DLN: 93493103011304 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 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 06-01-2022 , and ending 05-31-2023 D Employer identification number B Check if applicable: ST JOHN'S UNIVERSITY NEW YORK  $\square$  Address change 11-1630830 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Amended return ☐ Application pending (718) 990-3369 City or town, state or province, country, and ZIP or foreign postal code JAMAICA, NY 11439 G Gross receipts \$ 913,799,142 F Name and address of principal officer: H(a) Is this a group return for **REV BRIAN J SHANLEY OF** □Yes ☑No subordinates? 8000 UTOPIA PARKWAY H(b) Are all subordinates JAMAICA, NY 11439 Yes No included? Tax-exempt status:  $\checkmark$  501(c)(3)  $\bigcirc$  501(c)( )  $\blacktriangleleft$  (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. Website: ► WWW.STJOHNS.EDU **H(c)** Group exemption number ▶ L Year of formation: 1871 M State of legal domicile: NY **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangle1 Briefly describe the organization's mission or most significant activities: ST. JOHN'S UNIVERSITY IS A CATHOLIC, VINCENTIAN, METROPOLITAN, AND (CONTINUED ON SCHEDULE O) Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 30 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5,404 Total number of volunteers (estimate if necessary) . . . 6 -1,301,787 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 78,402,447 42,419,618 8 Contributions and grants (Part VIII, line 1h) Ravenue Program service revenue (Part VIII, line 2g) 653,201,050 687,497,089 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 67,738,115 51,905,671 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -868,076 -1,084,987 798,473,536 780,737,391 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 293,779,258 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 291,714,726 **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) 266,784,665 284,165,251 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶9,957,708 189,108,002 182,840,941 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 743,404,864 764,987,979 19 Revenue less expenses. Subtract line 18 from line 12 . 55,068,672 15,749,412 Net Assets or Fund Balances End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 1,703,677,283 1,661,236,997 21 Total liabilities (Part X, line 26) . 617,160,718 600,672,629 22 Net assets or fund balances. Subtract line 21 from line 20 . 1,086,516,565 1,060,564,368 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 2024-04-11 Signature of officer Sign Here SHARON HEWITT WATKINS VP BUS. AFRS., CFO, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if 2024-04-10 P01875806 Paid self-employed Firm's name ► KPMG LLP Firm's EIN ▶ 13-5565207 **Preparer** 

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . For Paperwork Reduction Act Notice, see the separate instructions.

NEW YORK, NY 101540102

Firm's address ► 345 PARK AVENUE

Use Only

Form **990** (2022)

☑ Yes ☐ No

Phone no. (212) 758-9700

| Form    | 990 (2  | (022)                               |                                    |                             |  | Page <b>2</b>    |
|---------|---------|-------------------------------------|------------------------------------|-----------------------------|--|------------------|
| Pa      | irt III | Statement of Program S              | ervice Accomplis                   | hments                      |  |                  |
|         |         | Check if Schedule O contains a      | response or note to                | any line in this Part III . |  | 🗹                |
| 1       | Briefly | describe the organization's mis     | sion:                              |                             |  |                  |
|         | OHN'S ( |                                     | ICENTIAN, METROPO                  | LITAN, AND GLOBAL IN        | STITUTION OF HIGHER EDUCATION  | ON (CONTINUED ON |
| 2       |         | e organization undertake any sig    | • •                                | vices during the year w     | nich were not listed on  |                  |
|         |         | ior Form 990 or 990-EZ?             |                                    |                             |  | 🗌 Yes 🗹 No       |
| _       |         | s," describe these new services o   |                                    |                             |  |                  |
| 3       | servic  | e organization cease conducting es? |                                    | changes in now it condu     | icts, any program  | ☐ Yes ☑ No       |
| 4       | Sectio  |                                     | nizations are required             | I to report the amount o    | largest program services, as meas<br>f grants and allocations to others, |                  |
| 4a      | (Code:  | ) (Expenses \$                      | 711,813,124                        | including grants of \$      | 291,714,726 ) (Revenue \$  | 687,477,869 )    |
|         | See Ad  | dditional Data                      |                                    |                             |  |                  |
| 4b      | (Code:  | ) (Expenses \$                      |                                    | including grants of \$      | ) (Revenue \$  | )                |
| 4<br>4a |         |                                     |                                    |                             |  |                  |
| 4c      | (Code:  | ) (Expenses \$                      |                                    | including grants of \$      | ) (Revenue \$  | )                |
|         |         |                                     |                                    |                             |  |                  |
| 4d      |         | program services (Describe in S     | chedule O.)<br>including grants of | \$                          | ) (Revenue \$  | )                |
| 4e      | Total   | program service expenses ▶          | 711,813,1                          |                             |  |                  |

| Par | Checklist of Required Schedules   | _   |     |        |
|-----|---|-----|-----|--------|
|     | ·   |     | Yes | No     |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼   | 1   | Yes |        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞  | 2   | Yes |        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2  | 3   |     | No     |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   | Yes |        |
| 5   | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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? <i>If "Yes," complete Schedule D,</i> Part I 2   | 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   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part V</i>   | 10  | Yes |        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.  |     |     |        |
| а   | 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     |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2  | 11d | Yes |        |
| 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 |        |
|     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |     | No     |
|     | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | Yes |        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  | Yes |        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a | Yes |        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes |        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No     |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  | Yes |        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.   | 17  |     | No     |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes |        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No     |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No     |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     | No     |
| 71  | Luig the organization report more than %5 UIU of grants or other assistance to any domestic organization or domestic  | !   |     | 1 1/10 |

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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|     | 990 (2022)   |     |     | Page <b>4</b> |
|-----|--|-----|-----|---------------|
| Pa  | Checklist of Required Schedules (continued)  |     |     |               |
|     |  |     | Yes | No            |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | Yes |               |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23  | Yes |               |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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? <i>If "Yes," complete Schedule L, Part I</i>   | 25b |     | No            |
| 26  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | No            |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III | 27  |     | No            |
| 8   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |               |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a |     | No            |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | No            |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  | 28c |     | No            |
| 9   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒   | 29  | Yes |               |
| 0   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | No            |
| 1   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No            |
| 2   | 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            |
| 3   | 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 |               |
| 4   | 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 |               |
| 5a  | 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 | Yes |               |
| 6   | 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            |
| 7   | 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            |
| 88  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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   |     |     |               |
|     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   25.537   |     | Yes | No            |

1b

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

0

**1**c

Yes

| orm     | 990 (2022)  |     |     | Page <b>5</b> |  |  |  |  |
|---------|---|-----|-----|---------------|--|--|--|--|
| Par     | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |     |     |               |  |  |  |  |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   |     |     |               |  |  |  |  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.   | 2b  | Yes |               |  |  |  |  |
| За      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  | Yes |               |  |  |  |  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b  | Yes |               |  |  |  |  |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: FR, IT | 4a  | Yes |               |  |  |  |  |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |     |               |  |  |  |  |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | No            |  |  |  |  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     | No            |  |  |  |  |
|         | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |               |  |  |  |  |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a  |     | No<br>        |  |  |  |  |
|         | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b  |     |               |  |  |  |  |
|         | Organizations that may receive deductible contributions under section 170(c).   |     |     |               |  |  |  |  |
|         | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   |     | Yes |               |  |  |  |  |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  | Yes |               |  |  |  |  |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c  |     | No            |  |  |  |  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year   |     |     |               |  |  |  |  |
| e       | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |     |     |               |  |  |  |  |
| f       | ${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |     |     |               |  |  |  |  |
| g       | <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |     |               |  |  |  |  |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |     |               |  |  |  |  |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | 8   |     |               |  |  |  |  |
| 9       | Sponsoring organizations maintaining donor advised funds.   |     |     |               |  |  |  |  |
|         | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |               |  |  |  |  |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |               |  |  |  |  |
| 10      | Section 501(c)(7) organizations. Enter:   |     |     |               |  |  |  |  |
| а       | Initiation fees and capital contributions included on Part VIII, line 12   10a  |     |     |               |  |  |  |  |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |     |     |               |  |  |  |  |
| 11      | Section 501(c)(12) organizations. Enter:  |     |     |               |  |  |  |  |
| а       | Gross income from members or shareholders   |     |     |               |  |  |  |  |
| b       | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |     |               |  |  |  |  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |     |               |  |  |  |  |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |     |     |               |  |  |  |  |
| 40      | [12b]   |     |     |               |  |  |  |  |
| 13<br>a | Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |               |  |  |  |  |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |     |     |               |  |  |  |  |
| С       | Enter the amount of reserves on hand  |     |     |               |  |  |  |  |
|         | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | No            |  |  |  |  |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b |     |               |  |  |  |  |
| 15      | 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?  | 15  | Yes |               |  |  |  |  |
| 16      | If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  | 16  |     | No            |  |  |  |  |
| 17      | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.   | 17  |     |               |  |  |  |  |

Form 990 (2022) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. **✓** Check if Schedule O contains a response or note to any line in this Part VI . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. Enter the number of voting members included in line 1a, above, who are independent 30 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes Each committee with authority to act on behalf of the governing body? . . . . . . 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . . . 9 No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Nο

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the Yes 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on **12**c Yes 13 Did the organization have a written whistleblower policy? . . . . . 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . 14 Yes 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . 16a . . . . . . . b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ IN , KY , MA , MD , MI , NH , NJ , OR , PA , VA Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ►SHARON HEWITT WATKINS 8000 UTOPIA PARKWAY JAMAICA, NY 11439 (718) 990-3369

No

Name and title

Part VII

Page 7

✓

(F)

Estimated

amount of other

compensation

Reportable

compensation

from related

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

• 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from

the organization and any related organizations.

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

of reportable compensation from the organization and any related organizations.

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

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

Position (do not check more

than one box, unless person

Reportable

compensation

from the

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E)

Average

hours per

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

| Par      | VII Section A. Officers, Direct  | ors, Trustees   | , Key l                           | Empl                  | loye           | es,                     | and                             | Higl     | nest Co                    | mpensat                             | ed Employees  | (cont    | inued)  |                                   |
|----------|--|---|-----------------------------------|-----------------------|----------------|-------------------------|---------------------------------|----------|----------------------------|-------------------------------------|---|----------|---|-----------------------------------|
|          | <b>(A)</b><br>Name and title   | (B) Average hours per week (list any hours            | than c                            | ne b                  | ox, u<br>n off | t che<br>inle:<br>ficer | eck moss person and a           | son      | Rep<br>comp<br>fro<br>orga | (D) ortable ensation m the nization | (E) Reportable compensation from related organizations (W-2/1099- |          | Estima<br>amount o<br>compens<br>from<br>organizati | ated<br>of other<br>sation<br>the |
|          |  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer        | Key employee            | Highest compensated<br>employee | Former   | ,                          | 2/1099-<br>.099-NEC)                | (W-2/1099-NE  |          | related<br>organizations                            |                                   |
| See /    | Additional Data Table  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   | +        |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   | +        |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   | +        |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   | +        |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   | 4        |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
| 1b S     | ub-Total   |   |                                   | <del></del>           | Щ.             |                         | <u> </u>                        | <u> </u> |                            |                                     |   | Т        |   |                                   |
| _        | otal from continuation sheets to Pa  | •   |                                   |                       |                |                         | •                               |          |                            | 932,832                             |   | 0        |   | 660,606                           |
| 2        | otal (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the |   | to thos                           |                       |                | bove                    | e) who                          | rec      |                            |                                     | 00,000  | <u> </u> |   | 000,000                           |
|          |  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          | Yes   | No                                |
| 3        | Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>           |   |                                   |                       | •              |                         | oyee,                           |          | -                          | mpensated                           | employee on   | 3        | Yes   |                                   |
| 4        | For any individual listed on line 1a, is organization and related organization individual              |   |                                   |                       |                |                         |                                 |          |                            |                                     | n the   | 4        | Yes   |                                   |
| 5        | Did any person listed on line 1a receiv<br>services rendered to the organization                       |   |                                   |                       |                |                         |                                 |          |                            | tion or ind                         | ividual for   | 5        | 1.00  | No                                |
| Se       | ction B. Independent Contract  | ors   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          | <b>'</b>  |                                   |
| 1        | Complete this table for your five higher from the organization. Report comper                          |   |                                   |                       |                |                         |                                 |          |                            |                                     |   | mpen     | sation  |                                   |
|          | Name a   | (A)<br>and business addre                             | 200                               |                       |                |                         |                                 |          |                            | Desc                                | (B)<br>cription of services                                       |          | (C<br>Comper  |                                   |
| COLLI    | NS BUILDING SERVICES INC   | ma pasmess addre                                      |                                   |                       |                |                         |                                 |          |                            | BLDG MAIN                           | •   |          |   | ,316,187                          |
|          | PL 24-01 44TH RD<br>ISLAND CITY, NY 11101  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          | TWELLS   |   |                                   |                       |                |                         |                                 |          |                            | FOOD SERV                           | ICE   |          | 14  | ,042,589                          |
|          | YORKMONT RD  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          | LOTTE, NC 28217<br>TEK CONTRACTING INC   |   |                                   |                       |                |                         |                                 |          |                            | CONSTRUC                            | TION  |          | 4   | ,182,705                          |
|          | MACQUESTEN PARKWAY   |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          | T VERNON, NY 10552<br>REET S DHILLON DBAEAGLE VISION CON   |   |                                   |                       |                |                         |                                 |          |                            | CONSTRUC                            | TION  |          | 2   | ,795,007                          |
|          | VAN WYCK EXPSY   |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
|          | CA, NY 11436<br>ON DESIGN NJ ARCHITECTURAL & RELATED   |   |                                   |                       |                |                         |                                 |          |                            | ARCHITECT                           | UAL SVCS  |          | 2   | ,123,156                          |
|          | AST 42ND STREET<br>YORK, NY 10017  |   |                                   |                       |                |                         |                                 |          |                            |                                     |   |          |   |                                   |
| 2 7      | otal number of independent contractor  |   | not lim                           | ited t                | o th           | ose                     | listed                          | abov     | ve) who i                  | eceived m                           | ore than \$100,00   | 00 of    |   | _                                 |
| <u> </u> | ompensation from the organization $ ightharpoonup$   | <i>.</i> ,  |                                   |                       |                |                         |                                 |          |                            |                                     |   |          | Form <b>99</b>                                      | n (2022)                          |

| orm 9<br>Part   |            | (2022) Statement   | of I          | Pavanua                  |               |                    |                             |  |  | Page <b>9</b>  |
|---|------------|--|---------------|--------------------------|---------------|--------------------|-----------------------------|--|--|--|
| Part  | VII        |  |               |                          | respo         | nse or note to any | line in this Part VIII      |  |  | 🗹  |
|   |            |  |               |                          | ·             |                    | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| v   | <b>1</b> a | Federated campaig  | gns           | 1                        | .a            |                    |                             | revenue                                |  | 312 - 314  |
| ante  | b          | Membership dues  |               | . 1                      | .b            |                    |                             |  |  |  |
| s, Grants<br>Amounts                                      |            | Fundraising events   |               | <u> </u>                 | .с            | 6,239,472          |                             |  |  |  |
| Sifts<br>lar /  |            | Related organizati   |               |                          | .d            | 15,425,886         |                             |  |  |  |
| ns. (<br>Simi   | _          |  |               |                          | .e            | 13,423,666         |                             |  |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |            | above  |               |                          | lf            | 20,754,260         |                             |  |  |  |
| 를<br>음  | g          | Noncash contribution lines 1a - 1f:\$  | s incl        |                          | .g            | 514,532            |                             |  |  |  |
| Con   | h          | Total. Add lines 1   | a-1f          |                          |               | •                  | 42,419,618                  |  |  |  |
|   |            |  |               |                          |               | Business Code      | 12,113,010                  |  |  |  |
|   | 2a         | TUITION AND FEES   |               |                          |               | 611600             | 618,928,573                 | 618,928,573                            |  |  |
| enne  | <br>  b    | b AUXILIARY ENTERPRISES  |               |                          |               | 611710             | 63,899,379                  | 63,880,159                             | 19,220   |  |
| Rex   |            | OTHER REVENUE  |               |                          |               | 011/10             | 4,669,137                   | 4,669,137                              |  |  |
| vice  | ď          | OTHER REVENUE  |               |                          |               | 900099             | 1,003,107                   | 1,003,13,                              |  |  |
| Ser   | d          |  |               |                          |               |                    |                             |  |  |  |
| Program Service Revenue                                   |            |  |               |                          |               |                    |                             |  |  |  |
|   | Ε          |  |               |                          |               |                    |                             |  |  |  |
|   | f          | All other program  | serv          | rice revenue.            |               |                    |                             |  |  |  |
|   | _          | Total. Add lines 2   |               |                          |               | 687,497,089        |                             | ,                                      |  |  |
|   | 3          | Investment income similar amounts) .   | inc:          | luding divide            | nds, ii<br>•  | nterest, and other | 12,206,23                   | ı                                      | -1,321,007                                     | 13,527,238   |
|   | 4          | Income from invest   | tmer          | nt of tax-exen           | npt bo        | ond proceeds       | 256,769                     | 9                                      |  | 256,769  |
|   | 5          | Royalties  | _             |                          | •             | •                  | •                           |  |  |  |
|   |            |  |               | (i) Real                 |               | (ii) Personal      | -                           |  |  |  |
|   |            | Gross rents  | 6a            |                          |               |                    | _                           |  |  |  |
|   | b          | Less: rental<br>expenses   | 6b            |                          |               |                    |                             |  |  |  |
|   | С          | Rental income or (loss)  | 6c            |                          |               |                    |                             |  |  |  |
|   | ١,         | Net rental income  |               |                          |               |                    |                             |  |  |  |
|   |            |  |               | (i) Securit              | ies           | (ii) Other         |                             |  |  |  |
|   | 7 <i>a</i> | 7a Gross amount from sales of assets other than inventory 7a 170,389,956                   |               |                          | 14,89         | 9                  |                             |  |  |  |
|   | b          | Less: cost or<br>other basis and<br>sales expenses   | 7b            | 130,96                   | 52,184        |                    | 0                           |  |  |  |
|   | С          | Gain or (loss)   | 7с            | 39,47                    | 27,772        | 14,89              | 9                           |  |  |  |
|   | l          | d Net gain or (loss)   |               |                          |               |                    | 39,442,67                   | 1                                      |  | 39,442,671   |
| Other Revenue   | 82         | Gross income from fu<br>(not including \$<br>contributions reporte<br>See Part IV, line 18 | d on          | ,239,472 of<br>line 1c). | 8a            | 1,014,580          |                             |  |  |  |
| Ϋ́,   | l          | Less: direct expen   |               |                          | 8b            | 2,099,567          |                             |  |  |  |
| the   | (          | c Net income or (los   | ss) fr        | om fundraisii            | ng eve        | ents 🕨             | -1,084,987                  | 7                                      |  | -1,084,987   |
|   |            | Gross income from<br>See Part IV, line 19  |               |                          | 9a            |                    |                             |  |  |  |
|   | l          | • Less: direct expen<br>• Net income or (los   |               |                          | 9b<br>ctiviti | <b>AS</b>          |                             |  |  |  |
|   |            | (100   | ,             | gag a                    |               | es <u></u>         |                             |  |  |  |
|   | 10         | aGross sales of inve<br>returns and allowa   | ento<br>ance: | ry, less<br>s            | 10a           |                    |                             |  |  |  |
|   |            | Less: cost of good   |               |                          | 10b           |                    | -                           |  |  |  |
|   | _ (        | Net income or (los   |               |                          | nvent         | ory ►              | <b>-</b>                    |  |  |  |
|   | 11         | Miscellaneo  | us R          | evenue                   |               | Business Code      | 4                           |  |  |  |
|   | • •        | ···  |               |                          |               |                    |                             |  |  |  |
|   | 1          | <u> </u>   |               |                          |               |                    |                             |  |  |  |
|   |            |  |               |                          |               |                    |                             |  |  |  |
|   | ، ا        |  |               |                          |               |                    |                             |  |  |  |
|   |            |  |               |                          |               |                    |                             |  |  |  |
|   |            | All other revenue  |               |                          |               |                    |                             |  |  |  |
|   |            | <b>Total.</b> Add lines 1  |               |                          |               | •                  |                             |  |  |  |
|   | 12         | <b>2 Total revenue.</b> S  | ee ir         | nstructions .            | •             | • • • •            | 780,737,39                  | 687,477,869                            | -1,301,787                                     |  |
|   |            |  |               |                          |               |                    |                             |  |  | Form <b>990</b> (2022)                                 |

| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co   | amplete all columns   | All other organization   | ns must complete celu           | mn (A)                  |
|--|-----------------------|--------------------------|---------------------------------|-------------------------|
|  |                       |                          | ns must complete colu           | mn (A).                 |
| Check if Schedule O contains a response or note to an  |                       | (B)                      | (C)                             | ⊔<br>(D)                |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | Program service expenses | Management and general expenses | Fundraising<br>expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                          |                                 |                         |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  | 287,739,661           | 287,739,661              |                                 |                         |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   | 3,975,065             | 3,975,065                |                                 |                         |
| 4 Benefits paid to or for members  |                       |                          |                                 |                         |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 1,606,101             | 267,834                  | 1,338,267                       |                         |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                          |                                 |                         |
| 7 Other salaries and wages   | 207,757,645           | 190,235,233              | 12,584,825                      | 4,937,587               |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 12,064,284            | 11,013,485               | 739,899                         | 310,900                 |
| 9 Other employee benefits  | 49,196,506            | 44,688,035               | 3,331,031                       | 1,177,440               |
| <b>10</b> Payroll taxes  | 13,540,715            | 12,292,341               | 928,542                         | 319,832                 |
| 11 Fees for services (non-employees):  |                       |                          |                                 |                         |
| <b>a</b> Management  |                       |                          |                                 |                         |
| <b>b</b> Legal   | 1,390,602             | 647,980                  | 685,129                         | 57,493                  |
| c Accounting   | 579,740               |                          | 579,740                         |                         |
| d Lobbying   | 6,287                 |                          | 6,287                           |                         |
| e Professional fundraising services. See Part IV, line 17  |                       |                          |                                 |                         |
| f Investment management fees   | 6,563,649             |                          | 6,563,649                       |                         |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 7,905,468             | 5,734,085                | 1,204,718                       | 966,665                 |
| 12 Advertising and promotion   | 5,748,023             | 3,384,494                | 2,182,109                       | 181,420                 |
| 13 Office expenses   | 9,506,265             | 7,565,712                | 1,626,940                       | 313,613                 |
| 14 Information technology  | 8,721,392             | 5,571,373                | 2,868,435                       | 281,584                 |
| 15 Royalties   |                       |                          |                                 |                         |
| <b>16</b> Occupancy  | 18,283,349            | 17,833,456               | 415,174                         | 34,719                  |
| <b>17</b> Travel   | 8,084,152             | 7,835,179                | 136,295                         | 112,678                 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                       |                          |                                 |                         |
| <b>19</b> Conferences, conventions, and meetings   | 144,058               | 136,481                  | 6,996                           | 581                     |
| <b>20</b> Interest   | 14,723,085            | 13,353,183               | 1,264,784                       | 105,118                 |
| <b>21</b> Payments to affiliates   |                       |                          |                                 |                         |
| <b>22</b> Depreciation, depletion, and amortization  | 36,097,419            | 34,890,031               | 1,114,741                       | 92,647                  |
| 23 Insurance   | 3,355,230             | 1,454,358                | 1,755,011                       | 145,861                 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                          |                                 |                         |
| a REPAIRS AND MAINTENANCE  | 28,643,070            | 27,780,904               | 795,632                         | 66,534                  |
| <b>b</b> MEAL PLAN&FOOD SVC COST   | 11,362,947            | 11,362,947               |                                 |                         |
| c LIB PER/BOOKS/ONL RES  | 3,658,095             | 3,658,095                |                                 |                         |
| d DEPT CATERING EXP  | 2,311,445             | 2,093,898                | 136,001                         | 81,546                  |
| e All other expenses   | 22,023,726            | 18,299,294               | 2,952,942                       | 771,490                 |
| Total functional expenses. Add lines 1 through 24e   | 764,987,979           | 711,813,124              | 43,217,147                      | 9,957,708               |
| 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).  |                       |                          |                                 |                         |

Form 990 (2022)

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Liabilities 22 0

3,993,827

104,560,906

79,632,210

14.588.377

426.213.755

46,103,544

34,134,743

600.672.629

747.349.377

313,214,991

1,060,564,368

1,661,236,997

Form 990 (2022)

1,661,236,997

5,539,961

124,243,630

72,637,534

16,879,823

436.789.886

48,475,576

42,377,899

617.160.718

771,186,900

315,329,665

1,086,516,565

1,703,677,283

1,703,677,283

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33

0 21 Page 11

| ·                                      | <b>(A)</b><br>Beginning of year |   | <b>(B)</b><br>End of year |
|--|---------------------------------|---|---------------------------|
| Cash-non-interest-bearing              | 10,702,907                      | 1 | 8,027,847                 |
| Savings and temporary cash investments | 56,355,133                      | 2 | 39,284,869                |
|  |                                 |   |                           |

| 2 | Savings and temporary cash investments  | 30,333,133 | 2 | 39,204,009 |
|---|---|------------|---|------------|
| 3 | Pledges and grants receivable, net  | 41,527,160 | 3 | 36,883,782 |
| 4 | Accounts receivable, net  | 12,993,630 | 4 | 13,117,051 |
| 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0          | 5 | 0          |
| 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .  | 0          | 6 | 0          |

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

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

**Total assets.** Add lines 1 through 15 (must equal line 33) .

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

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

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

Unsecured notes and loans payable to unrelated third parties .

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

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

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

Retained earnings, endowment, accumulated income, or other funds

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

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . . . .

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Deferred revenue . . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33. Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Intangible assets . . .

Grants payable .

13,117,051 Notes and loans receivable, net . . . . 7 Assets 8 Inventories for sale or use . . . . Prepaid expenses and deferred charges . . . 2,283,965 3,610,528 **10a** Land, buildings, and equipment: cost or other 10a 1,105,113,991 basis. Complete Part VI of Schedule D 10b 555,881,713 543,901,336 10c 549,232,278 b Less: accumulated depreciation 11 Investments—publicly traded securities . 326,934,087 11 320,040,748 579,195,474 582,485,161 12 Investments—other securities. See Part IV, line 11 . . . 12

| Fund Balances | 27<br>28 |
|---------------|----------|
| ō             | 29       |
| ets           | 30       |
| Assets        | 31       |
| et A          | 32       |

33

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12** 

-32,883,686

-8,817,923

✓

No

Nο

1,060,564,368

Yes

Yes

Yes

Yes

Yes Form 990 (2022)

2a

2b

2c

3a

3b

9

10

2 3 15,749,412 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 1,086,516,565

5 5 6

7 8

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

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

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

If the organization changed its method of accounting from a prior year or checked "Other," explain on

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Other changes in net assets or fund balances (explain in Schedule O) . . . . . . .

7

**Reconcilliation of Net Assets** 

Form 990 (2022)

Part XI

Part XII

Schedule O.

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990:

separate basis, consolidated basis, or both:

Separate basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 11-1630830

Name: ST JOHN'S UNIVERSITY NEW YORK

Form 990 (2022)

Form 990, Part III, Line 4a:
HIGHER EDUCATION: ST. JOHN'S UNIVERSITY IS A CATHOLIC, VINCENTIAN, METROPOLITAN, AND GLOBAL NON-PROFIT INSTITUTION OF HIGHER EDUCATION LEARNING.
ST. JOHN'S UNIVERSITY OFFERS MORE THAN 100 UNIQUE DEGREE PROGRAMS AT THE ASSOCIATE, BACHELOR'S, MASTER'S, AND DOCTORAL LEVELS. THE DEGREE PROGRAMS SPAN A WIDE RANGE OF DISCIPLINES FROM THE LIBERAL ARTS TO PROFESSIONAL PROGRAMS. APPROXIMATELY 15,652 UNDERGRADUATE AND 4,011 GRADUATE STUDENTS ARE ENROLLED IN COURSES (19,663 STUDENTS).

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

and Independent Contractors

BOARD MEMBER

ROBERT J CRUZ

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

JAMES E GALOWSKI

MARGARET LAROSA D'ANGELO

MARGARET M FITZPATRICK SC ED D

BARBARA M DONNELLAN

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|---|---|-----------------------------------|-----------------------|------|--------------|------------------------------|--------|----------------------|----------------------|--|
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |      | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| JEFFREY D ALTER<br>BOARD MEMBER               | 0.00  | Х                                 |                       |      |              |                              |        | o                    | 0                    | 0  |
| REV ELMER BAUER III CM<br>BOARD MEMBER        | 0.00  | Х                                 |                       |      |              |                              |        | 0                    | 0                    | 0  |
| PAUL M CARROLL<br>BOARD MEMBER - THRU 5/10/23 | 0.00  | Х                                 |                       |      |              |                              |        | 0                    | 0                    | 0  |
| JAMES CHRISTMAS                               | 1.00  |                                   |                       |      |              |                              |        |                      | 0                    |  |

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| PAUL M CARROLL              | 1.00 | X |  |  | 0 |  |
|-----------------------------|------|---|--|--|---|--|
| BOARD MEMBER - THRU 5/10/23 | 0.00 |   |  |  |   |  |
| JAMES CHRISTMAS             | 1.00 | V |  |  | 0 |  |
| BOARD MEMBER                | 0.00 | ^ |  |  |   |  |
| REV KEVIN G CREAGH CM ED D  | 1.00 |   |  |  |   |  |

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|                              | any hours   | and                               | a dir                 | ecto    |              | ustee)                       |        | organization         | organizations        | from the                                     |  |
|------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                              | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| ANITA GOMEZ-PALACIO          | 1.00  |                                   |                       |         |              |                              |        |                      |                      |  |  |
| BOARD MEMBER - THRU 1/25/23  | 0.00  | X                                 |                       |         |              |                              |        | 0                    | U                    | 0  |  |
| JEANMARIE GRISI              | 1.00  |                                   |                       |         |              |                              |        |                      | _                    | _  |  |
| BOARD MEMBER - BEGAN 5/10/23 | 0.00  | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| VERY REV STEPHEN M GROZIO CM | 3.00  |                                   |                       |         |              |                              |        |                      |                      |  |  |
| PROVINCIAL VICE CHAIR        | 0.00  | Х                                 |                       | Х       |              |                              |        | 0                    | 0                    | 0  |  |
| REV DENNIS HOLTSCHNEIDER CM  | 1.00  |                                   |                       |         |              |                              |        |                      |                      |  |  |
| BOARD MEMBER                 | 0.00  | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| REV JOSEPH G HUBBERT CM      | 1.00  |                                   |                       |         |              |                              |        |                      |                      |  |  |
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| REV DENNIS HOLTSCHNEIDER CM  |
|------------------------------|
| BOARD MEMBER                 |
| REV JOSEPH G HUBBERT CM      |
| BOARD MEMBER - BEGAN 2/15/23 |

WILLIAM J JANETSCHEK

.........

BOARD MEMBER - BEGAN 5/10/23

REV GERARD H LUTTENBERGER CM STD

CHAIR OF BOARD

BOARD MEMBER

ROBERT F KALENKA

MARGARET M KEANE

ELECTED VICE CHAIR

MARK P KRITZMAN

BOARD MEMBER

and Independent Contractors

(A) (D) (E) (B) (C) (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 Independent Contractors

KEVIN REED

**BOARD MEMBER** 

LEWIS RICE JR

**BOARD MEMBER** 

JAMES J SHANNON

**BOARD MEMBER** 

BOARD MEMBER

PRESIDENT

.........

REV BRIAN J SHANLEY OP PHD

PATRICIA CASTEL SKARULIS

|                             | any hours   |                                   |                       |         |              | ustee)              |        | organization         | organizations        | from the                                     |  |
|-----------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|--|
|                             | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| REV JOHN T MAHER CM         | 1.00  |                                   |                       |         |              |                     |        |                      |                      |  |  |
| THE SOURCE TRANSPORTER OF T |   | X                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |  |
| BOARD MEMBER                | 0.00  |                                   |                       |         |              |                     |        |                      |                      |  |  |
| JOSEPH M MATTONE SR ESQ     | 1.00  |                                   |                       |         |              |                     |        |                      |                      |  |  |
| 303ETTTTTMTTONE SK ESQ      |   | Х                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |  |
| BOARD MEMBER - THRU 5/10/23 | 0.00  |                                   |                       |         |              |                     |        |                      |                      |  |  |
| MARTIN A MBUGUA             | 1.00  |                                   |                       |         |              |                     |        |                      |                      |  |  |
|                             |   | X                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |  |
| DOADD MEMBER                |   |                                   |                       |         |              |                     |        |                      |                      |  |  |

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|-----------------------------|------|----|--|--|-----|--|
| BOARD MEMBER - THRU 5/10/23 | 0.00 | ^  |  |  |     |  |
| MARTIN A MBUGUA             | 1.00 | X  |  |  | 0   |  |
| BOARD MEMBER                | 0.00 | Α. |  |  |     |  |
| REV THOMAS F MCKENNA CM STD | 1.00 | V  |  |  |     |  |
| BOARD MEMBER                | 0.00 | Х  |  |  |     |  |
| DEV MICHAEL M NCHVEN CM     | 1.00 |    |  |  |     |  |

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| MARTIN A MBUGUA                             | 1.00 | V |  |  | 0 | 0 | 0 |
| BOARD MEMBER                                | 0.00 | ^ |  |  | 9 | 3 |   |
| REV THOMAS F MCKENNA CM STD<br>BOARD MEMBER | 0.00 | X |  |  | 0 | 0 | 0 |
| REV MICHAEL M NGUYEN CM<br>BOARD MEMBER     | 0.00 | Х |  |  | 0 | 0 | 0 |
| KEVIN REED                                  | 1.00 |   |  |  |   |   |   |

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

and Independent Contractors

JOSEPH E OLIVA ESQ

SIMON GEIR MOLLER PHD

PROVOST & VP ACAD AFFAIRS

VP FOR BUS AFFAIRS, CFO & TREA

EXEC VP MISSION - BEGAN 8/1/22

EXEC VP MISSION- THRU 6/30/22

HEAD COACH MEN'S BASKETBALL

SHARON HEWITT WATKINS

REV AIDAN R ROONEY CM

REV BERNARD M TRACEY CM

MICHAEL A ANDERSON

VP FOR ADMIN, SEC & GEN COUNSEL

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|                      | any hours   | and                               | l a dir               | recto | r/tr         | ustee)                       | )      | organization         | organizations        | from the                                     |  |
|----------------------|---|-----------------------------------|-----------------------|-------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                      | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | 1 ()  | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| JOSEPH A TARANTINO   | 1.00  |                                   |                       |       |              |                              |        |                      |                      |  |  |
| DOADD MEMBED         |   | Х                                 |                       |       |              |                              |        | 0                    | 0                    | 0  |  |
| BOARD MEMBER         | 0.00  |                                   |                       |       |              |                              |        |                      |                      |  |  |
| TARIK S TURNER       | 1.00  |                                   |                       |       |              |                              |        |                      |                      |  |  |
|                      |   | Х                                 |                       |       |              |                              |        | 0                    | 0                    | 0  |  |
| BOARD MEMBER         | 0.00  |                                   |                       |       |              |                              |        |                      |                      |  |  |
| CATHERINE M VERRELLI | 1.00  |                                   |                       |       |              |                              |        |                      |                      | _  |  |
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126,555

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| TARIK S TURNER       | 1.00 | v |  |  | ٥ |  |
|----------------------|------|---|--|--|---|--|
| BOARD MEMBER         | 0.00 | ^ |  |  | Ĭ |  |
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| BOARD MEMBER         | 0.00 |   |  |  |   |  |
| DAMON YOUNG          | 1.00 |   |  |  |   |  |
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| BOARD MEMBER         | 0.00 |   |  |  |   |  |

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

and a director/trustee)

organization

443,910

111,129

organizations

from the

66,973

49,328

0

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

and Independent Contractors

NOREAN R SHARPE PHD

ROBERT A MANGIONE

DEAN TOBIN COLLEGE OF BUSINESS

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

|  | for related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional Trustee | Del. | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (Ŵ- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
|--|---|--------------------------------|-----------------------|------|--------------|------------------------------|--------|----------------------|----------------------|--|
| JOSEPH L TARTAMELLA<br>HEAD COACH WOMEN'S BASKETBALL | 40.00   |                                |                       |      |              | х                            |        | 509,834              | 0                    | 89,815                                       |
| MARK J BROWNE PHD<br>PROFESSOR                       | 40.00   |                                |                       |      |              | х                            |        | 462,187              | 0                    | 81,158                                       |

any hours

| HEAD COACH WOMEN'S BASKETBALL | 0.00  |  |  |   |         | - |   |
|-------------------------------|-------|--|--|---|---------|---|---|
| MARK J BROWNE PHD             | 40.00 |  |  | v | 462,187 | 0 |   |
| PROFESSOR                     | 0.00  |  |  |   | 402,107 | Ŭ | • |
| MICHAEL CRAGG                 | 40.00 |  |  | _ | 441,590 | 0 |   |
| ATHLETIC DIRECTOR             | 0.00  |  |  | ^ | 441,390 |   | ' |

