efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493100004410 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 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 \$ 912,075,437 Name and address of principal officer H(a) Is this a group return for Conrado M Gempesaw PhD ☐Yes **☑**No subordinates? 8000 Utopia Parkway H(b) Are all subordinates Jamaica, NY 11439 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 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 ☑ Corporation ☐ Trust ☐ Association ☐ 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) . 26 4 25 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6,389 Total number of volunteers (estimate if necessary) . . . 6 239 Total unrelated business revenue from Part VIII, column (C), line 12 -234,959 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 55,710,446 36,339,209 Ravenua 711,491,398 Program service revenue (Part VIII, line 2g) . 689,214,514 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 36,266,091 69,947,623 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 781,191,051 817,778,230 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). 265,843,882 280,591,100 **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) 280,008,453 283,175,477 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶8,503,089 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 185,563,950 186,783,294 731,416,285 750,549,871 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 49,774,766 67,228,359 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances Beginning of Current Year End of Year 1,507,064,856 1,492,505,023 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 599,478,824 570,609,728 Net assets or fund balances Subtract line 21 from line 20 . 907,586,032 921,895,295 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 2020-04-07 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 2020-04-06 P01249521 Paid self-employed Firm's name ► KPMG LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 345 PARK AVENUE Phone no (212) 758-9700 NEW YORK, NY 101540102 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	n 990 (2018)					Page 2
Pa	art III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	lule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the or	ganızatıon's mıssıon				
St J	ohn's University is a Ca	tholic, Vincentian, Me	tropolitan, and G	Global Institution of High	ner Education (continued on Sched	lule O)
2	Did the organization i	ındertake any sıgnıfıc	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 or	990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe thes	se new services on Sc	hedule O			
3	Did the organization o	ease conducting, or r	make significant	changes in how it condu	ıcts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe thes	se changes on Schedu	ıle O			
4		l 501(c)(4) organizati	ons are required	to report the amount o	largest program services, as mea if grants and allocations to others,	
4a	(Code) (Expenses \$	701,860,563	including grants of \$	280,591,100) (Revenue \$	711,491,398)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	es (Describe in Sched	lule O)			
	(Expenses \$	•	cluding grants of	\$) (Revenue \$)
4e	Total program serv	ice expenses ►	701,860,5	63		

Form	990 (2018)			Page 3
Pai	tiV 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 2	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	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	If "Yes," 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, VIII, 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	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 🕏	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 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	

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 14b valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Yes or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Yes

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Form	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V			✓

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Form **990** (2018)

29,293

1a

1b

No

e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		N.
		7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	R	

10a

10b

11a

11b

12b

13b

13c

9a

9b

12a

13a

14a

14b

15

Yes

Form **990** (2018)

No

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form	990 (2018)					Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedic Check if Schedule O contains a response or note to any line in this Part VI	dule O	See instructions	•	onse to	lines 🗹
Se	ction A. Governing Body and Management					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	5	Yes	No
	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	1b	25	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed be of officers, directors or trustees, or key employees to a management company or other			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	anızatıo	n'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 members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written actions the following	undert	taken during the year by			
	The governing body?			8a	Yes	
	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	<i>o</i> .		9		No
Se	ction B. Policies (This Section B requests information about policies not requ	uired b	y the Internal Revenu	e Code	e.) Yes	N.
102	Did the organization have local chapters, branches, or affiliates?			10a	165	No No
	If "Yes," did the organization have written policies and procedures governing the activit and branches to ensure their operations are consistent with the organization's exempt procedures.	es of s		10a		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its grown?			11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form	n 990				
	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 in conflicts?			12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the 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 persons, comparability data, and contemporaneous substantiation of the deliberation are					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
Ь	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)					
	Did the organization invest in, contribute assets to, or participate in a joint venture or staxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organiza in joint venture arrangements under applicable federal tax law, and take steps to safegi status with respect to such arrangements?	uard th				
				16b		<u> </u>
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶					
	<u>IN , KY , N</u>		A, MI, NH, NJ, ND, OR	, PA , \	/A	
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), only) available for public inspection. Indicate how you made these available. Check all t	hat app	ply			
19	Own website \square Another's website $ ot ot ot ot ot other (explain in S$		•			
	Describe in Schedule O whether (and if so, how) the organization made its governing do	ocumer	its, conflict of interest			
20	Describe in Schedule O whether (and if so, how) the organization made its governing do policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organ State the name, address, and telephone number of the person who possesses the organ State the name, address, and telephone number of the person who possesses the organ State the name, address, and telephone number of the person who possesses the organ	nızatıon				

Part VII

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

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

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

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

year

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - f 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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

compensated employees, and former such persons

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

(A)

Name and Title

Average hours per than one box, unless person week (list is both an officer and a from the from related compensation compensation from the from related compensation compensation from the from related compensation compensation compensation from the from related compensation compensation compensation compensation from the from related compensation compensation compensation compensation from the from related compensation compensation compensation compensation compensation and compensation compens

Name and Title	hours per week (list any hours for related	than o	ox, u n off or/t	inles ficer ruste	and a	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	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	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form 990 (2018)

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, u ın off	t che inles ficer	eck moss pers and a ee)	son	(D) Reportable compensation from the organization (W	ortable Reportable compensation from related zation (W-		(F) Estimated amount of other compensation from the organization and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-M150	-)	organiza relai organiz	ted	
See Additional Data Table													
1b Sub-Total				-		>				Ŧ			
			<u> </u>	<u>.</u>		•		6,037,138		0		858,123	
2 Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rece	eived more than :	\$100,000				
											Yes	No	
3 Did the organization list any forme line 1a? If "Yes," complete Schedule			ee, k	ey er	mplo •	oyee,	or hi	ghest compensat	ed employee on	3		No	
For any individual listed on line 1a, organization and related organization individual													
5 Did any person listed on line 1a reco	eive or accrue coi	• • mpensat	tion fi	rom .	• any	unrela	· ·	organization or in	ndıvıdual for	4	Yes		
services rendered to the organizatio	· '	lete Sch	edule	J fo	r su	ıch pei	rson			5		No	
Section B. Independent Contract Complete this table for your five high	hest compensate									mpe	nsation		
from the organization Report comp	(A)		year	ena	ing	with o	rwit		(B)		(0		
Collins Building Services Inc, Court Square Place 24-01 44th Rd Long Island City, NY 11101	e and business addr	ess						Bldg Mair	escription of services itenance		_	nsation 3,102,895	
Chartwells, Food Service 91337 Collections Drive Chicago, IL 60693								14	1,555,976				
Shawmut Woodworking Supply Inc, 3 East 54th Street								2	2,683,979				
New York, NY 10022 Med-Tek Contracting Inc, 601 N Macquesten Parkway Mount Vorne NY 10552								Construct	cion		2	2,233,734	
Mount Vernon, NY 10552 ACA Ind Inc dba American Maintenanc, 385 West Main Street BABYLON, NY 11702								Bldg Mair	itenance		1	1,643,571	
Total number of independent contract.	ors (including but	not lim	uted t	o the	056	listed	ahov	(e) who received	more than \$100.0	വ പ	:		

