u>							
(3)			<u> </u>					
(4)								
	2. Rent receive				10.4			
rent for personal property is more than of rent for p			d personal property (if the percentag rsonal property exceeds 50% or if is based on profit or income)	e 3(8	Oeductions directly co columns 2(a) and	2(b) (attach so	the income in chedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total *		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		_ Enter h	otal deductions. Here and on page 1, Hine 6, column (B)	•		0.
Schedule E - Unrelated Deb	ot-Financed I	ncome (see II	nstructions)					
	•		2. Gross income from		ductions directly conne to debt-financed		llocable	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	idjusted basis locable to ced property schedule)	6. Column 4 divided by column 5	reporte	oss income able (column column 6)	(column	cable deducti 6 x total of co 5(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					and on page 1, e 7, column (A)		e and on page ne 7, column (
Totals			•		0.			0.
Total dividends-received deductions in	ncluded in column	8	- 1					0.
			 ·			F	orm 990-T	

	Page	3
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SAINT JOHN'S						45-3656	162		
Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation >			_		
1 Inventory at beginning of year	1		T	Inventory at end of yea	ır	-	6		_
2 Purchases	2] 7	Cost of goods sold. St	ubtract l	ine 6			-
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Υ	'es No
b Other costs (attach schedule)	4b]	property produced or a	cquired	for resale) apply to		[
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty		
(see instructions)					··-				
1. Description of property									
(1) HOUSING									
(2) MEDIA & MISCELLANEOUS									
(3) SOT									
(4) FACILITIES				:-		·			
197		ed or accrued				2/a \ Doductions directly	. coppo	stad with the incom	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) at SEE STATEMEN	nd 2(b) (attach schedule)	n e in
(1)	0.			6,	510.				4,447.
(2)	0.				-75.				-64.
(3)	0.				905.		775.		
(4)	0.		2,954.				46,754.		
Total	0.	Total		10,	294.			•	
(c) Total income. Add totals of columns	. , . ,	ter				(b) Total deductions Enter here and on page 1,			
here and on page 1, Part I, line 6, colum				10,	294.	Part I, line 6, column (B)			51,912.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction	ctions
						(under denoted)		(4144011 0011041	u.u,
(1)			1				╅	······································	
(2)			1						
(3)	· · ·					* ***.			
(4)	•		1				\top		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or e	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	ı	8 Allocable dec (column 6 x total o 3(a) and 3(of columns
(1)			1	%					
(2)				%					
(3)				%		-			
(4)	Î			%					
					E	nter here and on page 1,		Enter here and on	page 1.
						Part I, line 7, column (A)		Part I, line 7, colu	
Totals				▶			\bot		
Total dividends-received deductions	ncluded in columi	18		•			▶		

FORM	990-	Т (М) DEDUCTIONS	CONNECTED	WITH	I RENTAL	INCOME	STATEMENT 11
• DESCE	RIPTI	ON			P	ACTIVITY NUMBER	AMOUNT	TOTAL
DIREC	CT RE	NTAL	EXPENSES	- SUBTOTA	_ Ե-	2	4,447.	4,447.
DIREC			EXPENSES EXPENSES	2021011	_		-6 4 . 775.	·
DIREC	CT RE	ENTAL	EXPENSES	- SUBTOTA	L -	4	46,754.	775.
				- SUBTOTA	L -	6		46,754.
TOTAI	ь то	FORM	990-T, SCHEDU	LE C, COLU	MIN 3			51,912.

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

ENTITY

OMB No 1545-0047

	ment of the Treasury Revenue Service Go to www.irs.gov/Form990T fo Do not enter SSN numbers on this form as it				3).	Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization SAINT JOHN'S UNIVERSITY			Employer ide	on number	
$\overline{}$	Inrelated Business Activity Code (see instructions) > 713940			•	_	
	escribe the unrelated trade or business ATHLETIC FACILITIES	LITIES	-			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2		· · · · · · · · · · · · · · · · · · ·		
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6	8,811.	17	,456.	-8,645.
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					,
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
<u>13</u>	Total. Combine lines 3 through 12	13	8,811.	17	,456.	-8,645.
Par	directly connected with the unrelated business in			ctions.) (De	ductio	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	-
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses) 1		19	
20	Depreciation (attach Form 4562)		20		 	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				_26	
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	-8,645.
29	Unrelated business taxable income before net operating loss deduce			\$	29	-0,045.
30	Deduction for net operating loss arising in tax years beginning on o	r atter J	anuary 1, 2018 (see	STMT 10		<u>,</u>
~	Instructions)			SIMI IV	30	0. ~8,645.
31	Unrelated business taxable income Subtract line 30 from line 29				31	
LHA	For Paperwork Reduction Act Notice, see instructions.			2	rcneau	le M (Form 990-T) 2019

923741 01-28-20

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 10
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	13,441.		13,441.	13,441.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	13,441.	13,441.

	•								ENTITY	4
Forn	n 990-T (2019)									Page
<u> </u>	SAINT JOHN'S hedule A - Cost of Good						45-3656	162		
	·	<u> </u>	method of invent		. -			T . T		
1	Inventory at beginning of year	1		1	Inventory at end of ye			6		
2	Purchases	2		∤ ′	Cost of goods sold. S					
3	Cost of labor	3		1	from line 5. Enter here	e ano in i	art I,			
4 a	Additional section 263A costs			١.	line 2	- 0004 /		7	Ye	s No
	(attach schedule)	4a	~~	8	Do the rules of section	,	•		10	S NO
	Other costs (attach schedule)	4b		ł	property produced or	acquired	for resale) apply to		<u> </u>	_
	Total. Add lines 1 through 4b hedule C - Rent Income	(From Real	Property and	Dor	the organization?	6356	d With Real Pro	nerty)		
	ee instructions)	(i ioili neai	rioperty and	r Cı	solial Floperty i	Lease	u with near Fio	Jei ty,		
1. 0	Description of property									
(1)	ATHLETICS FACILITIES	-					.		-	
(2)							- .			
(3)	**************************************				·					
(4)							w. .			
		2. Rent receive	ed or accrued				,			
	(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for pe	ersona	conal property (if the percent) property exceeds 50% or if sed on profit or income)	age	3(a) Deductions direct columns 2(a) a SEE STATEME	and 2(b) (att	d with the income ach schedule)	n e
(1)	•	0.	,	8,811.			17,			7,456.
(2)										•
(3)										
(4)				•						
Tota	il	0.	Total		8	,811.				
here	Total income. Add totals of columns and on page 1, Part I, line 6, column	n (A)	•			,811.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	1	7,456.
Sc	hedule E - Unrelated Dek	ot-Financed	Income (see I	nstru	ictions)					
	•			:	2. Gross income from		3 Deductions directly co to debt-finar			
	1. Description of debt-fii	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(Other deduct (attach schedul	
(1)										
(2)										
(3)								T T		
(4)						İ				
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	(5. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable dedulumn 6 x total of 3(a) and 3(b	columns

Form 990-T (2019)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

%

%

%_

%

Enter here and on page 1,

Part I, line 7, column (A)

FORM 990-T (M)	DEDUCTIONS	CONNECTED	WITH R	RENTAL	INCOME		STATEMENT	12
DESCRIPTION		,		CIVITY MBER	AMO	UNT	TOTAL	
DIRECT RENTAL E	XPENSES	- SUBTOTAL	, -	5	î.	17,456.	11	7,456.
TOTAL TO FORM 9	90-T, SCHEDUI	LE C, COLUM	IN 3				13	7,456.