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| efil                   | e GR/           | APHIC prii                          | nt - DO NOT PROCESS   | As Filed Data -  |  |                                     | DLN: 9                       | 3493103011304             |  |
|------------------------|-----------------|-------------------------------------|---|--|--|-------------------------------------|------------------------------|---------------------------|--|
| SCI                    | HED             | ULE A                               | Dublic  | Charity Statu  | e and Dul  | hlic Sunn                           | ort                          | OMB No. 1545-0047         |  |
| ( <b>For</b><br>Depart | m 99<br>ment of | <b>0)</b> f the Treasury            | Complete if the o   | rganization is a sect<br>4947(a)(1) nonexe<br>Attach to Form                   | tion 501(c)(3) o<br>empt charitable<br>990 or Form 99  | organization or<br>trust.<br>00-EZ. | a section                    | 2022 Open to Public       |  |
|                        |                 | nue Service                         |   | s.gov/Form990 for i  | nstructions and  | tne latest info                     |                              | Inspection                |  |
|                        |                 | <b>he organiza</b><br>NIVERSITY NEV |   |  |  |                                     | Employer identific           | ation number              |  |
|                        |                 | <b>.</b>                            | (- B. bit-Ob- 't. Clar  | - / A II   |  | 1 - 1 - 1 - 2 - 1 - 2 - 1           | 11-1630830                   |                           |  |
|                        | rt I<br>rganiz  |                                     | for Public Charity Stat<br>a private foundation because   |  |  |                                     | see instructions.            |                           |  |
| 1                      |                 |                                     | onvention of churches, or as  | `  |  |                                     | (A)(i).                      |                           |  |
| 2                      | <u></u> ✓       | A school de                         | scribed in <b>section 170(b)(</b>   | 1)(A)(ii). (Attach Sch   | hedule E (Form 9   | 990).)                              |                              |                           |  |
| 3                      |                 |                                     | or a cooperative hospital ser   |  | ,  | , ,                                 | iii).                        |                           |  |
| 4                      |                 | ·                                   | esearch organization operat   | -  |  |                                     | •                            | nter the hospital's       |  |
|                        | ш               | name, city,                         |   |  |  |                                     | -, -(-)(-)(-,(,(,-           |                           |  |
| 5                      |                 |                                     | ation operated for the beneficive. (Complete Part II.)  | it of a college or unive   | rsity owned or op  | perated by a gov                    | ernmental unit descri        | bed in <b>section 170</b> |  |
| 6                      |                 | A federal, s                        | tate, or local government o   | r governmental unit de   | escribed in <b>sectio</b>  | on 170(b)(1)(A                      | \)(v).                       |                           |  |
| 7                      |                 |                                     | ation that normally receives $(0(\mathbf{b})(1)(\mathbf{A})(\mathbf{vi}).$ (Complete  |  | s support from a   | governmental ι                      | init or from the gener       | al public described in    |  |
| 8                      | П               |                                     | ty trust described in <b>sectio</b>   | •  | (Complete Part I   | I.)                                 |                              |                           |  |
| 9                      |                 |                                     | ural research organization de<br>rant college of agriculture. S   |  |  |                                     |                              | ege or university or a    |  |
| 10                     |                 | from activit<br>investment          | ation that normally receives:<br>dies related to its exempt fur<br>income and unrelated busin<br>dee section 509(a)(2). (Co | nctions—subject to cer<br>ness taxable income (le                              | tain exceptions,   | and (2) no more                     | than 33 1/3% of its s        | upport from gross         |  |
| 11                     |                 | An organiza                         | ation organized and operate   | d exclusively to test fo   | r public safety. S   | See <b>section 509</b>              | (a)(4).                      |                           |  |
| 12                     |                 | more public                         | ation organized and operated<br>ly supported organizations<br>a through 12d that described                                  | described in <b>section 5</b>  | 509(a)(1) or se  | ction 509(a)(2                      | ). See <b>section 509</b> (a |                           |  |
| а                      |                 | <b>Type I.</b> A so                 | supporting organization oper<br>n(s) the power to regularly a<br>Part IV, Sections A and B                                  | rated, supervised, or cappoint or elect a majo                                 | ontrolled by its s   | upported organi                     | zation(s), typically by      |                           |  |
| b                      |                 | Type II. A<br>manageme              | supporting organization sup<br>nt of the supporting organiz<br>plete Part IV, Sections A                                    | pervised or controlled i<br>ation vested in the sar                            |  |                                     |                              |                           |  |
| C                      |                 | Type III f                          | unctionally integrated. A proganization(s) (see instruct  | supporting organizatio   |  |                                     |                              | ited with, its            |  |
| d                      |                 | functionally                        | on-functionally integrate<br>integrated. The organizations). You must complete Par  | n generally must satis   | fy a distribution  | requirement and                     |                              |                           |  |
| e                      |                 | Check this                          | box if the organization recei<br>or Type III non-functionally   | ved a written determir   | nation from the I  |                                     | pe I, Type II, Type II       | I functionally            |  |
| f                      | Enter           |                                     | of supported organizations  |  | -  |                                     | <u> </u>                     |                           |  |
| g                      |                 |                                     | ing information about the su  | T'   |  |                                     |                              | (vi) Amount of            |  |
|                        | (i) N           | Name of supp<br>organizatior        |   | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | on in your governing document? monetary support other s<br>lines (see instructions) inst<br>(see |                                     |                              |                           |  |
|                        |                 |                                     |   |  | Yes  | No                                  |                              |                           |  |
|                        |                 |                                     |   |  |  |                                     |                              |                           |  |
|                        |                 |                                     |   |  |  |                                     |                              |                           |  |
| Tota                   |                 | l. B. '                             | tion Act Notice, see the I  |  | Cat. No. 11285   |                                     |                              | <br>A (Form 990) 2022     |  |

14

15

78.100 %

76.330 %

Schedule A (Form 990) 2022

Page 2

|    | (Complete only if you ch  |                      |                      |                      |                     |                   | nder Part III.   |
|----|---|----------------------|----------------------|----------------------|---------------------|-------------------|------------------|
| _  | If the organization failed ection A. Public Support               | to qualify under     | r the tests listed   | below, please c      | omplete Part III    | )                 |                  |
|    | Calendar year   | (-) 2010             | (h) 2010             | (-) 2020             | (4) 2021            | (-) 2022          | (6) Tabal        |
|    | (or fiscal year beginning in) ▶                                   | (a) 2018             | <b>(b)</b> 2019      | (c) 2020             | (d) 2021            | (e) 2022          | (f) Total        |
| 1  | Gifts, grants, contributions, and                                 |                      |                      |                      |                     |                   |                  |
|    | membership fees received. (Do not                                 | 36,339,209           | 48,652,476           | 57,290,343           | 78,402,447          | 42,419,618        | 263,104,093      |
| 2  | include any "unusual grant.") Tax revenues levied for the         |                      |                      |                      |                     |                   |                  |
| 2  | organization's benefit and either                                 |                      |                      |                      |                     |                   |                  |
|    | paid to or expended on its behalf                                 |                      |                      |                      |                     |                   |                  |
| 3  | The value of services or facilities                               |                      |                      |                      |                     |                   |                  |
| 3  | furnished by a governmental unit to                               |                      |                      |                      |                     |                   |                  |
|    | the organization without charge                                   |                      |                      |                      |                     |                   |                  |
| 4  | Total. Add lines 1 through 3                                      | 36,339,209           | 48,652,476           | 57,290,343           | 78,402,447          | 42,419,618        | 263,104,093      |
| 5  | The portion of total contributions by                             |                      |                      |                      |                     |                   |                  |
|    | each person (other than a   |                      |                      |                      |                     |                   |                  |
|    | governmental unit or publicly                                     |                      |                      |                      |                     |                   | 15,056,569       |
|    | supported organization) included on line 1 that exceeds 2% of the |                      |                      |                      |                     |                   | 15,056,569       |
|    | amount shown on line 11, column                                   |                      |                      |                      |                     |                   |                  |
|    | (f)   |                      |                      |                      |                     |                   |                  |
| 6  | Public support. Subtract line 5                                   |                      |                      |                      |                     |                   | 248,047,524      |
|    | from line 4.  |                      |                      |                      |                     |                   | 246,047,324      |
| S  | ection B. Total Support   |                      |                      |                      |                     |                   |                  |
|    | Calendar year<br>(or fiscal year beginning in) ▶                  | (a) 2018             | <b>(b)</b> 2019      | (c) 2020             | (d) 2021            | (e) 2022          | <b>(f)</b> Total |
| 7  | Amounts from line 4   | 36,339,209           | 48,652,476           | 57,290,343           | 78,402,447          | 42,419,618        | 263,104,093      |
| 8  | Gross income from interest,                                       |                      |                      |                      |                     |                   |                  |
|    | dividends, payments received on                                   |                      |                      |                      |                     |                   |                  |
|    | securities loans, rents, royalties                                | 12,182,065           | 10,337,121           | 9,834,617            | 8,839,620           | 12,206,231        | 53,399,654       |
|    | and income from similar sources                                   |                      |                      |                      |                     |                   |                  |
| 9  | Net income from unrelated   |                      |                      |                      |                     |                   |                  |
|    | business activities, whether or not                               | o                    | o                    | o                    | 0                   | 0                 |                  |
|    | the business is regularly carried on                              |                      |                      |                      |                     |                   |                  |
| 10 | Other income. Do not include gain                                 |                      |                      |                      |                     |                   |                  |
|    | or loss from the sale of capital                                  | 254,062              | 341,841              | 2,347                | 256,972             | 256,769           | 1,111,991        |
|    | assets (Explain in Part VI.)                                      |                      |                      |                      |                     |                   |                  |
| 11 | <b>Total support.</b> Add lines 7 through 10                      |                      |                      |                      |                     |                   | 317,615,738      |
| 12 | Gross receipts from related activities,                           | etc. (see instructio | ns)                  |                      |                     | 12                | 3,378,892,616    |
| 13 | First 5 years. If the Form 990 is for t                           | he organization's f  | irst, second, third, | fourth, or fifth tax | k year as a section | 501(c)(3) organiz | ation, check     |
| i  | •   | <b>3</b>             |                      | ,                    |                     | ```               | •                |

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

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization 

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . .

Section C. Computation of Public Support Percentage

| Р      | art III Support Schedule for   |                    |                      |                       |                    |                   |                  |
|--------|--|--------------------|----------------------|-----------------------|--------------------|-------------------|------------------|
|        | (Complete only if you c  |                    |                      |                       |                    |                   | er Part II. If   |
| -      | the organization fails to  | quality under      | tne tests listed     | pelow, please co      | ompiete Part II.   | )                 |                  |
| 56     | ection A. Public Support  Calendar year                                    |                    | I                    | I                     |                    | <u> </u>          |                  |
|        | (or fiscal year beginning in) ▶  | (a) 2018           | <b>(b)</b> 2019      | (c) 2020              | (d) 2021           | (e) 2022          | <b>(f)</b> Total |
| 1      | Gifts, grants, contributions, and  |                    |                      |                       |                    |                   |                  |
|        | membership fees received. (Do not  |                    |                      |                       |                    |                   |                  |
| _      | include any "unusual grants.") .   |                    |                      |                       |                    |                   |                  |
| 2      | Gross receipts from admissions,<br>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<br>Tax revenues levied for the                           |                    |                      |                       |                    |                   |                  |
| -      | organization's benefit and either paid                                     |                    |                      |                       |                    |                   |                  |
|        | to or expended on its behalf   |                    |                      |                       |                    |                   |                  |
| 5      | The value of services or facilities  |                    |                      |                       |                    |                   |                  |
|        | furnished by a governmental unit to  |                    |                      |                       |                    |                   |                  |
| _      | the organization without charge  |                    |                      |                       |                    |                   |                  |
| 6      | <b>Total.</b> Add lines 1 through 5<br>Amounts included on lines 1, 2, and |                    |                      |                       |                    |                   |                  |
| /a     | 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.   |                    |                      |                       |                    |                   |                  |
| 8<br>8 | Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c               |                    |                      |                       |                    |                   |                  |
| 0      | from line 6.)  |                    |                      |                       |                    |                   |                  |
| Se     | ection B. Total Support  |                    |                      |                       |                    |                   |                  |
|        | Calendar year  | (a) 2018           | <b>(b)</b> 2019      | (c) 2020              | (d) 2021           | (e) 2022          | (f) Total        |
|        | (or fiscal year beginning in) ▶  | (a) 2010           | (b) 2019             | (0) 2020              | (u) 2021           | (e) 2022          | (I) Iotai        |
| 9      | Amounts from line 6  |                    |                      |                       |                    |                   |                  |
| L0a    | Gross income from interest,  |                    |                      |                       |                    |                   |                  |
|        | dividends, payments received on securities loans, rents, royalties and     |                    |                      |                       |                    |                   |                  |
|        | income from similar sources  |                    |                      |                       |                    |                   |                  |
| b      | Unrelated business taxable income  |                    |                      |                       |                    |                   |                  |
|        | (less section 511 taxes) from  |                    |                      |                       |                    |                   |                  |
|        | businesses acquired after June 30,   |                    |                      |                       |                    |                   |                  |
|        | 1975.  |                    |                      |                       |                    |                   |                  |
| C      | Add lines 10a and 10b.  Net income from unrelated business                 |                    |                      |                       |                    |                   |                  |
| 11     | activities not included on 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                                       |                    |                      |                       |                    |                   |                  |
| 13     | (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,             |                    |                      |                       |                    |                   |                  |
| 13     | 11, and 12.)   |                    |                      |                       |                    |                   |                  |
| 14     | First 5 years. If the Form 990 is for the                                  | ne organization's  | first, second, thire | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) orga | nization, check  |
|        | this box and <b>stop here</b>  |                    |                      |                       |                    |                   | ▶ 🗆              |
| Se     | ection C. Computation of Public  |                    |                      |                       |                    |                   |                  |
| 15     | Public support percentage for 2022 (lin                                    | e 8, column (f) d  | ivided by line 13,   | column (f))           |                    | 15                |                  |
| 16     | Public support percentage from 2021 S                                      | chedule A, Part I  | II, line 15          |                       |                    | 16                |                  |
|        | ection D. Computation of Invest  |                    |                      |                       |                    | 1 1               |                  |
| 17     | Investment income percentage for 202                                       |                    |                      | line 13, column (f    | ))                 | 17                |                  |
| 18     | Investment income percentage from 2  | -                  |                      |                       | •                  | 18                |                  |
|        |  |                    |                      |                       |                    |                   | e 17 is not      |
| 19a    | • • •  | -                  |                      | -                     |                    |                   | _                |
|        | more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the   |                    |                      |                       |                    |                   |                  |
| b      |  | -                  |                      |                       | ·                  |                   |                  |
|        | not more than 33 1/3%, check this box                                      |                    |                      |                       |                    |                   |                  |
| 20     | Private foundation. If the organization                                    | on did not check a | a box on line 14, 1  | 19a, or 19b, check    | this box and see   | instructions      | . ▶ 🗆            |

5a

6

7

8

10a

Part IV Supporting Organizations

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Page 4

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

Section A. All Supporting Organizations Yes No

|   |   |   | <br> |
|---|---|---|------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,                    |   |      |
|   | 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 <b>Part VI</b> how the organization determined that the supported organization was described |   |      |
|   | in section $509(a)(1)$ or $(2)$ .   | 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 <b>Part VI</b> how the organization determined that the supported organization was described |    |  |
|    | in 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 lines 3b and   |    |  |
|    | 3c below.   | 3a |  |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied  |    |  |

|    | (m, continue 500(c)(d) (m) (2)   |    |  |
|----|--|----|--|
|    | in 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 lines 3b and  |    |  |
|    | 3c 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 <b>Part VI</b> when and how the organization made the |    |  |
|    | determination.   | 3b |  |
| c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   |    |  |
|    |  |    |  |

|    | 2 / /   |    |  |
|----|---|----|--|
|    | 3c 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 <b>Part VI</b> when and how the organization made the |    |  |
|    | 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 <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3с |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you   |    |  |

|    | , and the second se   |    |  |
|----|--|----|--|
| 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 <b>Part VI</b> when and how the organization made the |    |  |
|    | 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 <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3с |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you  |    |  |
|    | checked box 12a or 12b in Part I, answer lines 4b and 4c below.  | 4a |  |
|    |  |    |  |

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b

and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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 on line 9a) hold a controlling interest in any entity in which the supporting

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

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

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

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

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

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

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

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

| SCH | ledule A (Form 990) 2022   |        |         | age <b>5</b> |
|-----|--|--------|---------|--------------|
| Pa  | Supporting Organizations (continued)   |        |         |              |
|     |  |        | Yes     | No           |
|     | . Has the organization accepted a gift or contribution from any of the following persons?  |        |         | <u> </u>     |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  | 11a    |         |              |
| b   | A family member of a person described on 11a above?  | 11b    |         |              |
| c   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part   | 11c    |         |              |
| -   | <i>VI.</i><br>Section B. Type I Supporting Organizations   |        |         |              |
|     | ection b. Type I supporting organizations  |        | Yes     | No           |
| 1   | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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      | 100     |              |
| 2   | Did the organization energie for the handlit of any supported organization other than the supported organization (s) that  |        |         | <del></del>  |
| 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  | 2      |         |              |
|     |  |        |         |              |
| S   | Section C. Type II Supporting Organizations  |        |         |              |
|     |  |        | Yes     | No           |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   |        |         |              |
|     | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1      |         |              |
| S   | Section D. All Type III Supporting Organizations   |        |         |              |
|     |  |        | Yes     | No           |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing   | !      |         |              |
|     | documents in effect on the date of notification, to the extent not previously provided?  | 1      |         |              |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |        |         |              |
| _   |  | 2      |         |              |
| 3   | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   | 3      |         |              |
| S   | Section E. Type III Functionally-Integrated Supporting Organizations   |        |         |              |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  | ions): |         |              |
|     | <b>a</b> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |        |         |              |
|     | b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |        |         |              |
|     | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions) |              |
| 2   | Activities Test. Answer lines 2a and 2b 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 <b>Part VI identify those supported organizations and explain</b> 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>b</b> Did the activities described on line 2a, above 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b     |         |              |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.   | 20     |         |              |
|     | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of  | 3a     |         |              |
|     | the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .  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 <b>Part VI</b> , the role played by the organization in this regard.  |        |         |              |

instructions)

Page 6

| 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<br>(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<br>(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  | <b>1</b> b |                           |                                |
| C | Fair market value of other non-exempt-use assets   | 1c         |                           |                                |
| d | Total (add lines 1a, 1b, and 1c)   | 1d         |                           |                                |
| е | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |            |                           |                                |
| 2 | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                           |                                |
| 3 | Subtract line 2 from line 1d   | 3          |                           |                                |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4          |                           |                                |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                           |                                |
| 6 | Multiply line 5 by 0.035   | 6          |                           |                                |
| 7 | Recoveries of prior-year distributions   | 7          |                           |                                |
| 8 | Minimum Asset Amount (add line 7 to line 6)  | 8          |                           |                                |
|   | Section C - Distributable Amount   |            |                           | Current Year                   |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                           |                                |
| 2 | Enter 85% of line 1  | 2          |                           |                                |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                           |                                |
| 4 | Enter greater of line 2 or line 3  | 4          |                           |                                |
| 5 | Income tax imposed in prior year   | 5          |                           |                                |
| 6 | <b>Distributable Amount.</b> 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  | ntegrat    | ed Type III supporting or | ganization (see                |

Section D - Distributions

Page 7

### 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 2 excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5

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

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in Part VI). See instructions

Distributable amount for 2022 from Section C, line 6 9 10 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in **Part VI**).

See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017. . . . . . **b** From 2018. . . . . . . **c** From 2019. . . . . .

e From 2021. . . . . . f Total of lines 3a through e q Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4.

4 Distributions for 2022 from Section D, line 7: 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018. . . . .

| Schedule A (      | Form 990) 2022                                    | Page <b>8</b>   |
|-------------------|---|---|
| Part VI           | Section A, lines 1, 2,<br>Part IV, Section D, lin | mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See |
|                   |   | Facts And Circumstances Test  |
|                   |   |   |
| 990 <b>S</b> ched | lule A, Supplemen                                 | tal Information   |
| Ret               | urn Reference                                     | Explanation   |
| PART II, LIN      | NE 10, EXPLANATION<br>INCOME:                     | REPRESENTS INCOME FROM INVESTMENT OF TAX-EXEMPT BOND PROCEEDS.  |

SCHEDULE C

Section 527 organizations: Complete Part I-A only.