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

compensation from the organization ▶ 88

Part	VIII	Statement of										
		Check if Schedul	e O contains	a respo	onse or note to any							<u>.</u>
							A) evenue	Rel e> fu	(B) ated or empt nction	bı	(C) nrelated usiness evenue	Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a				re	venue			512 - 514
nts ints		• Membership dues		1b								
ira 10 u		: Fundraising events		1c	3,720,603							
s, (An		Related organizatio		1d								
활동		Government grants (co			8,212,818							
im:		• ,	,	1e	I 6,212,010							
ie S	'	 All other contributions and similar amounts nabove 		1f	24,405,788							
Contributions, Gifts, Grants and Other Similar Amounts	١,	Noncash contribution	ons included									
들으		in lines 1a - 1f \$	ons included	64	<u>2,609</u>							
ē	ı	1 Total. Add lines 1a	-1f		🕨	5	36,339,209					
					Busines		30,000,200					
Revenue	2a	Tuition and Fees				900099	635,	899,353	635,899	9,353		
<i>ج</i> ٧ مع	ь	Auxiliary Enterprises				900099	69,	894,906	69,89	0,524	4,3	82
ıν́ EE	С	Other Revenue				900099	5,	697,139	5,69	7,139		
Service						900099						
38	d			_								
Iran	e											
Program	Ť	All other program se	rvice revenue		711,	,491,398		•				
		Fotal. Add lines 2a-2			<u> </u>	_						
		nvestment income (ii imilar amounts)	ncluding divid		nterest, and other		12,182,06	5			-239,341	12,421,406
		ncome from investme			ond proceeds I	•	254,06	2				254,062
		Royalties				•		0				
			(ı) Rea	I	(II) Personal							
	6a	Gross rents										
	b	Less rental expenses				\dashv						
	_	·										
	С	Rental income or (loss)		0		0						
	d	Net rental income o	r (loss)			\dashv		0				
			(i) Securit		(II) Other							
		Gross amount from sales of assets other than inventory	149,7	798,734								
	b	Less cost or other basis and sales expenses	92,2	287,238								
	С	Gain or (loss)	57,5	11,496								
	d	Net gain or (loss) .			•		57,511,49	6				57,511,496
Other Revenue	8a	Gross income from from from from including \$	3,720,603 ed on line 1c)	of	2,009,969	9						
Rev	b	Less direct expense		b	2,009,969							
er	С	Net income or (loss)	from fundrais	sing ev	ents ▶	_						
)th	9a	Gross income from g See Part IV, line 19		ies								
•		See Part IV, line 19		а) 	o						
	b	Less direct expense	s	Ь	(5						
	С	Net income or (loss)	from gaming	activit	ies •	_		0				
	10a	Gross sales of invent returns and allowand	cory, less	a								
	b	Less cost of goods s	sold	b		5						
		Net income or (loss)		invent	orv >			0				
		Miscellaneous			Business Code							
	11	a										
						\perp		\perp				
	b											
	С							1				
	d	All other revenue .						1				
	е	Total. Add lines 11a	-11d		•			0				
	12	Total revenue. See	Instructions						744 407 7:-		201 ==-	70.407.57
					-		817,778,23	υ	711,487,016	<u> </u>	-234,959	70,186,964 Form 990 (2018)

10 Payroll taxes .

c Accounting .

b Legal .

11 Fees for services (non-employees) a Management

d Lobbying

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

15 Royalties .

16 Occupancy .

23 Insurance .

17 Travel .

14 Information technology

f Investment management fees .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O)

a Repairs and Maintenance

c Professional Services

e All other expenses

b Meal Plan & Food Svc Costs

d LIB PERIOD/ BKS/ ONLINE RES

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	275,199,198	275,199,198		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	5,391,902	5,391,902		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,329,097	373,452	1,686,180	269,465
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	204,042,292	187,999,942	12,015,391	4,026,959
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,554,434	12,359,280	885,343	309,811
9 Other employee hanefits	49 668 269	44 553 164	3 989 877	1 125 228

13,581,385

957.052

255,679

4,168,027

1,901,037

12,376,159

6,267,309

18,288,370

8,664,878

141,740

16,861,976

39,844,100

3,063,917

26,689,510

11,207,121

7,803,057

3,972,883

24,312,434

750,549,871

0

8,045

0

12,372,249

383,341

86,638

1,412,368

1,505,306

8,864,620

3,854,350

17,722,448

8,307,969

136,296

14,874,358

38,060,787

1,125,871

25,609,754

11,207,121

5,928,144

3,972,883

20,559,122

701,860,563

936,176

543,710

160,201

2,611,556

354,062

3,162,902

2,285,602

536,062

258,590

5,159

1,883,679

1,690,058

1,836,699

1,022,792

1,299,608

3,014,527

40,186,219

8,045

272,960

30,001

8,840

144,103

41,669

348,637

127,357

29,860

98,319

285

103,939

93,255

101,347

56,964

575,305

738,785

8,503,089

Form 990 (2018)

Form 990 (2018)

24

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗹
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		•	5,252,739	1	11,285,799
	2	Savings and temporary cash investments .		[24,070,494	2	30,524,381
	3	Pledges and grants receivable, net			30,115,347	3	31,569,939
	4	Accounts receivable, net		[21,711,384	4	18,727,492
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete	0	5	0	
S	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	c(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0	
ssets	7	Notes and loans receivable, net			0	7	0
Ass	8	Inventories for sale or use			0	8	0
4	9	Prepaid expenses and deferred charges		. · ·	2,264,163	9	3,044,801
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,063,350,345			
	b	Less accumulated depreciation	10 b	460,858,185	619,590,380	10 c	602,492,160
	11	Investments—publicly traded securities .			367,127,471	11	321,603,656
	12	Investments—other securities See Part IV, line	11 .	[395,367,477	12	433,331,892
	13	Investments—program-related See Part IV, line	e 11 .		14,303,953	13	11,664,593
	14	Intangible assets		[0	14	0
	15	Other assets See Part IV, line 11			27,261,448	15	28,260,310
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	1,507,064,856	16	1,492,505,023
	17	Accounts payable and accrued expenses		76,134,626	17	72,907,707	
	18	Grants payable		0	18	0	
	19	Deferred revenue		19,820,871	19	16,678,622	
	20	Tax-exempt bond liabilities			477,695,395	20	455,385,234
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
<u>ĕ</u>	22	Loans and other navables to current and former	office	e directors trustees			

	1				_ ·
	15	Other assets See Part IV, line 11	27,261,448	15	28,260,310
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,507,064,856	16	1,492,505,023
	17	Accounts payable and accrued expenses	76,134,626	17	72,907,707
	18	Grants payable	0	18	0
	19	Deferred revenue	19,820,871	19	16,678,622
	20	Tax-exempt bond liabilities	477,695,395	20	455,385,234
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qe		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0

24

25

26

27

28

29

30

31 32

33

34

5,695,000

19.943.165

570.609.728

688,415,104

76,163,341

157,316,850

921,895,295

1,492,505,023

Form **990** (2018)

5,995,000

19,832,932

599,478,824

686.899.498

77,837,144

142,849,390

907,586,032

1,507,064,856

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

Organizations that follow SFAS 117 (ASC 958), check here > \square and

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

3a

3b

Yes

Yes (2018)

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:

Name: St John's University New York

EIN: 11-1630830

Form 990 (2018)

Form 990, Part III, Line 4a: Higher Education St. John's University is a Catholic, Vincentian, Metropolitan, and Global Non-Profit Institution of higher 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 16,884 Undergraduate and 4,759 Graduate students are enrolled in courses. (21.643 Students)

(A) (D) (B) (C) (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 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

Board Member

Anıta Gomez-Palacıo

Vice Chair of Board

Pascal Desroches

Margaret LaRosa D'Angelo

Margaret M Fitzpatrick SC Ed D

Very Rev Stephen M Grozio CM

......

	any hours	and	a dır	recto	r/tr	ustee)	organization	organizations	from the
	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
Rev Elmer Bauer III CM Board Member	10	×						0	0	C
Paul M Carroll Board Member	10	×						0	0	0
William L Collins	5 0	х						0	0	0

Paul M Carroll		v			۸ ا	0	
Board Member	0.0	×			0	Ü	
William L Collins	5 0	·			0	0	
Chair of Board - Thru 5/8/19	0 0	<			0	0	
Rev Gregory P Cozzubbo CM	1 0	_			0	0	
Board Member	0.0	^			0	0	
Rev Kevin G Creagh CM Ed D	1 0						

Х

Х

Х

Х

Х

Χ

0

00

0 0

00

00

00

......