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

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

DLN: 93493103011304

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

▶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

| • 9<br>• 9<br>f the   | Section 501(c)(3) organizations that<br>Section 501(c)(3) organizations that<br>corganization answered "Yes" or | n Form 990, Part IV, Line 4, or Form 9<br>have filed Form 5768 (election under 9<br>have NOT filed Form 5768 (election un<br>n Form 990, Part IV, Line 5 (Proxy Ta   | section 501(h)): Co<br>nder section 501(h | mplete Part II-A. Do not co<br>)): Complete Part II-B. Do i                  | omplete Part II-B.<br>not complete Part II-A.  |
|-----------------------|---|--|---|--|--|
|                       | <b>ky Tax) (see separate instruction</b> :<br>Section 501(c)(4), (5), or (6) organiz                            |  |   |  |  |
| Nar                   | ne of the organization  | actions. Complete Full III.  |   | Employer iden  | tification number  |
| ST J                  | OHN'S UNIVERSITY NEW YORK   |  |   | 11-1630830   |  |
| Par                   | I-A Complete if the organ   | nization is exempt under section   | on 501(c) or is                           |  | zation.  |
| 1                     |   | ization's direct and indirect political ca   |   |  | -  |
| 2                     | Political campaign activity expend  | itures. See instructions   |   | <b>&gt;</b>  | \$   |
| 3                     | Volunteer hours for political camp  | aign activities. See instructions  |   |  |  |
| Par                   | I-B Complete if the organ   | nization is exempt under section   | on 501(c)(3).                             |  |  |
| 1                     | Enter the amount of any excise ta   | imes incurred by the organization under s  | ection 4955                               | <b>&gt;</b>  | \$   |
| 2                     | Enter the amount of any excise ta   | x incurred by organization managers ι  | ınder section 4955                        | <b>&gt;</b>  | \$   |
| 3                     | If the organization incurred a sect   | ion 4955 tax, did it file Form 4720 for  | this year?                                |  | ☐ Yes ☐ No   |
| 4a                    | Was a correction made?  |  |   |  | ☐ Yes ☐ No   |
| b                     | If "Yes," describe in Part IV.  |  |   |  |  |
| Par                   | II-C Complete if the organ  | nization is exempt under section   | on 501(c), exce                           | ept section 501(c)(3)  |  |
| 1<br>2<br>3<br>4<br>5 | Enter the amount of the filing org function activities  | ed by the filing organization for section anization's funds contributed to other of the section and 2. Enter here and of the management of the section of th | organizations for se                      | ection 527 exempt  line 17b  litical organizations to whice                  |  |
|                       | of political contributions received   | that were promptly and directly deliver<br>se (PAC). If additional space is needed,  | red to a separate p                       | olitical organization, such a  |  |
|                       | (a) Name  | (b) Address  | (c) EIN                                   | (d) Amount paid from<br>filing organization's<br>funds. If none, enter<br>-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| 1                     |   |  |   |  |  |
| 2                     |   |  |   |  |  |
| 3                     |   |  |   |  |  |
| 4                     |   |  |   |  |  |
| 5                     |   |  |   |  |  |
| 6                     |   |  |   |  |  |
| or P                  | aperwork Reduction Act Notice, see t  | he instructions for Form 990.  | Cat.                                      | No. 50084S Sc  | hedule C (Form 990) 2022   |

| art II-A                        | section 501(h)).   | п із ехетр     | t under section     | on 501(c)(3) a        | u illed      | romi 5768 (e                           | ectio   | ıı under                 |
|---------------------------------|--|----------------|---------------------|-----------------------|--------------|--|---------|--------------------------|
| Check <b>&gt;</b>               | if the filing organization belongs expenses, and share of excess lob |                |                     | in Part IV each af    | filiated gro | oup member's nam                       | ne, add | ress, EIN,               |
| Check <b>&gt;</b>               | if the filing organization checked                                   | box A and "li  | mited control" p    | rovisions apply.      |              |  |         |                          |
|                                 | Limits on Lobb<br>(The term "expenditures" m                         |                |                     | ırred.)               |              | (a) Filing<br>organization's<br>totals | (b)     | Affiliated gro<br>totals |
| Total lobb                      | ying expenditures to influence public                                | opinion (gras  | s roots lobbying    | )                     |              |  |         |                          |
| Total lobb                      | ying expenditures to influence a legis                               | lative body (d | direct lobbying) .  |                       | ľ            |  |         |                          |
| Total lobb                      | ying expenditures (add lines 1a and 1                                | Lb)            |                     |                       |              |  |         |                          |
| Other exe                       | mpt purpose expenditures   |                |                     |                       |              |  |         |                          |
| Total exer                      | mpt purpose expenditures (add lines :                                | 1c and 1d)     |                     |                       |              |  |         |                          |
| Lobbying columns.               | nontaxable amount. Enter the amoun                                   | t from the fol | lowing table in b   | oth                   |              |  |         |                          |
| If the an                       | nount on line 1e, column (a) or (b                                   | ) is: The lo   | bbying nontaxa      | able amount is:       |              |  |         |                          |
| Not over \$5                    | 500,000  | 20% of         | the amount on line  | 1e.                   |              |  |         |                          |
| Over \$500,                     | 000 but not over \$1,000,000   | \$100,00       | 0 plus 15% of the   | excess over \$500,000 | ).           |  |         |                          |
| Over \$1,00                     | 0,000 but not over \$1,500,000                                       | \$175,00       | 0 plus 10% of the   | excess over \$1,000,0 | 00.          |  |         |                          |
| Over \$1,50                     | 0,000 but not over \$17,000,000                                      | \$225,00       | 0 plus 5% of the ex | cess over \$1,500,00  | 0.           |  |         |                          |
| Over \$17,0                     | 00.000   | \$1,000,0      | 000.                |                       |              |  |         |                          |
| (                               | 4-Yea<br>(Some organizations that mad<br>columns below. S            | de a sectio    | n 501(h) elec       |                       | ve to cor    |  | ne fiv  | e                        |
|                                 |  |                |                     | Year Averagin         |              |  |         |                          |
|                                 |  |                |                     |                       | <b>y</b>     |  |         |                          |
|                                 | Calendar year (or fiscal year<br>beginning in)                       |                | (a) 2019            | <b>(b)</b> 2020       | (c) 202      | 21 <b>(d)</b> 202                      | 2       | (e) Total                |
| Lobbying                        | nontaxable amount  |                |                     |                       |              |  |         |                          |
| Lobbying<br>(150% o             | ceiling amount<br>f line 2a, column(e))                              |                |                     |                       |              |  |         |                          |
| Total lob                       | bying expenditures   |                |                     |                       |              |  |         |                          |
| Grassroo                        | ts nontaxable amount   |                |                     |                       |              |  |         |                          |
|                                 | ts ceiling amount<br>f line 2d, column (e))                          |                |                     |                       |              |  |         |                          |
| Grassroo                        | ts lobbying expenditures   |                |                     |                       |              |  | 0.75    | 000) 55                  |
| Grassroo<br>Grassroo<br>(150% o | ts nontaxable amount ts ceiling amount f line 2d, column (e))        |                |                     |                       |              | Schadula                               | C (Fo   | rm 0                     |

Page 2

| che    | dule C (Form 990) 2022  |   |                           |                            |                       | Р                          | age 3   |
|--------|---|---|---------------------------|----------------------------|-----------------------|----------------------------|---------|
| Pa     |   | rganization is exempt under section 501(c)(3) and has NOT fi<br>ion under section 501(h)).  |                           |                            |                       |                            |         |
| or e   | each "Yes" response on lines 1a th                                  | rough 1i below, provide in Part IV a detailed description of the lobbying   | (;                        | a)                         | +                     | (b)                        | —       |
| ctiv   | ity.  |   | Yes                       | No                         | 4                     | Amour                      | nt      |
| 1      | During the year, did the filing or including any attempt to influen | ganization attempt to influence foreign, national, state or local legislation,<br>ce public opinion on a legislative matter or referendum, through the use of:  |                           |                            |                       |                            |         |
| а      | Volunteers?   |   | Yes                       |                            |                       |                            |         |
| b      |   | de compensation in expenses reported on lines 1c through 1i)?   | Yes                       |                            | ┪                     |                            |         |
| С      | =   |   |                           | No                         | 1                     |                            |         |
| d      | Mailings to members, legislators                                    | s, or the public?   | Yes                       |                            |                       |                            |         |
| e      | , ,   | adcast statements?  |                           | No                         |                       |                            |         |
| f      | Grants to other organizations fo                                    | r lobbying purposes?  |                           | No                         |                       |                            |         |
| g      | •   | heir staffs, government officials, or a legislative body?   | Yes                       |                            |                       | :                          | 13,457  |
| h      | ,   | rs, conventions, speeches, lectures, or any similar means?  |                           | No                         |                       |                            |         |
| i      |   |   | Yes                       |                            |                       |                            | 6,287   |
| j      | _   |   |                           | ١.,                        |                       |                            | 19,744  |
| 2a     |   | the organization to be not described in section 501(c)(3)?  |                           | No                         | 4                     |                            |         |
| b      |   | y tax incurred under section 4912   |                           |                            |                       |                            |         |
|        |   | y tax incurred by organization managers under section 4912d a section 4912 tax, did it file Form 4720 for this year?  |                           |                            |                       |                            |         |
|        |   | rganization is exempt under section 501(c)(4), section 501(c)   | /E) 0                     | r cost                     | ion                   |                            |         |
| 4:1    | 501(c)(6).  | rganization is exempt under section 301(c)(4), section 301(c)   | (3), 0                    | i sect                     | 1011                  |                            |         |
|        |   |   |                           |                            |                       | Yes                        | No      |
| 1      | Were substantially all (90% or n                                    | nore) dues received nondeductible by members?   |                           | [                          | 1                     |                            |         |
| 2      | - '   | in-house lobbying expenditures of \$2,000 or less?  |                           |                            | 2                     |                            |         |
| 3      |   | rry over lobbying and political expenditures from the prior year?   |                           |                            | 3                     |                            |         |
| Par    |   | rganization is exempt under section 501(c)(4), section 501(c)<br>BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part  |                           |                            |                       | 501(c                      | :)(6)   |
| 1      | Dues, assessments and similar a                                     | amounts from members  | 1                         |                            |                       |                            |         |
| 2      | expenses for which the section                                      |   |                           |                            |                       |                            |         |
| a      |   |   | 2a<br>2b                  |                            |                       |                            |         |
| b<br>c | ,   |   | 2c                        |                            |                       |                            |         |
| 3      |   | ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .   | 3                         |                            |                       |                            |         |
| 4      |   | ount on line 2c exceeds the amount on line 3, what portion of the excess does   | <u> </u>                  |                            |                       |                            |         |
| •      | the organization agree to carryo                                    | over to the reasonable estimate of nondeductible lobbying and political   | 4                         |                            |                       |                            |         |
| 5      |   | political expenditures. See Instructions  | 5                         |                            |                       |                            |         |
| P      | art IV Supplemental In  |   |                           | l                          |                       |                            |         |
| Pro    | vide 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); so, complete this part for any additional information.   | Part II-                  | -A, lines                  | 1 an                  | d 2 (se                    |         |
|        | Return Reference  | Explanation   |                           |                            |                       |                            |         |
| ART    | Γ II-B, LINE 1:   | THE UNIVERSITY'S OFFICE OF GOVERNMENT RELATIONS AND THE PRESIDE TO LOCAL, STATE AND FEDERAL GOVERNMENT THROUGH THEIR REGULAR OF THE UNIVERSITY'S MISSION, GOALS AND PROGRAMS. THE OFFICE OF GOVE APPRISES THE UNIVERSITY'S OFFICIALS ABOUT PERTINENT GOVERNMENT A | OMMUN<br>RNMEN<br>ACTIVIT | ICATIO<br>T RELA<br>IES TO | N RE<br>TIONS<br>ENSU | GARDI<br>S ALSC<br>JRE THI | NG<br>) |
|        |   | UNIVERSITY IS SUFFICIENTLY INFORMED. THE PRIMARY FOCUS OF THE UNI DIRECTED TOWARD HELPING GOVERNMENT REPRESENTATIVES LEARN MOR UNIVERSITY. THE UNIVERSITY'S PARTICIPATION IN THE LEGISLATIVE PROC   | E ABOU                    | T ST. J                    | 2'NHC                 | 5                          | GH      |

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

As Filed Data -

DLN: 93493103011304

OMB No. 1545-0047

# **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

|     | ne of the organization<br>DHN'S UNIVERSITY NEW YORK   |  |  | Employer Id  | entification number   |
|-----|---|--|--|--|---|
|     |   |  |  | 11-1630830   |   |
| Par | <b>Organizations Maintaining Donor Adv</b><br>Complete if the organization answered "Ye   |  |  | or Accounts.   |   |
|     | · · · · · · · · · · · · · · · · · · ·   | (a) Donor adv  |  | (b) Fund   | s and other accounts  |
| -   | Total number at end of year   |  |  |  |   |
| 1   | Aggregate value of contributions to (during year)   |  |  |  |   |
| 1   | Aggregate value of grants from (during year)  |  |  |  |   |
| 1   | Aggregate value at end of year  |  |  |  |   |
|     | Did the organization inform all donors and donor advisor organization's property, subject to the organization's expenses.   | xclusive legal control? .  |  |  | ☐ Yes ☐ N   |
|     | Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?  | r or donor advisor, or for   | any other purpose of   |  |   |
| ar  | Conservation Easements.  Complete if the organization answered "Ye  | s" on Form 990 Part  | · IV line 7  |  |   |
|     | Purpose(s) of conservation easements held by the orga   |  |  |  |   |
|     | Preservation of land for public use (e.g., recreation   | · —  | Preservation of an   | historically imp   | ortant land area  |
|     |   |  |  | , ,  |   |
|     | Protection of natural habitat   | Ц  | Preservation of a  | ertiriea nistoric  | structure   |
|     | Preservation of open space  |  |  |  |   |
|     | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.   | qualified conservation c   | ontribution in the for   |  | ation<br>at the End of the Year   |
|     | Total number of conservation easements  |  |  | 2a   |   |
|     | Total acreage restricted by conservation easements  |  |  | 2b   |   |
|     | Number of conservation easements on a certified histor  | ic structure included in (   | a)   | 2c   |   |
|     | Number of conservation easements included in (c) acqu<br>historic structure listed in the National Register   | ired after July 25, 2006,  | and not on a   | 2d   |   |
|     | Number of conservation easements modified, transferred tax year ▶   | ed, released, extinguishe  | ed, or terminated by   | the organization   | n during the  |
|     | Number of states where property subject to conservation   | on easement is located 🖡   | ·  |  |   |
|     | Does the organization have a written policy regarding t and enforcement of the conservation easements it hold   |  |  | of violations,   | ☐ Yes ☐ No  |
|     | Staff and volunteer hours devoted to monitoring, inspe  | cting, handling of violati   | ons, and enforcing co  | onservation ease   | ements during the year  |
|     | Amount of expenses incurred in monitoring, inspecting,  \$ \bigset\$ \$   | , handling of violations, a  | and enforcing conser   | vation easemen   | ts during the year  |
|     | Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?  |  |  | 70(h)(4)(B)(i)   |   |
|     |   |  |  |  | ⊔ Yes ⊔ No  |
|     | In Part XIII, describe how the organization reports constalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer   | e footnote to the organiz  | ts revenue and expe  |  | and   |
| art | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer  Organizations Maintaining Collections  Complete if the organization answered "Ye   | e footnote to the organiz<br>nts.<br>: <b>of Art, Historical T</b><br>es" on Form 990, Part  | ts revenue and expe<br>ation's financial state<br>reasures, or Oth<br>IV, line 8.  | ements that des  | and<br>cribes<br>ssets.   |
| ırt | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer  Organizations Maintaining Collections  | e footnote to the organiz<br>nts.<br>of Art, Historical T<br>es" on Form 990, Part<br>SC 958, not to report in<br>blic exhibition, education   | ts revenue and expe<br>ation's financial state<br>reasures, or Oth<br>IV, line 8.<br>its revenue statemer, or research in furth  | ements that des  | ssets. heet works of art,   |
| ırt | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement    Organizations Maintaining Collections   Complete if the organization answered "Yes If the organization elected, as permitted under FASB Ashistorical treasures, or other similar assets held for publications."   | e footnote to the organize the organize the set of Art, Historical Test on Form 990, Part SC 958, not to report in the set of the se | ts revenue and expe<br>ation's financial state<br>reasures, or Oth<br>IV, line 8.<br>its revenue statemer<br>, or research in furth<br>e items.<br>evenue statement ar   | er Similar As  at and balance serance of public  and balance shee                                | heet works of art, service, provide, in                                     |
| rt  | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement    Organizations Maintaining Collections   Complete if the organization answered "Ye   If the organization elected, as permitted under FASB A   historical treasures, or other similar assets held for put   Part XIII, the text of the footnote to its financial statem   If the organization elected, as permitted under FASB A   historical treasures, or other similar assets held for put   | e footnote to the organizate.  of Art, Historical Tes" on Form 990, Part SC 958, not to report in the calculation, education that that describes the SC 958, to report in its rollic exhibition, education that describes the SC 958, to report in its rollic exhibition, education  | ts revenue and experiation's financial state  reasures, or Oth IV, line 8. its revenue statemen, or research in furth e items. evenue statement and or research in furth   | er Similar As<br>at and balance serance of public<br>and balance shee<br>erance of public        | heet works of art, service, provide, in tworks of art, service, provide the |
| (i) | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement    Organizations Maintaining Collections   Complete if the organization answered "Ye   If the organization elected, as permitted under FASB Ashistorical treasures, or other similar assets held for put   Part XIII, the text of the footnote to its financial statem   If the organization elected, as permitted under FASB Ashistorical treasures, or other similar assets held for put   following amounts relating to these items:  Revenue included on Form 990, Part VIII, line 1         | e footnote to the organizats.  of Art, Historical Tes" on Form 990, Part SC 958, not to report in olic exhibition, education nents that describes thes SC 958, to report in its rolic exhibition, education exhibition, education  | ts revenue and experiation's financial state  reasures, or Oth IV, line 8. its revenue statemer, or research in furth e items. evenue statement ar, or research in furth   | er Similar As  er Similar As  nt and balance serance of public  nd balance shee erance of public | heet works of art, service, provide, in tworks of art, service, provide the |
| (i) | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement   III Organizations Maintaining Collections   Complete if the organization answered "Ye   If the organization elected, as permitted under FASB A   historical treasures, or other similar assets held for put   Part XIII, the text of the footnote to its financial statem   If the organization elected, as permitted under FASB A   historical treasures, or other similar assets held for put   following amounts relating to these items:   | e footnote to the organizats.  For Art, Historical Tes" on Form 990, Part SC 958, not to report in the control of the control  | ts revenue and experiments revenue and experiments or Oth IV, line 8. Its revenue statement, or research in furthe items. It is revenue statement are or research in furthe items.   | er Similar As  er Similar As  nt and balance serance of public  nd balance shee erance of public | heet works of art, service, provide, in tworks of art, service, provide the |
| (i) | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement    III Organizations Maintaining Collections   Complete if the organization answered "Ye   If the organization elected, as permitted under FASB A   historical treasures, or other similar assets held for put   Part XIII, the text of the footnote to its financial statem   If the organization elected, as permitted under FASB A   historical treasures, or other similar assets held for put   following amounts relating to these items:  Revenue included on Form 990, Part VIII, line 1 | e footnote to the organizats.  For Art, Historical Tes" on Form 990, Part SC 958, not to report in olic exhibition, education ments that describes these SC 958, to report in its rolic exhibition, education exhibition, education when the control of the second se | ts revenue and experiments revenue and experiments financial states  reasures, or Oth IV, line 8. its revenue statement, or research in furthe items. evenue statement are, or research in further. imilar assets for finalse items: | ements that des  | heet works of art, service, provide, in tworks of art, service, provide the |

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ 

d Equipment . . . .

e Other . .