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

organization

0

0

0

organizations

from the

any hours

1 0

0 0 10

0 0 10

0 0

......

Х

Х

Х

Х

Х

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

	family flours	ā	a uii	ecti		usice,	,	(W 2/1000	Organizations	mom the
	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
Suzanne M Halpın Board Member	1 0	х						0	0	0
William J Janetschek Chair of Board	5 0	х		х				0	0	0
Robert F Kalenka Board Member	1 0	х						0	0	0
Margaret M Keane Secretary of Board	1 0	X		x				0	0	0
Sr Carol Keehan DC Board Member	1 0	×						0	0	0

......

Rev Gerard H Luttenberger CM STD

Rev Robert P Maloney CM STD

Rev Thomas F McKenna CM STD

Board Member - Thru 5/8/19

Joseph M Mattone SR Esq.

Board Member

Board Member

Board Member

Board Member

Joseph C O'Connor

and Independent Contractors

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

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

and Independent Contractors

Tarık S Turner

Board Member

Rev Edward R Udovic CM PhD

Board Member - Thru 5/8/19

Board Member - Began 5/9/19

Conrado M Gempesaw PhD

Rev Bernard M Tracey CM

Executive VP for Mission

Catherine M Verrelli

President

.....

	any hours	and	a dır	ecto	or/tr	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
Lewis Rice Jr	1 0	x						0	0	0
Board Member	0 0									
James J Shannon	1 0	×							0	0
Board Member	0 0	l						١	0	
Brian T Shea	1 0	V							0	
Board Member	0 0	×							U	0
Patricia Castel Skarulis	1 0									

Dilair i Silea		l x			0	ا	
Board Member	0 0						
Patrıcıa Castel Skarulıs	1 0						
Board Member	0 0	_ ^			0	U	
Joseph A Tarantino	1 0	V			9	0	
Board Member	0 0	^				Ĭ	

Х

Х

Х

Х

Χ

Χ

741,247

78,527

0

10

00

00

0 0 40 0

0 0

......

................

(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 person is both an officer week (list from the from related compensation and a director/trustee) from the organization organizations

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

	any hours	and	a dir	ecto	or/tr	ustee)	organization	organizations	from the
	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 A Mangione	40 0			x				428,049	0	96,910
Pvst & VP ACA Aff-Thru 6/30/18	0 0							120,013	3	30,310
Sharon Hewitt Watkins VP for Bus Affairs, CFO & Trea	40 0			x				410,548	0	74,997
Joseph E Oliva Esq VP for Admin Sec & Gen Counsel	40 0			х				447,165	0	122,736
Simon Moller-eff 7118	40 0									

55,684

59,997

165,144

52,274

72,588

79,266

426,060

1,992,824

430,888

429,270

456,488

Χ

Х

Χ

Sharon Hewitt Watkins			x		410.548
VP for Bus Affairs, CFO & Trea	0 0		.,		.19,5 15
Joseph E Oliva Esq	40 0		х		447,165
VP for Admın Sec & Gen Counsel	0 0				117,100
Simon Moller-eff 7118	40 0		,		274 500
Interim Pvst & VP ACAD Aff	0.0		X		274,599

40 0

0 0 40 0

0 0 40 0

0.0 40 0

0 0 40 0

0 0

......

......

and Independent Contractors

Mark J Browne

Norean Sharpe

Michael A Simons

Dean Law School

Joseph L Tartamella

Christopher P Mullin

Hd Coach Men Bbal-thru 4/9/19

Dean Tobin College of Business

Head Coach Women's Basketball

Professor

SCHEDUL Form 990 or 90EZ)		Complete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 10-EZ.	a section	2018		
epartment of the T sternal Revenue Se ame of the or	rvice	► Go to	www.irs.gov/Forms	990 for the late	est information	Employer identific	Open to Public Inspection		
John's Universit						11-1630830	ation number		
			us (All organization						
_			e it is (For lines 1 thro	.	, ,				
L Ac	hurch, conven	tion of churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).			
	chool describe	d in section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))				
A h	ospital or a co	operative hospital ser	vice organization descr	ribed in section	170(b)(1)(A)(iii).			
nar	ne, city, and s	tate	ed in conjunction with	·			·		
	-	perated for the benef Complete Part II)	t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170		
			governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).			
		hat normally receives [1)(A)(vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nıt or from the gener	al public described ir		
3 □ A c	ommunity trus	st described in sectio	170(b)(1)(A)(vi)	(Complete Part I	I)				
			escribed in 170(b)(1) ee instructions Enter f				ege or university or		
fror Inv	n activities rel estment incom	lated to its exempt fur	(1) more than 331/3% actions—subject to cert less taxable income (le	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross		
			d exclusively to test for	r public safety S	ee section 509	(a)(4).			
□ mo	re publicly sup	ported organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a			
Typ org	oe I. A suppor anization(s) th	tıng organızatıon oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	ation(s), typically by			
ma ma	nagement of t		pervised or controlled in ation vested in the san and C.						
			supporting organization ions) You must com j				ited with, its		
I Typ	De III non-fu ctionally integ	nctionally integrate rated The organization	d. A supporting organi n generally must satisf rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported organ			
Che	ck this box if	the organization recei	ved a written determin	ation from the I		pe I, Type II, Type II	I functionally		
_		pe III non-functionally oported organizations	integrated supporting	organization		_			
			ipported organization(Γ΄		(v) Amount of	(vi) Amount of		
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	n in your governing document? monetary support other (see instructions) in: see					
				Yes No					
tal									
otal	Poduction A	ct Notice, see the I	netructions for	Cat No 1128!	I 5F	Schedule A (Form 9	00 or 000-E7\ 201		

Page 2

Р	art II Support Schedule for (b)(1)(A)(ix) (Complete only if you change in the complete on the complete on the complete on	_		•			
	III. If the organization f						y ander rare
S	ection A. Public Support	and so quanty at		, p			
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	30,371,569	27,707,728	36,047,419	55,710,446	36,339,209	186,176,371
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						0
4	the organization without charge	30,371,569	27,707,728	36,047,419	55,710,446	36,339,209	186,176,371
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	30,371,309	27,707,728	30,047,419	55,710,440	30,339,209	
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,258,162
_	Public support. Subtract line 5 from line 4						173,918,209
S	ection B. Total Support	T		1		T	
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	30,371,569	27,707,728	36,047,419	55,710,446	36,339,209	186,176,371
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,069,176	7,718,202	8,355,159	9,577,059	12,182,065	45,901,661
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	248,985	140,308	25,379	81,852	254,062	750,586
11	Total support. Add lines 7 through 10						232,828,618
12	Gross receipts from related activities,	etc (see instruction	ons)			12	3,369,501,131
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	ırd, fourth, or fıfth	tax year as a sect	ion 501(c)(3) orga	ınızatıon,
	check this box and stop here					▶ 🗆]
	ection C. Computation of Publi						
14	Public support percentage for 2018 (In	ne 6, column (f) d	ıvıded by line 11, c	olumn (f))		14	74 698 %
15	Public support percentage for 2017 Sc	hedule A, Part II,	line 14			15	77 070 %
16 a	33 1/3% support test—2018. If the	e organization did	not check the box	on line 13, and line	e 14 ıs 33 1/3% or	more, check this l	oox
Ь	and stop here. The organization qual 33 1/3% support test—2017. If the				and line 15 is 33 1/	3% or more, check	► ✓ < this
17 a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t— 2018. If the or on meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	box and stop he i	re. Explain	▶ □
b	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organizati	zation meets the "	facts-and-circumst	ances" test, check	this box and stop	here.	▶ □
	supported organization						▶ □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, .			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-/	(-,	(1)
1	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						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	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						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f))	17	
	Investment income percentage from 20	D17 Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

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

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

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

the organization had excess business holdings)

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

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 Sections A and D, and complete Part V)

S	ection 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,		

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)	

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? 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) numbers?		