|            | dule D (Form 990) 2022   |                       |                 |             |             |  |                    | Page 2          |
|------------|--|-----------------------|-----------------|-------------|-------------|--|--------------------|-----------------|
| Par        | Organizations Maintaining C  | collections of A      | rt, Histori     | cal Trea    | sures, or   | Other Similar A  | <b>Assets</b> (con | tinued)         |
| 3          | Using the organization's acquisition, access items (check all that apply):   | sion, and other reco  | •               | any of the  | following t | hat are a significant  | use of its co      | llection        |
| а          | Public exhibition  |                       | d               | ☐ Lo.       | an or excha | inge programs  |                    |                 |
| b          | Scholarly research   |                       | е               | ☐ Ot        | her         |  |                    |                 |
| С          | Preservation for future generations  |                       |                 |             |             |  |                    |                 |
| 4          | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   |                       |                 |             |             |  |                    |                 |
| 5          | During the year, did the organization solici assets to be sold to raise funds rather than  |                       |                 |             |             |  | ☐ Yes              | □ No            |
| Pai        | t IV Escrow and Custodial Arrang<br>Complete if the organization an<br>X, line 21.   |                       | Form 990        | , Part IV,  | line 9, or  | reported an amo  | ount on For        | m 990, Part     |
| 1a         | Is the organization an agent, trustee, custo<br>included on Form 990, Part X?  |                       |                 |             |             |  | ☐ Yes              | □ No            |
| b          | If "Yes," explain the arrangement in Part X  | (III and complete th  | ne followina    | table:      | ſ           |  | Amount             |                 |
| c          | Beginning balance  |                       | -               |             | _           | 1c   |                    |                 |
| d          | Additions during the year  |                       |                 |             |             | 1d   |                    |                 |
| е          | Distributions during the year  |                       |                 |             |             | 1e   |                    |                 |
| f          | Ending balance   |                       |                 |             | h           | 1f   |                    |                 |
| 2a         | Did the organization include an amount on  | Form 990, Part X,     | line 21, for    | escrow or   | custodial a | ccount liability?  | . 🗌 Yes            | □ No            |
| b          | If "Yes," explain the arrangement in Part X  | III. Check here if th | he explanati    | on has be   | en provided | in Part XIII   | . П                |                 |
|            | rt V Endowment Funds.  |                       |                 |             | р г         |  |                    |                 |
|            | Complete if the organization an  | swered "Yes" on       | Form 990        | , Part IV,  | line 10.    |  |                    |                 |
|            | •  | (a) Current yea       | ar <b>(b)</b> P | rior year   | (c) Two ye  | ears back (d) Three y  | ears back (e)      | Four years back |
| <b>1</b> a | Beginning of year balance  | 868,931,              | 643             | 937,686,21  | 71          | 9,681,038 74   | 8,872,999          | 756,098,839     |
| b          | Contributions  | 8,155,                | 734             | 20,549,93   | 7 3         | 7,591,000 1  | 3,021,690          | 13,886,272      |
| C          | Net investment earnings, gains, and losses   | 12,659,               | 385             | -48,641,439 | 22          | 2,229,903 2  | 3,077,921          | 15,888,125      |
| d          | Grants or scholarships   | 10,637,               | 422             | 9,424,07    | 1           | 8,691,508  | 6,496,099          | 6,322,089       |
|            | Other expenditures for facilities and programs   | 90,285,               | 032             | 24,993,76   | 1 2         | 4,425,757 5  | 3,425,966          | 26,296,590      |
| f          | Administrative expenses  | 6,810,                | 670             | 6,245,238   | 3           | 8,698,461  | 5,369,507          | 4,381,558       |
| g          | End of year balance  | 782,013,              | 638             | 868,931,643 | 93          | 7,686,215 71   | 9,681,038          | 748,872,999     |
| 2          | Provide the estimated percentage of the cu   | •                     | ance (line 19   | g, column   | (a)) held a | s:   |                    |                 |
| а          | Board designated or quasi-endowment ►  | 70.260 %              |                 |             |             |  |                    |                 |
| b          | Permanent endowment ► 23.120 %   |                       |                 |             |             |  |                    |                 |
| C          | Term endowment ► 6.620 %   |                       |                 |             |             |  |                    |                 |
|            | The percentages on lines 2a, 2b, and 2c sh   | ·                     |                 |             |             |  |                    |                 |
| 3a         | Are there endowment funds not in the post organization by:   | session of the orga   | nization that   | are held    | and admini  | stered for the   |                    | Yes No          |
|            | (i) Unrelated organizations  |                       |                 |             |             |  | 3a(i)              | ) No            |
|            | (ii) Related organizations   |                       |                 |             |             |  | 3a(ii              | ) No            |
| ь<br>4     | If "Yes" on 3a(ii), are the related organizated Describe in Part XIII the intended uses of the second secon |                       |                 |             |             |  | . 3b               |                 |
|            | t VI Land, Buildings, and Equipm   | nent.                 |                 |             |             |  |                    |                 |
|            | Complete if the organization an Description of property (a) Cost or  |                       |                 |             |             | See Form 990, Fundamental See Form 990, Formal See Form 990, Formal See Formal See Formal See Formal See Formal See Formal See Form 990, Formal See Formal S | <del>, ' </del>    |                 |
|            | Description of property (a) Cost or (invest  |                       | Cost or other   | nasis (otne | (c) Acci    | umulated depreciation  | (d)                | Book value      |
| 1a         | Land   |                       |                 | 27,708,1    | 17          |  |                    | 27,708,117      |
| b          | Buildings  |                       |                 | 550,064,5   | 41          | 240,206,428  | 3                  | 309,858,113     |

26,251,281

100,562,977

400,527,075

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

8,275,454

42,828,229

160,562,365

549,232,278

17,975,827

57,734,748

239,964,710

| Part VII Investments - Other Securities.   |                        |                      |                                       | rage <b>3</b>                    |  |
|--|------------------------|----------------------|---------------------------------------|----------------------------------|--|
| Complete if the organization answered "Yes" on F   |                        |                      |                                       |                                  |  |
| <ul><li>(a) Description of security or category<br/>(including name of security)</li></ul>   | (b) Book value         |                      | ( <b>c)</b> Method of vor end-of-year |                                  |  |
| (1) Financial derivatives  |                        |                      |                                       |                                  |  |
| (2) Closely-held equity interests  |                        |                      |                                       |                                  |  |
| (A) ALT INV & COMM FUNDS   | 580,942,06             | 2                    | F                                     |                                  |  |
| (B) SPLIT INTEREST AGREEMENTS (C)  | 1,543,09               | 9                    |                                       | F                                |  |
|  |                        |                      |                                       |                                  |  |
| (D)  |                        |                      |                                       |                                  |  |
| (E)  |                        |                      |                                       |                                  |  |
| (F)  |                        |                      |                                       |                                  |  |
| (G)  |                        |                      |                                       |                                  |  |
| (H)  |                        |                      |                                       |                                  |  |
| (H)  |                        |                      |                                       |                                  |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   | 582,485,16             | 1                    |                                       |                                  |  |
| Part VIII Investments - Program Related.   |                        | •                    |                                       |                                  |  |
| Complete if the organization answered 'Yes' on F  (a) Description of investment  | Form 990, Part IV,<br> | (b) Book value       |                                       | X, line 13. thod of valuation:   |  |
|  |                        | (b) Book value       | ` '                                   | -of-year market value            |  |
| (1)  |                        |                      |                                       |                                  |  |
| (2)  |                        |                      |                                       |                                  |  |
| (3)  |                        |                      |                                       |                                  |  |
| (4)  |                        |                      |                                       |                                  |  |
| (5)  |                        |                      |                                       |                                  |  |
| (6)  |                        |                      |                                       |                                  |  |
| (7)  |                        |                      |                                       |                                  |  |
| (8)  |                        |                      |                                       |                                  |  |
|  |                        |                      |                                       |                                  |  |
| (9)  |                        |                      |                                       |                                  |  |
| (10)   |                        |                      |                                       |                                  |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  | <b>•</b>               |                      |                                       |                                  |  |
| Part IX Other Assets.  Complete if the organization answered 'Yes' on Fo   | orm 990, Part IV,      | line 11d. See Forn   | n 990, Part X,                        |                                  |  |
| (a) Description (1)FUNDS HELD BY BOND TRUSTEES   |                        |                      |                                       | <b>(b)</b> Book value 81,771,025 |  |
| (2)OPERATING LEASE RIGHT-OF-USE ASSETS, NET  |                        |                      |                                       | 17,246,009                       |  |
| (3)OTHER ASSETS (4)  |                        |                      |                                       | 5,543,872                        |  |
| (5)  |                        |                      |                                       |                                  |  |
| (6)  |                        |                      |                                       |                                  |  |
|  |                        |                      |                                       |                                  |  |
| (7)  |                        |                      |                                       |                                  |  |
| (8)  |                        |                      |                                       |                                  |  |
| (9)  |                        |                      |                                       |                                  |  |
| (10)   |                        |                      |                                       |                                  |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  |                        |                      | . •                                   | 104,560,906                      |  |
| Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fo   | orm 990, Part IV,      | line 11e or 11f.S    | ee Form 990,                          | , Part X, line 25.               |  |
| 1. (a) Description of li   | iability               |                      |                                       | (b) Book value                   |  |
| (1) Federal income taxes REFUNDABLE U.S. GOVERNMENT ADVANCES   |                        |                      |                                       | 6,345,150                        |  |
| PRESENT VALUE OF ANNUITIES PAYABLE OPERATING LEASE LIABILITIES   |                        |                      |                                       | 3,492,521<br>24,297,072          |  |
| (4)  |                        |                      |                                       | 24,237,072                       |  |
| (5)  |                        |                      |                                       |                                  |  |
| (6)  |                        |                      |                                       |                                  |  |
| (7)  |                        |                      |                                       |                                  |  |
|  |                        |                      |                                       |                                  |  |
| (8)  |                        |                      |                                       |                                  |  |
| (9)  |                        |                      |                                       |                                  |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide the text o | f the footnote to the  | organization's finar | ▶  <br>ncial statement                | 34,134,743                       |  |
| organization's liability for uncertain tax positions under FIN 48 (ASC 7)  |                        | -                    |                                       |                                  |  |

2

3

4

b

C

Part XII

5

1

2

C

d

е

b

Part XIII

See Additional Data Table

3

4

5

Schedule D (Form 990) 2022

-319,944,084

776,273,309

4,464,082

780,737,391

482,281,422

10,917,490

471,363,932

293,624,047

764.987.979

Schedule D (Form 990) 2022

Page 4

### а Net unrealized gains (losses) on investments . . . . 2a -32.883.686 Donated services and use of facilities . . . . . . 2b b 2c

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

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

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.

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

d Other (Describe in Part XIII.) e

Total expenses and losses per audited financial statements . . . . . .

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

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

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

Donated services and use of facilities . .

Prior year adjustments . . . . . . Other losses . . . . . . . .

Other (Describe in Part XIII.) . . . .

Subtract line 2e from line 1 . . . . . . . . . .

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

Supplemental Information

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

Add lines 2a through 2d .

Return Reference

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 . 4a 4b

2d

2a 2b

2c

2d

4a

4b

Explanation

-287,060,398 6,563,649 -2,099,567 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . .

10,917,490

6,563,649

287.060.398

2e

3

4c

5

2e 3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

1

| Pachedule D (Form 990) 2022 |                      |  |
|-----------------------------|----------------------|--|
| Part XIII Supplemental Info | ormation (continued) |  |
| Return Reference            | Explanation          |  |
|                             |                      |  |
|                             |                      |  |
|                             |                      |  |
|                             |                      |  |
|                             |                      |  |
|                             |                      |  |
|                             |                      |  |
|                             |                      |  |

Schedule D (Form 990) 2022

## Additional Data

# Software Version: EIN: 11-1630830 Name: ST JOHN'S UNIVERSITY NEW YORK

Sunnlemental Information

| supplemental information |  |  |  |  |  |
|--------------------------|--|--|--|--|--|
| Return Reference         | Explanation  |  |  |  |  |
| PART V, LINE 4:          | 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 I |  |  |  |  |

NITIATIVES OF THE UNIVERSITY RELATED TO ITS EDUCATIONAL MISSION.

Software ID:

| Supplemental Information |   |  |  |  |
|--------------------------|---|--|--|--|
| Return Reference         | Explanation   |  |  |  |
| 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 MAY 31, 2023 OR 2022. THE UNIVERSITY HAS NOT IDENTIFIED OR PROVIDED FOR ANY SUCH POSITIONS. |  |  |  |

\_ \_ \_

| upplemental Information                  |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Return Reference                         | Explanation   |  |  |  |  |  |  |  |
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS: | SCHOLARSHIP ALLOWANCES -282,702,993. HOUSING GRANTS -4,357,405. |  |  |  |  |  |  |  |

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| upplemental Information                  |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Return Reference                         | Explanation                             |  |  |  |  |  |  |  |
| PART XI, LINE 4B - OTHER<br>ADJUSTMENTS: | FUNDRAISING EVENTS EXPENSES -2,099,567. |  |  |  |  |  |  |  |

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| Supplemental Information |   |
|--------------------------|---|
| Return Reference         | Explanation   |
| •                        | FUNDRAISING EVENTS EXPENSES 2,099,567. CHANGE IN FAIR VALUE OF BOND PURCHASE AGREEMENT 8,1 90,065. EFFECT OF REFUNDING OF LONG-TERM DEBT 627,858. |

\_ \_ \_

| upplemental Information                   |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Return Reference                          | Explanation   |  |  |  |  |  |  |  |
| PART XII, LINE 4B - OTHER<br>ADJUSTMENTS: | SCHOLARSHIP ALLOWANCES 282,702,993. HOUSING GRANTS 4,357,405. |  |  |  |  |  |  |  |

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE E** 

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Schools** 

► Complete if the organization answered "Yes" on Form 990,

Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-0047

DLN: 93493103011304

Open to Public Inspection **Employer identification number** 

ST JOHN'S UNIVERSITY NEW YORK 11-1630830 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . . Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 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: 5a Νo 5b **b** Admissions policies? . . . . . . . . . . Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? No g Athletic programs? Νo 5g 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? . . . . . . 6a Yes b Has the organization's right to such aid ever been revoked or suspended? . . . . Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II. 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50085D Schedule E (Form 990) (2022)

| TO THE COMMUNITY IT SERVES IN VARIOUS WAYS, INCLUDING BY POSTING THE POLICY TO ITS WEBSITE, PUBLISHING THE POLICY IN ITS UNDERGRADUATE AND GRADUATE BULLETINS, AND PRINTING THE POLICY ON ITS APPLICATION FOR EMPLOYMENT.  LINE 6A - EXPLANATION OF GOVERNMENT FINANCIAL AID:  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 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. SCHOLARSHIPS ARE AWARDED PRIMARILY BASED 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 SPIRI AND MISSION OF THE UNIVERSITY, THE UNIVERSITY HAS MANY SCHOLARSHIPS FUNDED THROUGH SPECIAL ENDOWMENTS AND DONATIONS. IN MOST INSTANCES, ACADEMIC MERIT AND FINANCIAL NEED ARE CONSIDERED ALONG WITH THE PARTICULAR REQUIREMENTS OF THE SCHOLARSHIP SELECTION PROCESS. ALSO, VARIOUS ASSOCIATIONS, CORPORATIONS, FOUNDATIONS, AND UNIONS PROVIDE | any other additional information. See instructions. |  |  |  |  |  |
|--|---|--|--|--|--|--|
| TO THE COMMUNITY IT SERVES IN VARIOUS WAYS, INCLUDING BY POSTING THE POLICY TO ITS WEBSITE, PUBLISHING THE POLICY IN ITS UNDERGRADUATE AND GRADUATE BULLETINS, AND PRINTING THE POLICY ON ITS APPLICATION FOR EMPLOYMENT.  LINE 6A - EXPLANATION OF GOVERNMENT FINANCIAL AID:  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 AND EACH YEAR BASED UPON A STUDENT'S 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 METHOOLOGY, ALL NEED-BASED FINANCIAL AID MUST BE AWARDED ACCORDING TO A STUDENT'S CALCULATED FINANCIAL NEED. SCHOLARSHIPS ARE AWARDED PRIMARILY BASED 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 SPIRI AND MISSION OF THE UNIVERSITY, THE UNIVERSITY HAS MANY SCHOLARSHIPS FUNDED THROUGH SPECIAL ENDOWMENTS AND DONATIONS. IN MOST INSTANCES, ACADEMIC MERIT AND FINANCIAL NEED ARE CONSIDERED ALONG WITH THE PARTICULAR REQUIREMENTS OF THE SCHOLARSHIP SELECTION PROCESS. ALSO, VARIOUS ASSOCIATIONS, CORPORATIONS, FOUNDATIONS, AND UNIONS PROVIDE                                      | Return Reference                                    | Explanation  |  |  |  |  |
| AID:  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 ASSESED 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. SCHOLARSHIPS ARE AWARDED PRIMARILY BASED 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 SPIRI AND MISSION OF THE UNIVERSITY. THE UNIVERSITY HAS MANY SCHOLARSHIPS FUNDED THROUGH SPECIAL ENDOWMENTS AND DONATIONS. IN MOST INSTANCES, ACADEMIC MERIT AND FINANCIAL NEED ARE CONSIDERED ALONG WITH THE PARTICULAR REQUIREMENTS OF THE SCHOLARSHIP SELECTION PROCESS. ALSO, VARIOUS ASSOCIATIONS, CORPORATIONS, FOUNDATIONS, AND UNIONS PROVIDE   | SCHEDULE E, PART I, LINE 3                          | POSTING THE POLICY TO ITS WEBSITE, PUBLISHING THE POLICY IN ITS UNDERGRADUATE AND GRADUATE BULLETINS, AND PRINTING THE   |  |  |  |  |
| SCHOLARSHIPS FOR RECIPIENTS WHOM THEY SELECT.  |   | 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. SCHOLARSHIPS ARE AWARDED PRIMARILY BASED ON SCHOLASTIC ACHIEVEMENT. UNIVERSITY SCHOLARSHIPS ARE HIGHLY COMPETITIVE AND AVAILABLE TO STUDENTS THROUGH A COMBINATION OF ACADEMIC ACHIEVEMENT AND PERSONAL COMMITMENT, DISPLAY OF VALUES, COMPASSION, AND PURSUIT OF EXCELLENCE WHICH EMBODY THE SPIRIT AND MISSION OF THE UNIVERSITY. THE UNIVERSITY HAS MANY SCHOLARSHIPS FUNDED THROUGH SPECIAL ENDOWMENTS AND DONATIONS. IN MOST INSTANCES, ACADEMIC MERIT AND FINANCIAL NEED ARE CONSIDERED ALONG WITH THE PARTICULAR REQUIREMENTS OF THE SCHOLARSHIP SELECTION PROCESS. ALSO, VARIOUS |  |  |  |  |

| efile GRAPHIC print - I                             | DO NOT PROCESS                             | As Filed Data       | -   | DLN:   | 93493103011304   |
|---|--|---------------------|---|--|--|
| SCHEDULE F<br>(Form 990)                            | Statement of                               | Activities          | Outside the Uni                               | ited States  | OMB No. 1545-0047  |
| (1 01111 000)                                       | ine 14b, 15, or 16.                        | 2022                |   |  |  |
|   | ► Go to www in                             |                     | to Form 990.<br>nstructions and the latest ii | nformation   | Open to Public   |
| Department of the Treasury Internal Revenue Service | r do to www                                | 3.g04/101330 101 1  | national and the latest in                    | normation.   | Inspection   |
| Name of the organization                            |  |                     |   | Employer ider  | ntification number   |
| ST JOHN'S UNIVERSITY NEW                            | YORK                                       |                     |   | 11-1630830   |  |
|   | ormation on Activition<br>rt IV, line 14b. | es Outside the I    | <b>Jnited States.</b> Comple                  | ete if the organization a  | inswered "Yes" on  |
| 1 For grantmakers. D                                | oes the organization m                     | aintain records to  | substantiate the amount                       | t of its grants and  |  |
| ,   |  | _                   | stance, and the selection                     | criteria used  |  |
| to award the grants o                               | or assistance?                             |                     |   |  | 🗹 Yes 🗌 No   |
| For grantmakers. D outside the United St            |  | rganization's proce | dures for monitoring the                      | use of its grants and ot   | her assistance   |
| <b>3</b> Activites per Region. (7                   | The following Part I, line                 | 3 table can be dupl | icated if additional space is                 | needed.)   |  |
| (a) Region  | <b>(b)</b> Number o offices in the region  |                     |   | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures<br>for and investments<br>in the region |
| (1) See Add'l Data                                  |  |                     | regiony                                       |  |  |
| ( 2)  |  |                     |   |  |  |
| (3)   |  |                     |   |  |  |
| (4)   |  |                     |   |  |  |
| ( 5)  |  |                     |   |  |  |
| 3a Sub-total b Total from continuation              | sheets to                                  | 2 99                |   |  | 307,752,736  |
| Part I  |  | 0 103               |   |  | 4,494,294  |
| c Totals (add lines 3a an                           |  | 2 202               |   | No. 50082W Schedu  | 312,247,030<br>le F (Form 990) 2022                            |

| ( 2) |  |  |  |  |
|------|--|--|--|--|
| ( 3) |  |  |  |  |
| (4)  |  |  |  |  |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . .

(12) (13) (14) ( 15) (16) (17)

( 18)

| Schedule F (Form 990) 2022      |   |                          |                             |                                      |  |   | Page <b>3</b>  |
|---------------------------------|---|--------------------------|-----------------------------|--------------------------------------|--|---|--|
|                                 | Other Assistance to<br>e duplicated if addition |                          |                             | ed States. Complete if               | the organization an                    | nswered "Yes" on Form S                     | 990, Part IV, line 16.   |
| (a) Type of grant or assistance |   | (c) Number of recipients | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement   | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|                                 | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)    | 305                      | 3,975,065                   | APPLIED TO STUDENT'S<br>TUITION COST |  |   |  |
| ( 2)                            |   |                          |                             |                                      |  |   |  |
| ( 3)                            |   |                          |                             | 1                                    | 1                                      |   |  |
| (4)                             |   |                          |                             |                                      |  |   |  |
| ( 5)                            |   |                          |                             | '                                    |  |   |  |
| ( 6)                            |   |                          |                             | '                                    |  |   |  |
| (7)                             |   |                          |                             | 1                                    | 1                                      |   |  |
| ( 8)                            |   |                          |                             | 1                                    | 1                                      |   |  |
| (9)                             |   |                          |                             | '                                    |  |   |  |
| ( 10)                           |   |                          |                             | 1                                    |  |   |  |
| ( 11)                           |   |                          |                             |                                      | 1                                      |   |  |

| ( 6)  |  |  |  |  |
|-------|--|--|--|--|
| (7)   |  |  |  |  |
| (8)   |  |  |  |  |
| (9)   |  |  |  |  |
| ( 10) |  |  |  |  |
| ( 11) |  |  |  |  |

| Sche | dule F (Form 990) 2022  |              | Page <b>4</b> |
|------|---|--------------|---------------|
| Pai  | 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)  | <b>✓</b> 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          | <b>☑</b> 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)   | <b>✓</b> 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).   | <b>✓</b> 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)  | <b>✓</b> 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 (Fo      | rm 990) 2022 Page <b>5</b>   |
|---------------------|--|
| P<br>a<br>n<br>a    | rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information. See instructions. |
| Return<br>Reference | Explanation  |
| PART I, LINE<br>2:  | THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES ARE CONSISTENT WITH THE   |

990 Schedule F, Supplemental Information

Return Reference

Explanation

| Return Reference            | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: |             |

990 Schedule F, Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 3,  | METHOD OF ACCOUNTING: EXPENSES ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING, CONSISTENT WITH |
| COLUMN (F)       | THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS.  |

### **Additional Data**

CENTRAL AMERICA AND THE

CARIBBEAN

# Software ID: Software Version:

**EIN:** 11-1630830

Name: ST JOHN'S UNIVERSITY NEW YORK

INSTRUCTION

12,295

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

| (a) Region                                  | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | describe specific type of service(s) in region | (f) Total expenditures<br>for region |
|---|---|--|--|--|--------------------------------------|
| EUROPE (INCLUDING ICELAND<br>AND GREENLAND) | 2   | 88   | PROGRAM SERVICES   | INSTRUCTION                                    | 7,418,658                            |

1 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) CENTRAL AMERICA AND THE 0 INVESTMENTS 263,999,950 CARIBBEAN EUROPE (INCLUDING ICELAND 0 INVESTMENTS 28,427,248 AND GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) NORTH AMERICA 0 INVESTMENTS 7,764,223 SOUTH AMERICA 4 PROGRAM SERVICES SERVICE LEARNING 74,016

| form 990 Schedule F Part I - Activities Outside The United States |   |  |   |  |                                      |  |  |  |  |  |
|---|---|--|---|--|--------------------------------------|--|--|--|--|--|
| (a) Region  | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted<br>in region (by type) (i.e.,<br>fundraising, program<br>services, grants to<br>recipients located in the<br>region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures<br>for region |  |  |  |  |  |
| EUROPE (INCLUDING ICELAND<br>AND GREENLAND)                       | 0   | 3  | PROGRAM SERVICES  | SERVICE LEARNING   | 42,348                               |  |  |  |  |  |
| CENTRAL AMERICA AND THE CARIBBEAN                                 | 0   | 3  | PROGRAM SERVICES  | SERVICE LEARNING   | 13,998                               |  |  |  |  |  |

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) EAST ASIA AND THE PACIFIC 2 PROGRAM SERVICES RECRUITING EXPENSE 82,447 SOUTH AMERICA 2 PROGRAM SERVICES RECRUITING EXPENSE 46,904

| Form 990 Schedule F Part I - Activities Outside The United States |   |  |  |  |                                      |  |  |  |  |  |
|---|---|--|--|--|--------------------------------------|--|--|--|--|--|
| (a) Region  | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees or<br>agents in<br>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<br>for region |  |  |  |  |  |
| EUROPE (INCLUDING ICELAND<br>AND GREENLAND)                       | 0   | 3  | PROGRAM SERVICES   | RECRUITING EXPENSE   | 17,579                               |  |  |  |  |  |
| CENTRAL AMERICA AND THE CARIBBEAN                                 | 0   | 1  | PROGRAM SERVICES   | RECRUITING EXPENSE   | 4,962                                |  |  |  |  |  |

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) EUROPE (INCLUDING ICELAND 60 PROGRAM SERVICES CONFERENCE 119.837 AND GREENLAND) 4 PROGRAM SERVICES CONFERENCE 6,371 NORTH AMERICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) EAST ASIA AND THE PACIFIC 1 IPROGRAM SERVICES CONFERENCE 3.369 MIDDLE EAST AND NORTH 1 PROGRAM SERVICES CONFERENCE 2,231 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 1 IPROGRAM SERVICES CONFERENCE 1.896 RUSSIA AND THE NEWLY INDEPENDENT STATES 2 PROGRAM SERVICES CONFERENCE 1,600 SOUTH ASIA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) EUROPE (INCLUDING ICELAND 7 IPROGRAM SERVICES RESEARCH 7.288 AND GREENLAND) 1 PROGRAM SERVICES RESEARCH 1,200 NORTH AMERICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 1 IPROGRAM SERVICES RESEARCH 457 SOUTH AMERICA CENTRAL AMERICA AND THE 17 PROGRAM SERVICES ATHLETICS 223,088 CARTBBEAN

| orm 990 Schedule F Part I - Activities Outside The United States |   |  |  |   |                                      |  |  |  |  |  |
|--|---|--|--|---|--------------------------------------|--|--|--|--|--|
| (a) Region   | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees or<br>agents in<br>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)<br>is a program service,<br>describe specific type of<br>service(s) in region | (f) Total expenditures<br>for region |  |  |  |  |  |
| EUROPE (INCLUDING ICELAND<br>AND GREENLAND)                      | 0   | 0  | GRANTMAKING  | GRANTS TO RECIPIENTS  | 3,975,065                            |  |  |  |  |  |

OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** ST JOHN'S UNIVERSITY NEW YORK 11-1630830 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 1 8 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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|                 | dule G (Form 990) 2022  rt III Fundraising Events. Comple         | ete if the organization a   | answered "Yes" on Forr                               | n 990. Part IV. line 18 | Page 2<br>. or reported more                   |
|-----------------|---|-----------------------------|--|-------------------------|--|
|                 | than \$15,000 of fundraising e<br>gross receipts greater than \$5 | vent contributions and      |  |                         |  |
|                 | gross receipts greater than \$5                                   | (a)Event #1                 | <b>(b)</b> Event #2                                  | (c)Other events         | (d) Total events<br>(add col. (a) through      |
|                 |   | PRESIDENT'S DIN             | INSURANCE LEAD                                       | 13                      | col. <b>(c)</b> )                              |
|                 |   | (event type)                | (event type)   | (total number)          |  |
| Revenue         |   |                             |  |                         |  |
|                 | 1 Gross receipts  | 2,122,000                   | 3,964,800  | 1,167,252               | 7,254,052                                      |
|                 | 2 Less: Contributions   | 1,912,500                   | 3,472,100  | 854,872                 | 6,239,472                                      |
|                 | 3 Gross income (line 1 minus line 2)                              | 209,500                     | 492,700  | 312,380                 | 1,014,580                                      |
|                 | 4 Cash prizes   |                             |  | 3,074                   | 3,074  |
| se              | 5 Noncash prizes  | 2,980                       | 1,034  | 29,501                  | 33,515   |
| Direct Expenses | 6 Rent/facility costs   |                             |  | 6,000                   | 6,000  |
| ង្គ័            | 7 Food and beverages 8 Entertainment                              | 258,941                     | 688,926  | 293,451                 | 1,241,318                                      |
| ired            | 9 Other direct expenses   | 70,756<br>119,795           | 2,650<br>367,758                                     | 136,039<br>118,662      | 209,445  |
| ۵               | l<br><b>10</b> Direct expense summary. Add lines 4 t              |                             |  |                         | 2,099,567                                      |
|                 | 11 Net income summary. Subtract line 10                           | from line 2 column (d)      |  |                         |  |
| Par             | t IIII Gaming. Complete if the orga                               |                             | s" on Form 990, Part I                               | V, line 19, or reported | -1,084,987<br>more than \$15,000               |
| Revenue         | on Form 990-EZ, line 6a.  | (a) Bingo                   | <b>(b)</b> Pull tabs/Instant bingo/progressive bingo | (c) Other gaming        | (d) Total gaming (add col.(a) through col.(c)) |
| Re              | 1 Gross revenue   |                             |  |                         |  |
| uses            | 2 Cash prizes   |                             |  |                         |  |
| Expense         | 3 Noncash prizes  |                             |  |                         |  |
| Direct 1        | 4 Rent/facility costs   |                             |  |                         |  |
| <u>ā</u>        | 5 Other direct expenses   |                             |  |                         |  |
|                 |   | ☐ Yes %                     | ☐ Yes <u>%</u>                                       | ☐ Yes <u>%</u>          |  |
|                 | <b>6</b> Volunteer labor  | □ No                        | ☐ No   | ☐ No                    |  |
|                 | 7 Direct expense summary. Add lines 2 t                           | hrough 5 in column (d)      |  |                         |  |
|                 | 8 Net gaming income summary. Subtract                             | t line 7 from line 1, colum | n (d)  |                         |  |
| 9               | Enter the state(s) in which the organization                      | on conducts gaming activi   | ties:  |                         |  |
| a<br>b          | Is the organization licensed to conduct gas<br>If "No," explain:  |                             |  |                         | ☐ Yes ☐ No                                     |
| 10a<br>b        | Were any of the organization's gaming lic If "Yes," explain:      | enses revoked, suspende     | d or terminated during the                           |                         | ☐ Yes ☐ No                                     |
| b               | If "Yes," explain:  |                             |  |                         |  |

| Sche | dule G (Form 990) 2022  |                           |   |            |         |            |      | Page <b>3</b> |
|------|---|---------------------------|---|------------|---------|------------|------|---------------|
| 11   | Does the organization conduct gaming  | activities with nonmemb   | ers?  |            |         | ☐ Yes      | Пио  |               |
| 12   | Is the organization a grantor, beneficia formed to administer charitable gaming |                           | r a member of a partnership or other  | entity<br> |         | □Yes       |      |               |
| 13   | Indicate the percentage of gaming acti  | vity conducted in:        |   |            |         |            |      |               |
| а    | The organization's facility   |                           |   |            | 13a     |            |      | %             |
| b    | An outside facility   |                           |   |            | 13b     |            |      | %             |
| 14   | Enter the name and address of the per   | son who prepares the or   | ganization's gaming/special events bo                                       | oks and r  | ecords: |            |      |               |
|      | Name ►  |                           |   |            |         |            |      |               |
| 45-  | Address 🟲   |                           |   |            |         |            |      |               |
| 15a  | Does the organization have a contract revenue?                                  |                           | vnom the organization receives gaming                                       |            |         | □ <b>v</b> | Пы   |               |
| b    | If "Yes," enter the amount of gaming re   | evenue received by the o  | organization <b>&gt;</b> \$   | and tl     | he      | ⊔ Yes      | ⊔ No |               |
|      | amount of gaming revenue retained by  |                           |   |            |         |            |      |               |
| С    | If "Yes," enter name and address of the   | e third party:            |   |            |         |            |      |               |
|      | Name <b>&gt;</b>  |                           |   |            |         |            |      |               |
|      | Address >   |                           |   |            |         |            |      |               |
|      |   |                           |   |            |         |            |      |               |
| 16   | Gaming manager information:   |                           |   |            |         |            |      |               |
|      | Name ▶  |                           |   |            |         |            |      |               |
|      | Gaming manager compensation ▶ \$  |                           |   |            |         |            |      |               |
|      | Description of services provided ►  |                           |   |            |         |            |      |               |
|      | ☐ Director/officer  | ☐ Employee                | ☐ Independent contrac   | tor        |         |            |      |               |
| 17   | Mandatory distributions:  |                           |   |            |         |            |      |               |
| а    | Is the organization required under state retain the state gaming license? .     |                           | <del>-</del> ·  | ds to<br>  |         | ☐Yes       | Пис  |               |
| b    | Enter the amount of distributions requi   | red under state law distr | ibuted to other exempt organizations  | or spent   |         | L les      |      |               |
|      | in the organization's own exempt activi   |                           |   |            |         |            |      |               |
| Pai  |   |                           | nations required by Part I, line 2b<br>pplicable. Also provide any addition |            |         |            |      | s.            |
|      | Return Reference  |                           | Explanation   |            |         |            |      |               |

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

Schedule I

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493103011304

Open to Public Inspection

| reasury nternal Revenue Service                     |  | ► Go to <u>wu</u>                  | /w.irs.gov/Form990 for      | the latest information                   | on.   |  | Inspection                         |
|---|--|------------------------------------|-----------------------------|--|---|--|------------------------------------|
| lame of the organization                            | IEW VORK   |                                    |                             |  |   | Employer identific                       | cation number                      |
| ST JOHN'S UNIVERSITY N                              | NEW YORK   |                                    |                             |  |   | 11-1630830                               |                                    |
| Part I General I                                    | Information on Grant                                     | s and Assistance                   |                             |  |   |  |                                    |
|   | ion maintain records to su<br>ia used to award the grant |                                    |                             |  | for the grants or assistance                                | e, and                                   | ☑ Yes ☐ No                         |
| _   | the organization's proced                                |                                    | =                           |  |   |  |                                    |
|   | Other Assistance to Do<br>d more than \$5,000. Part      |                                    |                             | ents. Complete if the o                  | rganization answered "Yes"                                  | on Form 990, Part IV, line               | e 21, for any recipient            |
| (a) Name and addre<br>organization<br>or government | ss of (b) EIN  | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant or assistance |
| (1)   |  |                                    |                             |  |   |  |                                    |
| (2)   |  |                                    |                             |  |   |  |                                    |
| (3)   |  |                                    |                             |  |   |  |                                    |
| (4)   |  |                                    |                             |  |   |  |                                    |
| (5)   |  |                                    |                             |  |   |  |                                    |
| (6)   |  |                                    |                             |  |   |  |                                    |
| (7)   |  |                                    |                             |  |   |  |                                    |
| (8)   |  |                                    |                             |  |   |  |                                    |
| 9)  |  |                                    |                             |  |   |  |                                    |
| (10)  |  |                                    |                             |  |   |  |                                    |
| [11)  |  |                                    |                             |  |   |  |                                    |
| 12)   |  |                                    |                             |  |   |  |                                    |
|   |  |                                    |                             |  |   |  |                                    |
|   |  |                                    |                             |  |   |  |                                    |

(Form 990)

(1) SCHOLARSHIPS

Schedule I (Form 990) 2022

Part III

(4)

(5)

(6)

(7)

Page **2** 

Part III can be duplicated if additional space is needed

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation PART I, LINE 2: 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. SCHOLARSHIPS ARE AWARDED PRIMARILY BASED ON SCHOLASTIC ACHIEVEMENT, UNIVERSITY SCHOLARSHIPS ARE HIGHLY COMPETITIVE AND AVAILABLE TO STUDENTS THROUGH A COMBINATION OF ACADEMIC ACHIEVEMENT AND PERSONAL COMMITMENT, DISPLAY OF VALUES, COMPASSION, AND PURSUIT OF EXCELLENCE WHICH EMBODY THE SPIRIT AND MISSION OF THE UNIVERSITY. THE UNIVERSITY HAS MANY SCHOLARSHIPS FUNDED THROUGH SPECIAL ENDOWMENTS AND DONATIONS. IN MOST INSTANCES, ACADEMIC MERIT AND FINANCIAL NEED ARE CONSIDERED ALONG WITH THE PARTICULAR REQUIREMENTS OF THE SCHOLARSHIP SELECTION PROCESS. ALSO, VARIOUS ASSOCIATIONS, CORPORATIONS, FOUNDATIONS, AND UNIONS PROVIDE SCHOLARSHIPS FOR RECIPIENTS WHOM THEY SELECT. GENERALLY, UNIVERSITY SCHOLARSHIPS AND FINANCIAL AID ARE APPLIED DIRECTLY TOWARDS A STUDENT'S TUITION COST. PART III, EMERGENCY AID TO EMERGENCY AID TO STUDENTS INCLUDES \$2,204,822 FUNDED BY THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) ESTABLISHED UNDER THE AMERICAN **STUDENTS** RESCUE PLAN (ARP) ACT. Schedule I (Form 990) 2022

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

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

(b) Number of

recipients

11408

2538

1838

(c) Amount of

cash grant

281,171,405

2,210,851

4,357,405

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493103011304 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 2022 ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** ST JOHN'S UNIVERSITY NEW YORK 11-1630830 Part I Questions Regarding Compensation Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use  $\checkmark$ Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1**b Yes 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all Yes directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract  $\checkmark$ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . . . . . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? . . . . . Νo Any related organization? . . . . . If "Yes," on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: No The organization? . . . . . 6a 6b No Any related organization? . . . . . . If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . 7 Nο 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990. Part VII.

| (A) Name and Title                            |      | (B) Breakdown of W-      | 2, 1099-MISC compensat              | ion, and/or 1099-NEC                      | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation in                                     |
|---|------|--------------------------|-------------------------------------|---|--------------------------------|----------------|----------------------|---|
|   |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | column (B) reported<br>as deferred on prior<br>Form 990 |
| HEAD COACH MEN 5                              | (i)  | 2,560,917                | 100,000                             | 3,791                                     | 35,750                         | 49,365         | 2,749,823            | 0   |
| SASKETBALL                                    | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
| JOSEPH L TARTAMELLA<br>HEAD COACH WOMEN'S     | (i)  | 486,666                  | 20,000                              | 3,168                                     | 41,200                         | 48,615         | 599,649              | 0   |
| ASKETBALL                                     | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
| JOSEPH E OLIVA ESQ<br>'P FOR ADMIN, SEC & GEN | (i)  | 422,166                  | 0                                   | 11,114                                    | 35,200                         | 91,355         | 559,835              | 0   |
| CHNEEL  | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
| MARK J BROWNE PHD<br>PROFESSOR                | (i)  | 442,756                  | 0                                   | 19,431                                    | 29,403                         | 51,755         | 543,345              | 0   |
|   | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
| SIMON GEIR MOLLER PHD<br>PROVOST & VP ACAD    | (i)  | 441,390                  | 0                                   | 7,614                                     | 33,200                         | 44,697         | 526,901              | 0   |
| VEEVIDE                                       | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
| MICHAEL CRAGG ATHLETIC DIRECTOR               | (i)  | 422,416                  | 10,000                              | 9,174                                     | 20,958                         | 46,015         | 508,563              | 0   |
|   | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
| ,<br>SHARON HEWITT WATKINS                    | (i)  | 409,216                  | 0                                   | 7,974                                     | 34,400                         | 49,365         | 500,955              | 0   |
| /P FOR BUS AFFAIRS CEO &                      | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
| NOREAN R SHARPE PHD<br>DEAN TOBIN COLLEGE OF  | (i)  | 442,722                  | 0                                   | 1,188                                     | 31,800                         | 17,528         | 493,238              | 0   |
| BUSINESS                                      | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
| ROBERT A MANGIONE<br>VST & VP ACA AFF-THRU    | (i)  | 0                        | 0                                   | 111,129                                   | 0                              | 0              | 111,129              | 111,129   |
| :/20/10                                       | (ii) | 0                        | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
|   |      |                          |                                     |   |                                |                |                      |   |
|   |      |                          |                                     |   |                                |                |                      |   |
|   |      |                          |                                     |   |                                |                |                      |   |
|   |      |                          |                                     |   |                                |                |                      |   |
|   |      |                          |                                     |   |                                |                |                      |   |
|   |      |                          |                                     |   |                                |                |                      |   |
|   |      |                          |                                     |   |                                |                |                      |   |

Page 3

Schedule 1 (Form 990) 2022

Schedule J (Form 990) 2022

ITEAMS ON THESE OCCASIONS. NONE OF THE BENEFIT IS TAXABLE COMPENSATION. TRAVEL FOR COMPANIONS: SPOUSES OF THE COACHES AND ATHLETIC DIRECTOR LISTED IN FORM 990, PART VII, MAY ACCOMPANY THEM ON THE ATHLETIC TEAMS TRAVEL. THE BENEFIT IS CONSIDERED 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, ACCORDINGLY, HOUSING BENEFITS PROVIDED TO THE PRESIDENT ARE NOT INCLUDABLE AS GROSS INCOME UNDER SECTION 119 OF THE INTERNAL REVENUE CODE. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: THE PRESIDENT IS PROVIDED WITH CLUB MEMBERSHIPS FOR BUSINESS-USE PURPOSES ONLY. ACCORDINGLY, THE AMOUNT IS NOT TAXABLE Schedule J (Form 990) 2022 Page 3 Part III **Supplemental Information** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 4A, AND PART II, ROBERT A. MANGIONE, FORMER PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS RECEIVED A PAYMENT UNDER THE UNIVERSITY'S FACULTY VOLUNTARY

Schedule J (Form 990) 2022

COLUMN B (III) AND COLUMN F SEPARATION OFFER PROGRAM OF \$111,129 INCLUDED IN OTHER REPORTABLE COMPENSATION, SCHEDULE J, PART II, COLUMN B (III). SUCH AMOUNT WAS INCLUDED IN RETIREMENT AND OTHER DEFERRED COMPENSATION, SCHEDULE J, PART II, COLUMN (C) IN THE UNIVERSITY'S FISCAL YEAR 2021 FORM 990.