	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	

	determination	3b	'	
c	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	3c		
4a	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			
b	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 supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	_	$\overline{}$	

U	Did the organization have ditimate 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 supervised by or in connection with its supported organizations	4b	
С	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		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?		
		_	

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in		

6	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	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

	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	
8	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)		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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

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

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	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			
h	A family member of a person described in (a) above?	11b		\vdash	
	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			
	ection B. Type I Supporting Organizations				
	cetton 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 of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa 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	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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				
_	action C. Tuna II Summarting Organizations				
3	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	103	110	
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)				
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?				
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 tayear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard				
_					
1	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	otions)			
	The organization satisfied the Activities Test. Complete line 2 below	Ctions)			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instru	ctions)		
2	Activities Test Answer (a) and (b) below.		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			
	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				
3	Parent of Supported Organizations Answer (a) and (b) below.	2Ь			
	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> .	of 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	3b			
		, 55	1	i	

instructions)

	Type 111 Non-1 directionally integrated 309(a)(3) Supporting of	,ı gaiii	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

Page 6

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A (F	hedule A (Form 990 or 990-EZ) 2018 Page 8						
	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)						
Facts And Circumstances Test							
990 Sched	ule A, Suppleme	ntal Information					
Retu	Return Reference Explanation						
Schedule A, Other Incom	Part II, Line 10 - ne	Represents Income Earned on Funds Held by Bond Trustees					

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

DLN: 93493100004410

Open to Public

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

EZ)

(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.

Inspection

f the	Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s	ection 501(h)) Co	mplete Part II-A Do not	com	plete Part II-l	
f the	e organization answered "Yes" o xy Tax) (see separate instruction						
	Section 501(c)(4), (5), or (6) organized me of the organization	zations Complete Part III		Employer id	lenti	fication nun	nber
	John's University New York						
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	11-1630830 a section 527 orga	niza	ation.	
1		nization's direct and indirect political can					
2	Political campaign activity expend	ditures (see instructions)		•	\$		
3	Volunteer hours for political camp	<u> </u>					
Par		nization is exempt under sectio					
1		ax incurred by the organization under se		•	\$		
2		ax incurred by organization managers ui		•	\$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	☐ No
b			- 504(-)		2.		
		nization is exempt under section					
1 2	·	led by the filing organization for section panization's funds contributed to other o			\$		
_	function activities	janization o ramas continuated to other o	i guilleacion o roi oc	>	\$		
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	rm 1120-POL for this year?				☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of reach organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fur olitical organization, suc	nds A	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds If none, enter -0-		(e) Amount contributions and promp directly delives separate programmers and contributions are separated.	s received otly and vered to a political i If none,
1							
2							
3							
4							
5							
6							
For P	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule	C (Fo	rm 990 or 99	0-EZ) 2018

C	rotal lobbying expenditures (add lines ta and tb)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and			
f	Lobbying nontaxable amount Enter the amount from columns	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e	i	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
			_	
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0)-		
4.				

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in)

Schedule C (Form 990 or 990-EZ) 2018

Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

2a

d

e

f

q

h

2a

1

2

1

2

b

Part III-A

Part III-B

Current year

Carryover from last year

Other activities?

Total Add lines 1c through 1i

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

If "Yes," enter the amount of any tax incurred under section 4912

Direct contact with legislators, their staffs, government officials, or a legislative body?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

(b)

Amount

Form 5768 (election under section 501(h)). (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Yes Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Yes Media advertisements? C

Nο Nο Nο

No

Yes

Yes

2a

2b

2c 3

> 4 5

Schedule C (Form 990 or 990EZ) 2018

	22,43
Yes	No
163	110

tivities?	Yes			8,045
ld lines 1c through 1i				22,435
activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
enter the amount of any tax incurred under section 4912				
enter the amount of any tax incurred by organization managers under section 4912				
ng organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Complete if the organization is exempt under section $501(c)(4)$, section 501 $501(c)(6)$.	(c)(5), o	r sectio	n	
			Yes	No
ostantially all (90% or more) dues received nondeductible by members?			ı	
organization make only in-house lobbying expenditures of \$2,000 or less?			2	
organization agree to carry over lobbying and political expenditures from the prior year?		3	3	
Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5), o	r sectio	n 501(d	c)(6)

14.390

c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

answered "Yes."

Dues, assessments and similar amounts from members

expenses for which the section 527(f) tax was paid).

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference Explanation 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

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public

DLN: 93493100004410

Interr	nal Revenue Service	► Go to <u>www.irs.c</u>	<u>/////////////////////////////////////</u>	test information.		In	spection
	me of the organ				Employe	r identificatio	n number
St.	John's University Nev	N YORK			11-16308	30	
Pa		zations Maintaining Donor Advi					
	Comple	te if the organization answered "Ye			1		
			(a) Donor advi	sed funds	(b)F	unds and other	accounts
1	Total number at	•					
2		of contributions to (during year)					
3		of grants from (during year)					
4	Aggregate value	at end of year					
5		ation inform all donors and donor adviso property, subject to the organization's ex		ets held in donor ac	dvised funds] Yes □ No
6		ation inform all grantees, donors, and donors and donor in the donor i				npermissible _] Yes □ No
Pa	rt III Conser	rvation Easements. Complete if th	ne organization answe	red "Yes" on For	m 990, Part	t IV, line 7.	
1		onservation easements held by the orga					
	☐ Preservation	on of land for public use (e g , recreation	n or education)	Preservation of ar	historically	ımportant land	area
	Protection	of natural habitat		Preservation of a	certified histo	oric structure	
	☐ Preservation	on of open space					
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation co	ntribution in the fo		ervation	of the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	estricted by conservation easements			2b		
c	Number of conse	ervation easements on a certified histori	ic structure included in (a)	2c		
d		ervation easements included in (c) acqu in the National Register	ired after 7/25/06, and n	ot on a historic	2d		
3	Number of cons tax year ▶	servation easements modified, transferre	ed, released, extinguished	d, or terminated by	the organiza	ation during the	!
4	Number of state	es where property subject to conservation	on easement is located >				
5	Does the organi and enforcemer	ization have a written policy regarding that of the conservation easements it hold	he periodic monitoring, ir s?	ispection, handling	of violations	, Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violatio	ns, and enforcing c	onservation (easements duri	ng the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	rvation easer	nents during th	e year
8	Does each cons	ervation easement reported on line 2(d) 0(h)(4)(B)(ii)?	above satisfy the require	ements of section 1	.70(h)(4)(B)((ı) Yes	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organiza			nt, and	
Pai		izations Maintaining Collections te if the organization answered "Ye			ner Similar	r Assets.	
	Сотпріс	to it the organization answered Te	55 C 1 O 5 5 6 7 1 G . C	,			

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2018

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

F			
rovide	the		

Revenue included on Form 990, Part VIII, line 1

P # _	
▶ \$	

Cat No 52283D

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

Par	t III	Organizations Ma	intaining Coll	ections of Art,	Histori	cal Tı	reasu	ires, oi	Other	Similar As	sets (conti	nued)	
3		g the organization's acqu s (check all that apply)	iisition, accession	, and other record	ls, check	any of	the fo	llowing t	hat are a	significant u	se of its coll	ection	
а		Public exhibition			d		Loan	or excha	ange prog	ırams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	generations										
4	Provi Part	ide a description of the o XIII	rganization's coll	ections and explai	n how the	ey furth	ner the	e organız	ation's ex	kempt purpos	se in		
5		ng the year, did the orga ts to be sold to raise fund								ular	☐ Yes	□ N-	0
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			orm 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	nt on Form	າ 990,	Part
1a		e organization an agent, ded on Form 990, Part X		n or other interme	ediary for	contril	bution	s or othe	er assets	not	☐ Yes	□ N	o
b	If "Y	es," explain the arranger	ment in Part XIII	and complete the	following	table				Ar	nount		_
c		nning balance							1c				_
d	Addı	tions during the year							1d				_
е	Dıstr	ributions during the year							1e				_
f	Endı	ng balance							1f				_
2a	Did t	:he organization include a	an amount on Foi	m 990, Part X, lın	e 21, for	escrow	or cu	stodial a	ccount lia	ability?	☐ Yes		– o
		es," explain the arranger									_		_
	rt V	Endowment Fund											
				(a)Current year		rior yea			ears back	(d)Three year		our year	s back
1 a	Begini	ning of year balance .		756,098,839		716,485	-		13,376,223		346,220		520,182
b	Contri	butions		13,886,27	2	12,266	5,086	1	18,305,353	26,8	309,410	29,3	359,509
c	Net in	vestment earnings, gains	s, and losses	15,888,12	5	64,182	2,689	9	0,816,318	-15,4	68,268	42,3	366,896
d	Grants	s or scholarships		6,322,089	9	6,217	7,187		6,085,412	6,2	22,554	4,5	525,946
е		expenditures for facilities	s	26,296,590	0	26,758	3,633	2	26,381,175	51,5	546,411	25,:	132,698
f	Admın	istrative expenses .		4,381,558	8	3,859	9,649		3,545,774	2,5	542,174	1,7	241,723
g	End of	f year balance		748,872,999	9	756,098	3,839	71	6,485,533	643,3	376,223	692,3	346,220
2	Prov	ide the estimated percen	tage of the curre	nt year end baland	ce (line 1	g, colu	mn (a))) held a	s				
а	Boar	d designated or quasi-en	ndowment 🟲	76 510 %									
b	Perm	nanent endowment 🕨	18 220 %										
С	Tem	porarily restricted endow	ment ► 5 27	70 %									
3a	Are t	percentages on lines 2a, here endowment funds r		•	ation that	t are h	eld an	d admini	stered fo	r the			
	_	nization by									2-(1)	Yes	No
	٠,	nrelated organizations				•					3a(i)	\longmapsto	No No
h		related organizations . es" on 3a(ii), are the rela		s listed as required	 d on Sche	dule R	?				3a(ii) 3b	\vdash	
4		ribe in Part XIII the inter	-	•			•					<u> </u>	
Pa	rt VI	Land, Buildings, a	and Equipmen	it.									
	Descri	Complete if the org	anization answ (a) Cost or oth		orm 990 ost or other					m 990, Par		0. ook value	
	Descr	ription of property	(a) Cost or oth (Investme		ost of other	Ud515 (0	other)	(C) ACC	umurated 6	тергестацоп	(a) B	JUK VAIUE	
1a	Land					27,70	08,117					27	,708,117
b	Buildir	ngs				551,23	32,484			200,184,726		351	,047,758
С	Leasel	hold improvements				25,96	55,073			11,208,710		14	,756,363
d	Eauipr	ment				113,35	59,439			52,890,853		60	,468,586

345,085,232

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

148,511,336

602,492,160

196,573,896

Part VII Investments—Other Securities. Complete	ıf the organization answe	red "Yes" on Form 990,	Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method	
(Including name of security) (1) Financial derivatives		Cost or end-of-ye	ar market value
(2) Closely-held equity interests			
(3) Other(A) ALT INV & COMMINGLED FUNDS	430,388,563	F	;
(B) SPLIT INTEREST AGREEMENTS	2,943,329	F	:
(C)	2,3 10,023	<u> </u>	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 433,331,892		
Part VIII Investments—Program Related.			
Complete if the organization answered 'Yes' ((a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Pa (c) Method (
(a) Description of investment	(B) Book value	Cost or end-of-ye	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answ	erad 'Vas' on Form 990. Part	TV line 11d. See Form 990	Dart V June 15
(a) Descri		1V, IIIIe 11u See Form 990	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15, Part X Other Liabilities. Complete if the organization		n 990 Part IV line 11e	or 11f
See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Boo	ok value	
(1) Federal income taxes		13 303 340	
PRESENT VALUE OF ANNUITIES PAYABLE		13,393,249 3,929,190	
INTEREST RATE SWAP LIABILITY		2,620,726	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
	▶	19,943,165	

Part XI

2

а

b

c

Part XII

5

1

2

c

d

e 3

> b c

5

Part XIII

4

Schedule D (Form 990) 2018

1

-52,673,707

-278,895,052

4,168,027

-2.009.969

2,009,969

4,168,027

278,649,663

2e

3

4c

5

Page 4

817,778,230

469,742,150

2,009,969

467,732,181

282,817,690

750.549.871

Schedule D (Form 990) 2018

Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d
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 .

Other (Describe in Part XIII)

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

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 **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Prior year adjustments

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

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

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

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

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

2a

2b

2c 2d

4a

4h

2a 2b

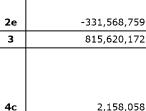
2c

2d

4a

4h

Explanation



Schedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version: EIN: 11-1630830

Name: St John's University New York

Supplemental Information

Return Reference	Explanation
	The University's endowment funds are invested for the long-term to generate investment income which is used to support operations, scholarships, professorships, chairs and other in

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 v. 31, 2019, and 2018, the University has not identified or provided for any such positions.

S

Supplemental Information	
Return Reference	Explanation
	OTHER CONSISTS OF THE CHANGE IN FAIR VALUE OF INTEREST RATE SWAP OF (\$245,389) AND SCHOLARSHIP ALLOWANCES OF (\$278,649,663)

_

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4B & Part XII, Line 2d	Expenses of \$2,009,969 related to fundraising events

lemental Information	
Return Reference	Explanation
DULE D. PART XII. LINE 4B	OTHER CONSISTS OF SCHOLARSHIP ALLOWANCES OF \$278,649,663

Supp

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493100004410 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-► Complete if the organization answered "Yes" on Form 990, EZ) 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 instructions. Inspection Department of the Treasury Namel & the organization **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, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Nο g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Nο 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. Schedule E (Form 990 or 990-EZ) (2018) Schedule E (Form 990 or 990EZ) (2018)

	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. Schedule E (Form 990 or 990-EZ) (2018)
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
	the policy in its Undergraduate and Graduate Bulletins, and printing the policy on its applications for employment