## **Additional Data**

(i)

(i)

(i)

(i)

(i)

(i)

2,560,917

486,666

422,166

442,756

441,390

422,416

409,216

442,722

1MICHAEL A ANDERSON

1JOSEPH L TARTAMELLA

HEAD COACH WOMEN'S **BASKETBALL** 

2JOSEPH E OLIVA ESQ

3MARK J BROWNE PHD

PROVOST & VP ACAD AFFAIRS 5MICHAEL CRAGG

ATHLETIC DIRECTOR

SHARON HEWITT WATKINS VP FOR BUS AFFAIRS, CFO

**7**NOREAN R SHARPE PHD

DEAN TOBIN COLLEGE OF

**8**ROBERT A MANGIONE

PVST & VP ACA AFF-THRU

COUNSEL

**PROFESSOR** 

& TREA

BUSINESS

6/30/18

VP FOR ADMIN, SEC & GEN

4SIMON GEIR MOLLER PHD (i)

HEAD COACH MEN'S BASKETBALL

Software ID: **Software Version:** 

100,000

20,000

10,000

EIN: 11-1630830

Name: ST JOHN'S UNIVERSITY NEW YORK

Form 990, Schedule J. Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees columns (F) Compensation in (D) column (B) reported as deferred on

3,791

3,168

11,114

19,431

7,614

9,174

7,974

1,188

111,129

35,750

41,200

35,200

29,403

33,200

20,958

34,400

31,800

49,365

48,615

91,355

51,755

44,697

46,015

49,365

17,528

prior Form 990

111,129

2,749,823

599,649

559,835

543,345

526,901

508,563

500,955

493,238

111,129

| i orini 990, Schedule 3, | Fait II - Officers, D | nectors, musices, r    | cy Employees, and         | riigiiest compensate           | a Employees    |                 |
|--------------------------|-----------------------|------------------------|---------------------------|--------------------------------|----------------|-----------------|
| (A) Name and Title       | (B) Breakdown of W-   | 2, 1099-MISC compensat | tion, and/or 1099-NEC     | (C) Retirement and             | (D) Nontaxable | (E) Total of co |
|                          | (i) Base Compensation | Bonus & incentive      | (iii)<br>Other reportable | other deferred<br>compensation | benefits       | (B)(i)-(D       |
|                          |                       | compensation           | compensation              |                                |                |                 |

DLN: 93493103011304 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. Open to Public Department of the Treasury ▶ Attach to Form 990. Internal Revenue Service Inspection ▶Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** ST JOHN'S UNIVERSITY NEW YORK 11-1630830 Part | **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (a) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No 138,318,912 REFUND 1996, 1998 & 2001A DASNY ST JOHN'S UNIVERSITY 14-6000293 649903FF3 02-22-2007 Х Χ SERIES 2007C BONDS DASNY ST JOHN'S UNIVERSITY 55,493,238 REFUND 1998, 2001A, 2005A 14-6000293 64990C6K2 08-09-2012 SERIES 2012A BONDS DASNY ST JOHN'S UNIVERSITY 14-6000293 6499076D9 04-15-2015 121,109,546 REFUND 2007A BONDS Х Χ SERIES 2015A DASNY ST JOHN'S UNIVERSITY 14-6000293 64990C6D8 12-28-2017 51,095,452 REFUND 2008B1&B2,2012A&B Х SERIES 2017A BONDS Part II Proceeds C D 64,105,000 48,310,000 16,890,000 2 3 138,318,912 55,493,238 121,109,546 51,095,452 5 6 7 1,652,825 669,695 1,072,236 687,320 8 1,238,011 9 10 135,428,076 11 54,823,543 120,037,310 50,408,132 12 13 2001 2015 2018 2008 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2022

No

D

n

No

Х

Χ

Х

Χ

Yes

Χ

Schedule K (Form 990) 2022

Yes

C

No

Χ

0.500 %

0.500 %

Χ

Χ

Yes

Χ

Χ

Χ

Χ

Χ

Χ

C

No

Χ

Χ

Χ

Χ

Yes

Χ

R

No

Χ

Χ

0.100 %

0.100 %

Х

Х

Yes

Х

Χ

Χ

Χ

No

Χ

Х

Х

Х

В

Α

Nο

Χ

0.400 %

0.400 %

0.190 %

Yes

Х

Χ

Yes

Χ

Χ

Χ

Χ

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Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Yes

Х

Schedule K (Form 990) 2022

2

За

7

8a

Part IV

Arbitrage

in Lieu of Arbitrage Rebate? . . .

|     | 1 Hvate Dasiliess Ose  |  |
|-----|--|--|
|     |  |  |
|     |  |  |
| Was | the organization a partner in a partnership, or a member of an LLC, which owned property |  |

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

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

Exception to rebate? . . . . . . .

the issue are remediated in accordance with the requirements under

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

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

a section 501(c)(3) organization or a state or local government . . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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

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

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

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

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

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

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

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

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

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

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

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Has the organization or the governmental issuer entered into a qualified

Were gross proceeds invested in a guaranteed investment contract

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

Page 3

No

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No

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Yes

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Explanation

ALL OF THE REPORTED ISSUES WERE ISSUED BY THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK (DASNY). PART I, COLUMN F: DASNY ST. JOHN'S UNIVERSITY SERIES 2007C - THE REFUNDED BONDS WERE ISSUED ON 11/7/1996, 10/22/1998, & 05/24/2001. DASNY ST. JOHN'S UNIVERSITY SERIES 2012A - ITHE REFUNDED BONDS WERE ISSUED ON 10/22/1998, 05/24/2001. & 03/16/2005. DASNY ST. JOHN'S UNIVERSITY SERIES 2015A - THE REFUNDED BONDS WERE

ISSUED ON 02/22/2007. DASNY ST. JOHN'S UNIVERSITY SERIES 2017A - THE REFUNDED BONDS WERE ISSUED ON 09/24/2008 & 08/09/2012. DASNY ST. JOHN'S UNIVERSITY SERIES 2021A - THE REFUNDED BONDS WERE ISSUED ON 09/24/2008. DASNY ST. JOHN'S UNIVERSITY SERIES 2022 - THE REFUNDED

Yes

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BONDS WERE ISSUED ON 08/09/2012. DASNY ST. JOHN'S UNIVERSITY SERIES 2023 - THE REFUNDED BONDS WERE ISSUED ON 11/20/2013.

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

Yes

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No

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No

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No

Yes

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Yes

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Yes

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Schedule K (Form 990) 2022

Arbitrage (Continued)

hedge with respect to the bond issue?

requirements of section 148? . . .

Part IV

5a

(GIC)?

period?

Part V

Part VI

Return Reference

PART I, COLUMN A, ALL LINES:

| Return Reference  | Explanation  |
|-------------------|--|
| PART II, LINE 11: | 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 2012A - 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 ESCROW. DASNY ST. JOHN'S UNIVERSITY SERIES 2017A - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW. DASNY ST. JOHN'S UNIVERSITY SERIES 2021A - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW. DASNY ST. JOHN'S UNIVERSITY SERIES 2022 - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW. |

| Return Reference            | Explanation  |
|-----------------------------|--|
| · · · · · ·  , ·, · · · · · | THE PERCENTAGE OF BOND-FINANCED PROPERTY SOLD OR DISPOSED OF INCLUDE BONDS ISSUED TO REFUND BONDS ORIGINALLY ISSUED PRIOR TO 2003. |

| Return Reference  | Explanation  |
|-------------------|--|
| PART IV, LINE 2C: | DASNY ST. JOHN'S UNIVERSITY SERIES 2007C - THERE IS NO REBATE DUE. REBATE CALCULATION WAS DONE ON FEBRUARY 22, 2022. DASNY ST. JOHN'S UNIVERSITY SERIES 2012A - THERE IS NO REBATE DUE. REBATE CALCULATION WAS DONE ON AUGUST 09, 2022. DASNY ST. JOHN'S UNIVERSITY SERIES 2015A - THERE IS NO REBATE DUE. REBATE CALCULATION WAS DONE ON APRIL 30, 2020. DASNY ST. JOHN'S UNIVERSITY SERIES 2017A - THERE IS NO REBATE DUE. REBATE CALCULATION WAS DONE ON DECEMBER 28, 2022. |

| Return Reference | Explanation   |
|------------------|---|
| PART IV, LINE 4: | UPON ISSUANCE OF THE DASNY ST. JOHN'S UNIVERSITY SERIES 2022 AND DASNY ST. JOHN'S UNIVERSITY SERIES 2023 BONDS, THE FORWARD BOND PURCHASE AGREEMENTS WITH MORGAN STANLEY & CO, ORIGINALLY ENTERED INTO ON MAY 13, 2021 WERE TERMINATED. |

DLN: 93493103011304 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. Open to Public Department of the Treasury ▶ Attach to Form 990. Internal Revenue Service Inspection ▶Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number ST JOHN'S UNIVERSITY NEW YORK 11-1630830 Part | **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of issuer Yes No Yes No Yes DASNY ST JOHN'S UNIVERSITY 05-26-2021 142,964,805 REFUND 2008B1&B2, HLTH 14-6000293 65000BAS7 Χ Χ SERIES 2021A SCIENCES CTR, BOILER PLNT DASNY ST JOHN'S UNIVERSITY 18,834,188 REFUND 2012B, HLTH SCIENCES 14-6000293 65000BAW8 04-04-2022 Χ Χ SERIES 2022

(i) Pool financing No Χ Χ DASNY ST JOHN'S UNIVERSITY 14-6000293 65000BBD9 04-03-2023 69,657,280 REFUND 2013A, HLTH SCIENCES Χ Χ SERIES 2023 Part II **Proceeds** C В D 3,050,000 3 142,964,805 18.834.188 69.657.280 5 2.573.125 43,450 315,777 57,996,701 7 940,103 185.862 8 9 10 22,042,364 3,376,709 1,638,195 11 94,725,000 13,399,983 12 9,520,745 22,684,213 2,014,046 13 Yes Yes Yes Yes No No No No

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Were the bonds issued as part of a current refunding issue of tax-exempt

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

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17

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

Cat. No. 50193E

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Schedule K (Form 990) 2022

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8a

Part IV

Arbitrage

in Lieu of Arbitrage Rebate? . . .

Page 2

No

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No

Yes

Schedule K (Form 990) 2022

Yes

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Yes

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Yes

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| Was the organization a partner in a partnership, or a member of an LLC, which o | owned property |  |
|---|----------------|--|
| financed by tax-exempt bonds?   |                |  |
|   |                |  |

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

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

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

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

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

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

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

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

the issue are remediated in accordance with the requirements under

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

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

a section 501(c)(3) organization or a state or local government . . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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

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

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

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

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

hedge with respect to the bond issue?

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Has the organization or the governmental issuer entered into a qualified

Part IV

period?

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Nο

Yes

Yes

Page 3

Yes

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Yes

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MORGAN STANLEY &

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Yes

Yes

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MORGAN STANLEY &

Χ Χ Χ requirements of section 148? . . . Procedures To Undertake Corrective Action Part V В Yes Nο Yes Nο

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 Χ Χ Χ if self-remediation is not available under applicable regulations?

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

DLN: 93493103011304 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2022 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶ Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> 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** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household aoods . . . . . Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . 514,532 SEE PART II Securities—Publicly traded . Χ 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 . 16 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a No **b** If "Yes," describe the arrangement in Part II. Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2022) Cat. No. 51227J

| Schedule M (Form 990) (2022) Page 2   |   |  |
|---|---|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |   |  |
| Return Reference  | Explanation   |  |
| PART I, COLUMN (B):   | THE UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTIONS. PART I, LINE 9, COLUMN (D): AVERAGE MARKET PRICE ON DATE SECURITY IS RECEIVED. |  |
|   | Schedule M (Form 990) (2022)  |  |

| efile GRAPHIC print - DO NOT PROCESS   |   |  |  |
|--|---|--|--|
| SCHEDUL<br>(Form 990)  Department of the T Internal Revenue Se   | Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional information by Attach to Form 990 or 990-EZ.   | uestions on<br>nation.                                   | OMB No. 1545-0047  2022  Open to Public Inspection |
| Name of the organization ST JOHN'S UNIVERSITY NEW YORK  11-1630830  990 Schedule O, Supplemental Information |   | ification number   |  |
| Return<br>Reference  | Explanation   |  |  |
| FORM 990,<br>PART I, LINE<br>1 AND PART<br>III, LINE 1   | DESCRIPTION OF ORGANIZATION MISSION: ST. JOHN'S UNIVERSITY IS A CA'OPOLITAN, AND GLOBAL INSTITUTION OF HIGHER EDUCATION THAT STRIVE CATION FOR ALL PEOPLE; ESPECIALLY THOSE LACKING ECONOMIC AND SO TIAN TRADITION AT ST. JOHN'S UNIVERSITY IS THE FOUNDATION AND THE SITS MEMBERS STRIVE TO EMBODY: TRUTH, LOVE, RESPECT, OPPORTUNION. | S TO PROVIDE EXCE<br>OCIAL ADVANTAGES. SOURCE OF THE COR | LLENT EDU<br>THE VINCEN<br>E VALUE                 |

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 1A | ARTICLE 1.13 OF THE BY-LAWS PROVIDE THAT THE EXECUTIVE AND STRATEGY COMMITTEE SHALL FUNCTION AS AN EXECUTIVE COMMITTEE AND HAVE AUTHORITY TO TAKE FINAL ACTION IN THE NAME OF THE BO ARD ON MATTERS WHICH THE EXECUTIVE AND STRATEGY COMMITTEE CONSIDERS SO URGENT AND IMPORTAN TAS TO REQUIRE IMMEDIATE ACTION BETWEEN MEETINGS OF THE BOARD, EXCEPT THAT IT SHALL HAVE NO POWER TO GRANT DEGREES OR MAKE REMOVALS FROM OFFICE OF A MEMBER OF THE BOARD OR TO REMO VE THE PRESIDENT. ALL SUCH FINAL ACTIONS ON MATTERS OF URGENCY AND IMPORTANCE SHALL BE REP ORTED IN FULL AT THE NEXT MEETING OF THE BOARD AND ALL OTHER ACTIONS TAKEN BY THE EXECUTIVE AND STRATEGY COMMITTEE SHALL BE SUBJECT TO APPROVAL BY THE BOARD. THE EXECUTIVE AND STRATEGY COMMITTEE SHALL CONSIST OF THE CHAIRPERSON, THE VICE CHAIRPERSONS, THE PRESIDENT, AND NOT FEWER THAN SIX APPOINTED MEMBERS. THE AFFIRMATIVE VOTE OF A MAJORITY OF THE COMMITTEE MEMBERS PRESENT SHALL CONSTITUTE THE ACTION OF THE EXECUTIVE AND STRATEGY COMMITTEE, PROVIDED THAT SUCH MAJORITY CONSISTS OF NOT FEWER THAN FIVE MEMBERS OF THE COMMITTEE. |

Return Explanation
Reference

FORM 990, PART VI, ADE AVAILABLE TO THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING.

SECTION B, LINE 11B

Return Explanation
Reference

| FORM 990,  | THE UNIVERSITY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY OB |
|------------|--|
| PART VI,   | TAINING SIGNED AND DATED CONFLICT OF INTEREST STATEMENTS FROM OFFICERS AND MEMBERS OF THE  |
| SECTION B, | BOARD OF TRUSTEES ON AN ANNUAL BASIS. ANY TRUSTEE WITH AN INTEREST IN A PROPOSED TRANSACTI |
| LINE 12C   | ON IS REQUIRED TO MAKE A FULL DISCLOSURE OF ALL MATERIAL FACTS AS SOON AS THE TRUSTEE BECO |
|            | MES AWARE OF THE PROPOSED TRANSACTION, AND THE TRUSTEE MAY NOT PARTICIPATE IN ANY DELIBERA |
|            | TION OR VOTE, OR EXERCISE ANY INFLUENCE WITH REGARD TO THE PROPOSED TRANSACTION.           |

| Return<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | AN EXTERNAL CONSULTANT IS CONTRACTED TO COMPILE SURVEY DATA FROM EDUCATIONAL, NOT-FOR-PROF IT AND PEER INSTITUTIONS AS WELL AS INFORMATION ON OTHER FORM 990S TO ESTABLISH COMPARABLE COMPENSATION RANGES. THE PRESIDENT'S COMPENSATION IS RECOMMENDED BY THE CONSULTANT, REVIE WED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES AND PRESENTED TO THE BOARD OF TRU STEES FOR APPROVAL. MANAGEMENT'S RECOMMENDATIONS OF OFFICERS' COMPENSATION ARE APPROVED BY THE GOVERNANCE COMMITTEE. THE UNIVERSITY'S COMPENSATION REVIEW AND APPROVAL PROCESS IS RE CORDED CONTEMPORANEOUSLY. THE LAST REVIEW WAS COMPLETED IN DECEMBER 2022. |

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,
PART VI,
SECTION C,
LINE 19

AS A PRIVATE UNIVERSITY, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL S
TATEMENTS ARE NOT REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC. HOWEVER, THE UNIVERSITY MAK
ES AVAILABLE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ON ITS WEBSITE. IN AD
DITION, THE UNIVERSITY'S FORM 990, WHICH INCLUDES FINANCIAL DATA, IS MADE AVAILABLE UPON R
EQUEST.