Page 2

efile GRAPHIC print -	DO NOT P	ROCESS	As Filed Data -		DL	N: 93493100004410
SCHEDULE F (Form 990)	State	ment of	Activities (Outside the Uni	ted States	OMB No 1545-0047
(1 om 600)	·	-	► Attach t	res" to Form 990, Part IV, I o Form 990.		2018
Department of the Treasury Internal Revenue Service	•	Go to www.irs.	gov/Form990 for II	nstructions and the latest ii	nformation.	Open to Public Inspection
Name of the organization St John's University New Yo	rk				11-1630830	lentification number
Part I General Inf Form 990, Page 1			s Outside the U	Inited States. Comple	te if the organization	n answered "Yes" to
_	e grantees' e	ligibility for t		substantiate the amount stance, and the selection	•	☑ Yes □ No
2 For grantmakers. outside the United S		art V the org	ianization's proce	dures for monitoring the	use of its grants and	other assistance
3 Activites per Region	(The following	Part I, line 3	table can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describ specific type of service(s) in region	
See Add'l Data						
3a Sub-total b Total from continuation	n sheets to		2 98			190,218,850
Part I	nd 3b)		2 98			190,218,850

Schedule F (Form 990) 2018							Page 3
				ed States. Complete if	\overline{i} the organization ar	swered "Yes" to Form	
Part III can be	e duplicated if addition				-	-	<u> </u>
(a) Type of grant or assistance		(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships	Europe (Including Iceland and Greenland)) 486			5,391,902	Scholarships	FMV
					<u> </u>		<u>'</u>
J	<u> </u>		, 	<u> </u>	<u> </u>	<u> </u>	'
<u> </u>	1		·	<u> </u> '	 '		
	'		,	<u> </u>	<u> </u>	<u> </u>	-
	'		,	<u> </u>	 '	 	
					 	 	
<u></u>			·	<u> </u>	 '	 	
	'		·	<u> </u> '	<u> </u>	<u> </u>	
 	<u> </u>		,	<u> </u> '	<u> </u>		
<u> </u>	1			<u> </u>	<u> </u>	<u> </u>	
	1				<u> </u>	<u> </u>	
	<u> </u>				<u> </u>	1	
	'		·		<u> </u>		
	1		,		<u> </u>		
	1						
	<u> </u>						
	·		,	1	1		

Sche	dule F (Form 990) 2018		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

Schedule F (Form 990) 2018 Page 5
Provide amount method	emental Information the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; its of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting l); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ditional information (see instructions).
990 Schedule F, S	Supplemental Information
Return Reference	Explanation

Return Reference Explanation Schedule F, Part I, Line 2 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

Additional Data

Central America and the

Carıbbean

Software ID: Software Version:

EIN: 11-1630830

Name: St John's University New York

Instruction

120,961

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	2	77	Program Services	Instruction	8,134,132

4 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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific 2 Program Services 14.050 Service Learning Sub-Saharan Africa 1 Program Services Service Learning 3,908

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 ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 149.820.128 lInvestments Carıbbean Europe (Including Iceland and 26.058.493 lInvestments 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 services, grants to region recipients located in the region) Fast Asia and the Pacific 425,311 6 Program Services Recruiting Expense Europe (Including Iceland and 2 Program Services Recruiting Expense 54,250 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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America 2 Program Services 26.623 Recruiting Expense Middle East and North Africa 1 Program Services Recruiting Expense 7,147

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (a) Region (b) 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 services, grants to region recipients located in the region) Central America and the 1 |Program Services 4.950 Recruiting Expense Carıbbean South Asia 2.726 1 Program Services Recruiting Expense

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (a) Region (b) 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 services, grants to region recipients located in the region) North America 1,326 1 Program Services Recruiting Expense Europe (Including Iceland and Grantmaking Grants to Recipients 5,391,902 Greenland)

orm 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
Europe (Including Iceland and Greenland)			1 3	CONDUCT BOARD MEETINGS	152,943					

SCHEDULE G
(Form 990 or 990-EZ)

SCHEDULE G
Fundraising or C

Department of the Treasury

Internal Revenue Service

licensing

Supplemental Information Regarding Fundraising or Gaming Activities

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

Fundraising or Gaming Activities
Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ.

2018

DLN: 93493100004410
OMB No 1545-0047

Open to Public Inspection

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (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 Total 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

8 Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain. Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," explain .

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
1	Does the organization conduct gaming	activities with nonmember	rs?		☐ Yes	□No	
2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes	_	
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	anization's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from wh	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		ganization > \$ and t	he			
c	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
5	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	listributions from the gaming proceeds to		Yes	Пио	
b			outed to other exempt organizations or spent		1c3		
Par	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column				
		oc, 16, and 176, as app	plicable. Also provide any additional info	rmation	i. See ins	truction	<u>. </u>
	Return Reference	1	Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493100004410 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number St John's University New York 11-1630830 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

337 (2) Scholarships 1.793.760 (2) (3) (4)

(5) (6)

(7)

Schedule I (Form 990) 2018

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

Part IV

Explanation

Return Reference

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

Schedule I, Part I, Line 2 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

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934931000						00004	410			
Sch	edule J	Compe	ensat	ion Information	10	4B No	1545-0	0047		
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.					2018 Open to Public			
•	tment of the Treasury al Revenue Service					Insp	ectio	n		
	ne of the organization on the of the organization of the organizat				Employer identifica	tion nu	ımber			
	om s om versie, mer	. 1011			11-1630830					
Pa	rt I Questi	ons Regarding Compensation								
1a	Check the appro	opiate box(es) if the organization provide ection A, line 1a Complete Part III to pi	ed any o ovide ar	f the following to or for a person liste ny relevant information regarding the	d on Form se items		Yes	No		
		s or charter travel	✓	Housing allowance or residence for	personal use					
		companions		Payments for business use of perso	nal residence					
		nification and gross-up payments		Health or social club dues or initiati						
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)					
b		xes in line 1a are checked, did the orgar all of the expenses described above? If "			nent or reimbursement	1b	Yes			
2		ation require substantiation prior to reim				2	Yes			
	directors, truste	es, officers, including the CEO/Executive	e Directo	r, regarding the items checked in line	e la?					
3	organization's C	of any, of the following the filing organiz EO/Executive Director Check all that aped organization to establish compensation	ply Do	not check any boxes for methods						
	✓ Compensa	ation committee		Written employment contract						
	✓ Independent	ent compensation consultant	✓	Compensation survey or study						
	☑ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee					
4	During the year related organiza	, did any person listed on Form 990, Par ation	t VII, Se	ection A, line 1a, with respect to the f	ılıng organızatıon or a					
а	Receive a sever	ance payment or change-of-control payr	ment?			4a		No		
b	Participate in, o	r receive payment from, a supplemental	nonqua	lified retirement plan?		4b		No		
c	•	r receive payment from, an equity-base		-		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and provide	e the app	plicable amounts for each item in Pari	t III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organi	zations	must complete lines 5-9.						
5	For persons liste	ed on Form 990, Part VII, Section A, line ontingent on the revenues of		•						
а	The organization	n?				5a		No		
b	Any related orga					5b		No		
	If "Yes," on line	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of	a 1a, did	the organization pay or accrue any						
а	The organization	n?				6a		No		
b	Any related orga					6b		No		
	•	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descr			d	7		No		
8		nts reported on Form 990, Part VII, paid nitial contract exception described in Reg			escribe	8		No		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the re	buttable	presumption procedure described in	Regulations section	9				
For 5	Danerwork Redu	iction Act Notice, see the Instruction	ns for Fe	orm 990 Cat No. 5	50053T Schedule I	(Forn	2 990)	2018		

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total							
(A) Name and Title	(i) Base	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)
		(ii) n Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	!	(D)(I)-(D)	reported as deferred on prior Form 990
see Additional Data Table							
					'		
					,		
		+					
					<u> </u>		
	+	+			 		
	+				-	<u> </u>	
	 					<u> </u>	
					<u> </u> '	<u> </u>	<u> </u>
		<u> </u>			<u> </u>	<u> </u>	<u> </u>
			<u> </u>		<u> </u>		
					'		
					,	,	
					,		
					<u> </u>		
		+					
	+	+			<u> </u>		

Part IIII Supplemental Inform	nation	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Return Reference	Explanation	
	Charter Travel As needed, the University's Athletic teams travel via chartered aircraft. Charter travel is needed to transport the teams in the most time effective land cost efficient manner. Coaches listed in Form 990, Part VII, travel with the team on these occasions. None of the benefit is taxable compensation. Travel for	

Page 3

Schedule J (Form 990) 2018

and cost efficient manner. Coaches listed in Form 990, Part VII, travel with the team on these occasions. None of the benefit is taxable compensation. I ravel for 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 University travel in connection with University Business. None of the benefit is taxable compensation. 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 reportable compensation for the President includes a supplemental payment for his retirement plan and the related tax gross-up pursuant to his employment agreement.

1 (Form 990) 2018 Schedule 1

Additional Data

Additional

(A) Name and Title

Conrado M Gempesaw PhD (1)

President

6/30/18

Trea

Counsel

Robert A Mangione

Joseph E Oliva Esq

Mark J Browne

Christopher P Mullin

Hd Coach Men Bbal-thru

Dean Tobin College of

Dean Law School

Joseph L Tartamella

Head Coach Women's Basketball

Professor

4/9/19 Norean Sharpe

Business
Michael A Simons

Pvst & VP ACA Aff-Thru

Sharon Hewitt Watkins

VP for Bus Affairs, CFO &

VP for Admin Sec & Gen

Simon Moller-eff 7118

Interim Pvst & VP ACAD Aff

(1)

(1)

(1)

(1)

(1)

(i) Base Compensation

648,969

416,361

386,954

400,245

265,729

425,286

1,989,604

398,962

419,286

439,604

Software ID: Software Version:

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

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

6,900

5,000

25,050

5,000

3,000

9,570

14,000

EIN: 11-1630830

(iii)

Other reportable

compensation

Name: St John's University New York

92,278

4,788

18,594

21,870

3,870

774

3,220

28,926

414

2,884

(C) Retirement and

other deferred

compensation

32,250

42,280

36,630

41,564

20,738

19,621

25,250

19,000

37,598

43,500

(D) Nontaxable

benefits

46,277

54,630

38,367

81,172

34,946

40,376

139,894

33,274

34,990

35,766

(E) Total of columns

(B)(i)-(D)

819,774

524,959

485,545

569,901

330,283

486,057

2,157,968

483,162

501,858

535,754

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493100004410 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) 2018 ▶ 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. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number St John's University New York 11-1630830 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (i) Pool (a) Issuer name (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of financing ıssuer 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 Х Х Χ Series 2007C DASNY St John's University 14-6000293 649903358 09-24-2008 135,540,000 Refund 2005B, 2005C & 2007B Х Χ Χ Series 2008B1& 2008B2 DASNY St John's University 14-6000293 55,493,238 Refund 1998, 2001A & 2005A Χ 649906S54 08-09-2012 Χ Х Series 2012A DASNY St John's University 14-6000293 649906U28 08-09-2012 50,021,736 Refund 2008A Bonds Χ Х Х Series 2012B Part ${
m I\hspace{-.1em}I}$ **Proceeds** 25,360,000 26,410,000 47,770,000 28,675,000 138,318,912 135,540,000 55.493.238 50,021,736 4 5 6 7 1,652,825 2,056,088 669,695 771,170 8 1,238,011 9 10

135,428,076

No

No

Cat No 50193E

2001

Α

Yes

Χ

Χ

Χ

Χ

Yes

133,483,912

No

Χ

No

Χ

Х

2009

В

Yes

Х

Χ

Χ

Yes

54,823,543

No

No

Χ

Χ

2008

C

Yes

Х

Х

Х

Χ

Yes

49,250,566

No

Χ

No

Χ

2009

D

Yes

Х

Χ

Χ

Yes

Schedule K (Form 990) 2018

Were the bonds issued as part of a current refunding issue?

Were the bonds issued as part of an advance refunding issue?

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

Private Business Use

Has the final allocation of proceeds been made?

Does the organization maintain adequate books and records to support the final allocation of

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

11

12

13

14

15

16

17

Part 🏻

b

C

d

6

8a

Part IV

b

C

Arbitrage

Х

0 700 %

0 700 %

0 168 %

No

Х

Χ

Χ

Х

Χ

Page 2

D

Yes

Х

Χ

Х

Χ

Χ

Yes

Х

Schedule K (Form 990) 2018

D

C

No

Χ

0 400 %

0 400 %

0 193 %

Х

Yes

Χ

Х

Х

Χ

No

Χ

Х

Χ

Χ

Х

C

Nο

0 %

Yes

Χ

Χ

X

Х

Χ

No

Χ

Χ

Χ

Χ

В

Yes

Χ

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

No

Χ

0 500 %

0 500 %

0 168 %

Yes

Х

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

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

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

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

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

Rebate not due yet?

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

Χ

Yes

Х

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

Nο

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

Yes

Х

Χ

No

Yes

Page 3

Х

No

D

Nο

Yes

(GIC)?		^		^		
Name of provider	0 0			0		
Term of GIC						

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

Х

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

Schedule K (Form 990) 2018

(GIC)?

period?

Part V

Part VI

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?

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

requirements of section 148? . . .

Return Reference

Schedule K, Part II, Line 11

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
	The percentages of bond-financed property sold or disposed of include bonds issued to refund bonds originally issued prior to 2003

Return Reference	Explanation
Columns B, C and D (St	The University sold certain bond-financed assets in September 2016, but did not take remedial action at that time Upon discovery of the issue and the need to remediate, the University promptly consulted with the issuer of the bonds, and submitted a request for a closing agreement under the internal revenue service (IRS) Voluntary closing agreement program in May 2018 which was approved by the IRS in April 2019

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C (ST JOHN'S BONDS)	DANSY ST JOHN'S UNIVERSITY 2007C - THERE IS NO REBATE DUE REBATE CALCULATION WAS DONE ON MARCH 8, 2017 DANSY ST JOHN'S UNIVERSITY SERIES 2008B1 & 2008B2 - THERE IS NO REBATE DUE REBATE CALCULATION WAS DONE ON SEPTEMBER 27, 2018 DANSY ST JOHN'S UNIVERSITY SERIES 2012A - THERE IS NO REBATE DUE REBATE CALCULATION WAS DONE ON AUGUST 22, 2017 DANSY ST JOHN'S UNIVERSITY SERIES 2012B - THERE IS NO REBATE DUE REBATE CALCULATION WAS DONE ON AUGUST 22, 2017

Return Reference	Explanation
((St. John's Bonds /III 3	DASNY ST JOHN'S UNIVERSITY SERIES 2013A - THERE IS NO REBATE DUE REBATE CALCULATION WAS DONE ON AUGUST 31, 2018

DLN: 93493100004410 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (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. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection 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 (f) Description of purpose (i) Pool (e) Issue price (g) Defeased (h) On behalf of financing ıssuer Yes No Yes No Yes No DASNY St John's University 14-6000293 649907XK3 11-20-2013 58,019,006 Purchase student residence Х Χ Χ Series 2013A DASNY St John's University 14-6000293 6499076D9 04-15-2015 121,109,546 Refund 2007A Bonds Χ Χ Х Series 2015A DASNY St John's University 14-6000293 64990c6d8 12-28-2017 51,095,452 Refund 2012A&B, 2008B1&B2 Х Χ Series 2017A Part ${f I}$ **Proceeds** В C D Α 2,220,000 0 2 3 Total proceeds of issue. 58,019,006 121,109,546 51,095,452 5 6 45.611.715 7 869,568 1.072.236 687,320 8 9 10 57,149,438 11 120,037,310 4,796,417 12 13 2017 2015 2018 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ Х 14 Were the bonds issued as part of an advance refunding issue? Χ Χ Χ 15 Χ Х Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ **Private Business Use** Part Ⅲ Yes Yes No Yes No Yes No No Was the organization a partner in a partnership, or a member of an LLC, which owned property 1 Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Х Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2018 Are there any research agreements that may result in private business use of bond-financed

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

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

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

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

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

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

Has the organization or the governmental issuer entered into a qualified

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

Rebate not due yet?

Exception to rebate?

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

Term of hedge Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Α

Yes

Χ

Х Χ Χ Χ

0 %

Х

Χ

Х

Yes

Χ

В

Χ

No

Χ

Χ

Χ

Χ

Χ

Х

No

Χ

Χ

Χ

Χ

Χ

0 600 %

0 600 %

Χ

Χ

Χ

Yes

Х

Χ

No

Χ

Χ

Х

Χ

Х

C

0 500 %

0 500 %

Х

Х

Χ

Χ

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

period?

Part VI

Yes

Page 3

No

No

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?

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

X

Yes

Χ

No

Yes

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

Nο

Yes

В

Х

Yes

No

Yes

No

No

Yes

Χ

Nο

Yes

Schedule K (Form 990) 2018

DLN: 93493100004410 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶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 noncash contribution amounts applicable items contributed amounts reported on Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 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 . Х 642,609 See Part II 10 Securities—Closely held stock . **11** Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (______) Other ▶ (______) 26 27 Other ► (______) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 is not 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 did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2							
Part II Supplemental Info								
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in P								
I, column (b), the number of contributions, the number of items received, or a combination of both. Also complet								
this part for any add	itional 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) (2018)							

efile GRAPH	C print - DO NOT PROCESS As Filed Data -	DLN:	93493100004410								
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional by Attach to Form 990 or 990-EZ.	cific questions on information.	OMB No 1545-0047 2018 Open to Public Inspection								
Namel & the of gr St John's University	ਸੰ¥ation	Employer identi	fication number								
Return Reference	Explanation										
Organization's Mission	Form 990, Part I, Line 1 and Part III, Line 1 ST JOHN'S UNIVERSITY IS A C IAN, METROPOLITAN, AND GLOBAL INSTITUTION OF HIGHER EDUCATI LLENT EDUCATION FOR ALL PEOPLE, ESPECIALLY THOSE LACKING E HE VINCENTIAN TRADITION AT ST JOHN'S UNIVERSITY IS THE FOUND ORE VALUES ITS MEMBERS STRIVE TO EMBODY TRUTH, LOVE, RESP D SERVICE Form 990, Part VI, Section B, Line 11b The Form 990 is reviewed Risk Committee of the Board of Trustees and is made available to the entire stees prior to filing	ON THAT STRIVES TO PROVICENOMIC AND SOCIAL ADVICENOM AND THE SOURCE OF SECT, OPPORTUNITY, EXCELED by the Audit an	ANTAGES T F THE C								

Return Explanation

Form 990,
Part VI,
Section B,
Line 12c
Line 12c
Form 990,
Part VI,
Section B,
Form 990,
Part VI,
Section B,
Form 990,
Part VI,
Section

990 Schedule O, Supplemental Information

Return Reference	Explanation
,	An external consultant is contracted to compile survey data from educational, not-for-prof
Section B, Line 15	compensation ranges. The President's compensation is recommended by the consultant and presented to the independent chairman of the Board of Trustees. Management's recommendations of officers' compensation are approved by the independent Governance Committee of the board of trustees. The University's compensation review and approval process is recorded cont

emporaneously in the minutes The 2019 review was completed on November 16, 2018

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part VI,	The University makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
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 FORM 990, PART X, LINES 27-29 THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT ENTITIES (TOPIC 958), PRESENTATIO N OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HO W NOT-FOR-PROFIT ENTITIES REPORT NET ASSET CLASSES THE SIGNIFICANT REQUIREMENTS OF ASU 20 16-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO WITH DONOR R ESTRICTIONS (FORMERLY REPORTED AS TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED AS UNRESTRICTED NET ASSETS) THE 2018 FORM 990, PART X WAS NOT UPDATED TO REFLECT THE CHANGE IN NET ASSET CLASS T ERMINOLOGY, THEREFORE, THE UNIVERSITY HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTIONS A S UNRESTRICTED NET ASSETS, NET ASSETS WITH DONOR RESTRICTIONS - TIME OR PURPOSE - AS TEMPO RARILY RESTRICTED NET ASSETS, AND NET ASSETS WITH DONOR RESTRICTIONS - PERPETUAL - AS PERM ANENTLY RESTRICTED NET ASSETS

Return Explanation Reference

Form 990. Change in fair value of interest rate swap of (\$245,389) Part XI, Line

Return Explanation

Form 990,	The consolidated audited financial statements as of and for the year ended May 31, 2019 ha
Part XII, Line	ve 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
	and selection of the University's independent auditors

990 Schedule O, Supplemental Information

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

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.

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

2018

DLN: 93493100004410 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** St John's University New York 11-1630830 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) ST JOHN'S PARIS ASSOCIATION FR 143,955 STJOHN'SNY **EDUCATION** 1,954,378 93 RUE DE SEVRES PARIS 75006 (2) ST JOHN'S UNIVERSITY SRL **EDUCATION** ΙT 369,711 735,967 STJOHN'SNY VIÁ MARCANTONIO COLONNA 21A ROME 00192 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Direct controlling Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)St John's Bread & Life Program Inc Meals/SVCS NY 501(c)(3) StJohn'sNY 795 Lexington Avenue Brooklyn, NY 11221 11-3174514 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

Schedule R (Form 990) 2018												Pag	e 2
Part III Identification of Related Orga one or more related organizations				e if the org	ganızatıon	n answered "	Yes" on Form	n 990,	Part I\	V, line 34 b	ecause	ıt had	
(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomi Income(re unrelat excluded tax und sections 514)	nant Share elated, total incomed, from der 512-		Disprop alloca	tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partne	or Perce ng own r?	k) entage ership
								Yes	No		res i	10	
					1							+	
					1								
Part IV Identification of Related Orga because it had one or more relate							nswered "Yes	s" on F	orm 99	90, Part IV,	line 3	1	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign untry)		(d) t controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of total Income		(g) of end- year assets	of-Perce owne	ntage	Section (13) co ent	ntrolled ity?
(1)Pooled Income Fund	Investment		NY	NA								Yes Yes	No
8000 Utopia Parkway Jamaica, NY 11439													
(2)Charitable Remainder Trust	Investment		NY	NA								Yes	
8000 Utopia Parkway Jamaica, NY 11439													
(3)ST VINCENT DE PAUL LEGAL PROGRAM INC 8000 UTOPIA PARKWAY JAMAICA, NY 11439 11-3068398	LEGAL CLINIC		NY	ST JO	HN'S NY	C CORP				100 00	00 %	Yes	

No

No

No

No

No

No No

No

No

1 Yes

1m

1n

10

1q

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
а	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	
С	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
		14.0	$\overline{}$	No

ь	Gift, grant, or capital contribution to related organization(s)	115	Yes	
С	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
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		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)	1 i		No

j Lease of facilities, equipment, or other assets to related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

(a)

Name of related organization

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

(b)

Transaction

type (a-s)

(c)

Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