| 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. PAYMENTS TO THE CONGREGATION OF THE MISSION IN CALENDAR YEAR 2022 TOTALED \$115,792. PURSUANT TO AN AGREEMENT WITH THE DOMINICAN FRIARS P ROVINCE OF SAINT JOSEPH, COMPENSATION FOR REV. BRIAN J. SHANLEY, O.P., PRESIDENT, IS PAID DIRECTLY TO THE DOMINICAN FRIARS PROVINCE. PAYMENTS TO THE DOMINICAN FRIARS PROVINCE IN CALENDAR YEAR 2022 TOTALED \$627,046. PURSUANT TO AN AGREEMENT WITH THE CONGREGATION OF THE MISSION, COMPENSATION FOR REV. AIDAN R. ROONEY, C.M., EXECUTIVE VICE PRESIDENT FOR MISSION, IS PAID DIRECTLY TO THE CONGREGATION OF THE MISSION. PAYMENTS TO THE CONGREGATION OF THE MISSION IN CALENDAR YEAR 2022 TOTALED \$90,296. | Return<br>Reference     | Explanation  |
|---|-------------------------|--|
|   | PART VII,<br>SECTION A, | ENSATION FOR REV. BERNARD M. TRACEY, C.M., EXECUTIVE VICE PRESIDENT FOR MISSION, IS PAID DIRECTLY TO THE CONGREGATION OF THE MISSION. PAYMENTS TO THE CONGREGATION OF THE MISSION IN CALENDAR YEAR 2022 TOTALED \$115,792. PURSUANT TO AN AGREEMENT WITH THE DOMINICAN FRIARS PROVINCE OF SAINT JOSEPH, COMPENSATION FOR REV. BRIAN J. SHANLEY, O.P., PRESIDENT, IS PAID DIRECTLY TO THE DOMINICAN FRIARS PROVINCE. PAYMENTS TO THE DOMINICAN FRIARS PROVINCE IN CALENDAR YEAR 2022 TOTALED \$627,046. PURSUANT TO AN AGREEMENT WITH THE CONGREGATION OF THE MISSION, COMPENSATION FOR REV. AIDAN R. ROONEY, C.M., EXECUTIVE VICE PRESIDENT FOR MISSION, IS PAID DIRECTLY TO THE CONGREGATION OF THE |

Return Explanation

| Reference  |  |
|------------|--|
| FORM 990,  | HIGHER EDUCATION EMERGENCY RELIEF FUND ALLOCATION RECOGNIZED AS REVENUE FOR THE YEAR ENDED |
| PART VIII, | MAY 31, 2023 AND INCLUDED IN PART VIII, LINE 1E, GOVERNMENT GRANTS IS \$4,406,944 FROM THE |
| LINE 1E    | AMERICAN RESCUE PLAN ACT.  |

990 Schedule O, Supplemental Information

Return

| Reference |   |
|-----------|---|
|           | CHANGE IN FAIR VALUE OF BOND PURCHASE AGREEMENT -8,190,065. EFFECT OF REFUNDING OF LONG-TERM DEBT |
| PART XI,  | -627,858.   |
| I INF 9.  |   |

Explanation

Return

| Reference | ·  |
|-----------|--|
| FORM 990, | THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED MAY 31, 2023 HA |
| PART XII, | VE BEEN PREPARED BY ST. JOHN'S UNIVERSITY AND INCLUDE THE UNIVERSITY AND ITS AFFILIATES -  |
| LINE 2C   | ST. JOHN'S PARIS ASSOCIATION, THE ROME SRL, AND HENLEY ROAD SPE, LLC. THE UNIVERSITY'S AUD |
|           | T AND RISK COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE UNIVERSITY   |
|           | S FINANCIAL STATEMENTS AND SELECTION OF THE UNIVERSITY'S INDEPENDENT AUDITORS.             |

Explanation

**SCHEDULE R** 

#### **Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

Employer identification number

DLN: 93493103011304

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

► Attach to Form 990.

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

Open to Public Inspection

|  |                                 |   |                        | 11-1630830                                      |                               |                             |                    |
|--|---------------------------------|---|------------------------|---|-------------------------------|-----------------------------|--------------------|
| Part I Identification of Disregarded Entities. Com   | ıplete if the organization answ | ered "Yes" on Form                            | 990, Part IV, line     | 33.   |                               |                             |                    |
| (a) Name, address, and EIN (if applicable) of disregarded entity   | ( <b>b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Total income    | (e)<br>End-of-year assets                       | (f) Direct controlling entity |                             |                    |
| L) ST JOHN'S PARIS ASSOCIATION  RUE DE SEVRES  ARIS 75006  98-1545738  | EDUCATION                       | FR  | 1,611,293              | 158,755   | STJOHN'SNY                    |                             | _                  |
| 2) ST JOHN'S UNIVERSITY SRL IA MARCANTONIO COLONNA 21A DME 00192 98-1545745  | EDUCATION                       | ΙΤ  | 503,799                | 1,144,436                                       | STJOHN'SNY                    |                             |                    |
| 3) HENLEY ROAD SPE LLC<br>.72-14 HENLEY ROAD<br>QUEENS, NY 11432   | REAL ESTATE                     | NY  | 4,101,499              | 54,404,385                                      | STJOHN'SNY                    |                             |                    |
|  |                                 |   |                        |   |                               |                             | _                  |
|  |                                 |   |                        |   |                               |                             | -                  |
| Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax (a)   |                                 |   | Yes" on Form 990       | ), Part IV, line 34                             | because it had one or         | more (g                     | 1)                 |
| Name, address, and EIN of related organization   | Primary activity                | Legal domicile (state<br>or foreign country)  | Exempt Code section    | Public charity status<br>(if section 501(c)(3)) | Direct controlling            | Section<br>(13) cor<br>enti | 512(b)<br>ntrolled |
| (1)ST JOHN'S BREAD & LIFE PROGRAM INC<br>795 LEXINGTON AVENUE  | MEALS/SVCS                      | NY  | 501(C)(3)              |   |                               |                             | 110                |
|  |                                 |   |                        | 7   | STJOHN'S NY                   | Yes                         |                    |
| 1-3174514  |                                 |   |                        | 7   |                               | Yes                         |                    |
| BROOKLYN, NY 11221<br>11-3174514<br>( <b>2)</b> ST JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA<br>8000 UTOPIA PARKWAY   | STUDENT SERVICES                | NY  | 501(C)(3)              | 12A-I   | STJOHN'S NY STJOHN'S NY       |                             |                    |
| L1-3174514<br>(2)ST JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA<br>3000 UTOPIA PARKWAY<br>IAMAICA, NY 11439<br>L1-2694795   |                                 | NY  |                        |   | STJOHN'S NY                   | Yes                         |                    |
| L1-3174514 (2)ST JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA 3000 UTOPIA PARKWAY  MAMAICA, NY 11439   | STUDENT SERVICES  LEGAL CLINIC  |   | 501(C)(3)<br>501(C)(3) | 7<br>12A-I<br>12A-I                             |                               | Yes                         |                    |
| L1-3174514  (2)ST JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA 8000 UTOPIA PARKWAY  IAMAICA, NY 11439 L1-2694795  (3)ST VINCENT DE PAUL LEGAL PROGRAM INC                                  |                                 | NY  |                        |   | STJOHN'S NY                   | Yes                         |                    |
| 11-3174514 (2)ST JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA 3000 UTOPIA PARKWAY  AMAICA, NY 11439 11-2694795 (3)ST VINCENT DE PAUL LEGAL PROGRAM INC 3000 UTOPIA PARKWAY                 |                                 | NY  |                        |   | STJOHN'S NY                   | Yes                         |                    |
| 11-3174514 (2)ST JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA 3000 UTOPIA PARKWAY  AMAICA, NY 11439 11-2694795 (3)ST VINCENT DE PAUL LEGAL PROGRAM INC 3000 UTOPIA PARKWAY                 |                                 | NY  |                        |   | STJOHN'S NY                   | Yes                         |                    |
| 1-3174514  2)ST JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA 8000 UTOPIA PARKWAY  AMAICA, NY 11439 1-2694795  3)ST VINCENT DE PAUL LEGAL PROGRAM INC 8000 UTOPIA PARKWAY  AMAICA, NY 11439 |                                 | NY  |                        |   | STJOHN'S NY                   | Yes                         |                    |
| 11-3174514 (2)ST JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA 3000 UTOPIA PARKWAY  AMAICA, NY 11439 11-2694795 (3)ST VINCENT DE PAUL LEGAL PROGRAM INC 3000 UTOPIA PARKWAY                 |                                 | NY  |                        |   | STJOHN'S NY                   | Yes                         |                    |

| (a) Name, address, and EIN of related organization  |                         | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country) | controlling in entity                           | Legal Direct controlling (state or foreign | Direct controlling cr entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514)  (f) Share o total income |                | (g)<br>Share of<br>end-of-<br>year<br>assets | alloca   | rtionate<br>tions?        | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |  | (k<br>Percer<br>owner |
|---|-------------------------|-----------------------------------|---|---|--|------------------------------|--|----------------|--|--|---------------------------|--|---|--|-----------------------|
|   |                         |                                   |   |   |  |                              |  | Yes            | No   |  | Yes                       | No   |   |  |                       |
|   |                         |                                   |   |   |  |                              |  |                |  |  |                           |  |   |  |                       |
|   |                         |                                   |   |   |  |                              |  |                |  |  |                           |  |   |  |                       |
|   |                         |                                   |   |   |  |                              |  |                |  |  |                           |  |   |  |                       |
|   |                         |                                   |   |   |  |                              |  |                |  |  |                           |  |   |  |                       |
|   |                         |                                   |   |   |  |                              |  |                |  |  |                           |  |   |  |                       |
|   |                         |                                   |   |   |  |                              |  |                |  |  |                           |  |   |  |                       |
|   |                         |                                   |   |   |  |                              |  |                |  |  |                           |  |   |  |                       |
|   |                         |                                   |   |   |  |                              |  |                |  |  |                           |  |   |  |                       |
|   |                         |                                   | +   |   |  |                              | t t  |                |  |  |                           |  |   |  |                       |
| IV Identification of Related Or, hecause it had one or more rel   |                         |                                   |   |   |  |                              |  | answered       | "Yes" o                                      | on Form 990,                                   | Part IV                   | , line 34  | 1   |  |                       |
| IV Identification of Related Ord<br>because it had one or more rel<br>(a) Name, address, and EIN of<br>related organization                               | ated organization       |                                   | as a corpor                                   | (c) Legal domicile state or foreign             | st during the                              | tax year                     |  | (f)<br>Share o | )<br>f total SI                              | on Form 990,  (g)  hare of end-of- year assets | Part IV  (h  Percer owner | )<br>ntage   | Section (13) con entit                    |  |                       |
| because it had one or more rel  (a)  Name, address, and EIN of  | ated organization       | is treated a  (b)  ary activity   | as a corpor                                   | (c) Legal domicile                              | st during the                              | tax year                     | (e) Type of entity C corp, S corp  | (f)<br>Share o | )<br>f total SI                              | (g)<br>hare of end-of-<br>year                 | (h<br>Percer              | )<br>ntage   | (i)<br>Section (13) con                   |  |                       |
| because it had one or more rel  (a)  Name, address, and EIN of related organization   | ated organization       | is treated a  (b)  ary activity   | as a corpor                                   | (c) Legal domicile state or foreign country)    | st during the<br>Direct c                  | tax year                     | (e) Type of entity C corp, S corp  | (f)<br>Share o | )<br>f total SI                              | (g)<br>hare of end-of-<br>year                 | (h<br>Percer              | )<br>ntage   | (i)<br>Section (13) con<br>entit          |  |                       |
| because it had one or more rel  (a)  Name, address, and EIN of related organization  LED INCOME FUND  TOPIA PARKWAY                                       | ated organization       | is treated a  (b)  ary activity   | as a corpor                                   | (c) Legal domicile state or foreign country)    | st during the<br>Direct c                  | tax year                     | (e) Type of entity C corp, S corp  | (f)<br>Share o | )<br>f total SI                              | (g)<br>hare of end-of-<br>year                 | (h<br>Percer              | )<br>ntage   | (i)<br>Section (13) con<br>entit          |  |                       |
| because it had one or more rel  (a)  Name, address, and EIN of related organization  LED INCOME FUND  TOPIA PARKWAY A, NY 11439                           | ated organization Prima | is treated a  (b)  ary activity   | as a corpor                                   | (c) Legal domicile state or foreign country) NY | st during the Direct c er                  | tax year                     | (e) Type of entity C corp, S corp  | (f)<br>Share o | )<br>f total SI                              | (g)<br>hare of end-of-<br>year                 | (h<br>Percer              | )<br>ntage   | (i) Section (13) con entit  Yes  Yes      |  |                       |
| because it had one or more rel  (a)  Name, address, and EIN of related organization  PLED INCOME FUND  FOPIA PARKWAY A, NY 11439  RITABLE REMAINDER TRUST | ated organization Prima | is treated a  (b)  ary activity   | as a corpor                                   | (c) Legal domicile state or foreign country) NY | st during the Direct c er                  | tax year                     | (e) Type of entity C corp, S corp  | (f)<br>Share o | )<br>f total SI                              | (g)<br>hare of end-of-<br>year                 | (h<br>Percer              | )<br>ntage   | (i) Section (13) con entit  Yes  Yes      |  |                       |
| because it had one or more rel  (a)  Name, address, and EIN of related organization  PLED INCOME FUND  FOPIA PARKWAY A, NY 11439  RITABLE REMAINDER TRUST | ated organization Prima | is treated a  (b)  ary activity   | as a corpor                                   | (c) Legal domicile state or foreign country) NY | st during the Direct c er                  | tax year                     | (e) Type of entity C corp, S corp  | (f)<br>Share o | )<br>f total SI                              | (g)<br>hare of end-of-<br>year                 | (h<br>Percer              | )<br>ntage   | (i) Section (13) con entit  Yes  Yes      |  |                       |
| because it had one or more rel  (a)  Name, address, and EIN of related organization  PLED INCOME FUND  FOPIA PARKWAY A, NY 11439  RITABLE REMAINDER TRUST | ated organization Prima | is treated a  (b)  ary activity   | as a corpor                                   | (c) Legal domicile state or foreign country) NY | st during the Direct c er                  | tax year                     | (e) Type of entity C corp, S corp  | (f)<br>Share o | )<br>f total SI                              | (g)<br>hare of end-of-<br>year                 | (h<br>Percer              | )<br>ntage   | (i) Section (13) con entit  Yes  Yes      |  |                       |
| because it had one or more rel  (a)  Name, address, and EIN of related organization  PLED INCOME FUND  FOPIA PARKWAY A, NY 11439  RITABLE REMAINDER TRUST | ated organization Prima | is treated a  (b)  ary activity   | as a corpor                                   | (c) Legal domicile state or foreign country) NY | st during the Direct c er                  | tax year                     | (e) Type of entity C corp, S corp  | (f)<br>Share o | )<br>f total SI                              | (g)<br>hare of end-of-<br>year                 | (h<br>Percer              | )<br>ntage   | (i) Section (13) con entit  Yes  Yes      |  |                       |

| Schedule R (Form 990) 2022  |            | Pa  | ge <b>3</b> |
|---|------------|-----|-------------|
| Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                |            |     |             |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |            | Yes | No          |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |            |     |             |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | 1a         |     | No          |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  | 1b         | Yes |             |
| c Gift, grant, or capital contribution from related organization(s)   | 1c         |     | No          |
| d Loans or loan guarantees to or for related organization(s)  | 1d         |     | No          |
| e Loans or loan guarantees by related organization(s)   | 1e         |     | No          |
| f Dividends from related organization(s)  | 1f         |     | No          |
| g Sale of assets to related organization(s)   | <b>1</b> g |     | No          |
| h Purchase of assets from related organization(s)   | 1h         |     | No          |
| i Exchange of assets with related organization(s)   | 1i         |     | No          |
| j Lease of facilities, equipment, or other assets to related organization(s)  | 1j         |     | No          |
|   |            |     |             |

| _ |  |            | 1 ' | i  |
|---|--|------------|-----|----|
| € | Loans or loan guarantees by related organization(s)  | 1e         |     | No |
| f | Dividends from related organization(s)   | <b>1</b> f |     | No |
| ç | g Sale of assets to related organization(s)  | <b>1</b> g |     | No |
| ŀ | Purchase of assets from related organization(s)  | 1h         |     | No |
| i | Exchange of assets with related organization(s)  | 1i         |     | No |
| j | Lease of facilities, equipment, or other assets to related organization(s)                   | 1j         |     | No |
| ŀ | Lease of facilities, equipment, or other assets from related organization(s)                 | 1k         |     | No |
|   | Performance of convices or membership or fundacing colicitations for related organization(s) | 11         | Yes |    |

| y             | Sale of assets to related organization(s).   | -9                           |          | 110 |
|---------------|--|------------------------------|----------|-----|
| h             | Purchase of assets from related organization(s)  | 1h                           |          | No  |
| i             | Exchange of assets with related organization(s)  | 1i                           |          | No  |
| j             | Lease of facilities, equipment, or other assets to related organization(s)   | <b>1</b> j                   |          | No  |
| k             | Lease of facilities, equipment, or other assets from related organization(s)   | 1k                           |          | No  |
| - 1           | Performance of services or membership or fundraising solicitations for related organization(s)   | . 11                         | Yes      |     |
| m             | Performance of services or membership or fundraising solicitations by related organization(s)  | 1m                           |          | No  |
| n             | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n                           |          | No  |
| 0             | Sharing of paid employees with related organization(s)   | 10                           | Yes      |     |
| р             | Reimbursement paid to related organization(s) for expenses   | <b>1</b> p                   | Yes      |     |
| q             | Reimbursement paid by related organization(s) for expenses   | <b>1</b> q                   | Yes      |     |
| r             | Other transfer of cash or property to related organization(s)  | 1r                           | Yes      |     |
| s             | Other transfer of cash or property from related organization(s)  | 1s                           |          | No  |
| 2             | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |                              |          |     |
|               | (a) Name of related organization  (b) Transaction Transaction type (a-s)  (c) Amount involved Method of determine  | ( <b>d)</b><br>ning amount i | involved |     |
| <b>(1)</b> ST | T JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA R 800,000 FMV   |                              |          |     |

| II Fulci            | lase of assets from related organization(s).   |   |                               |                                 | 11         |      |
|---------------------|--|---|-------------------------------|---------------------------------|------------|------|
| i Excha             | nge of assets with related organization(s)   |   |                               |                                 | 1i         | No   |
| j Lease             | of facilities, equipment, or other assets to related organization(s)                                     |   |                               |                                 | 1j         | No   |
| <b>k</b> Lease      | e of facilities, equipment, or other assets from related organization(s)                                 |   |                               |                                 | 1k         | No   |
| I Perfor            | mance of services or membership or fundraising solicitations for related organization(s)                 |   |                               |                                 | 1l Ye      | es   |
| <b>m</b> Perfoi     | mance of services or membership or fundraising solicitations by related organization(s)                  |   |                               |                                 | 1m         | No   |
| <b>n</b> Sharir     | ng of facilities, equipment, mailing lists, or other assets with related organization(s)                 |   |                               |                                 | 1n         | No   |
|                     | ng of paid employees with related organization(s)  |   |                               |                                 | 10 Ye      | es   |
| <b>p</b> Reim       | bursement paid to related organization(s) for expenses   |   |                               |                                 | 1p Ye      | es   |
| <b>q</b> Reim       | bursement paid by related organization(s) for expenses   |   |                               |                                 | 1q Ye      | es   |
| <b>r</b> Other      | transfer of cash or property to related organization(s)  |   |                               |                                 | 1r Ye      | es   |
| s Other             | transfer of cash or property from related organization(s)  |   |                               |                                 | 1s         | No   |
| 2 If the            | answer to any of the above is "Yes," see the instructions for information on who must complete this line | , including covered re                  | elationships and tra          | nsaction thresholds.            |            |      |
|                     | (a)<br>Name of related organization  | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining an | nount invo | lved |
| 1)ST JOHN'S         | UNIVERSITY STUDENT GOVERNMENT JAMAICA  | R                                       | 800,000                       | FMV                             |            |      |
| <b>2)</b> ST JOHN'S | UNIVERSITY STUDENT GOVERNMENT JAMAICA  | Q                                       | 55,276                        | FMV                             |            |      |
|                     |  |   |                               |                                 |            |      |
|                     |  |   |                               |                                 |            |      |
|                     |  |   |                               |                                 |            |      |

| р   | Reimbursement paid to related organization(s) for expenses  |   |                        |                                 | <b>1</b> p | Yes     |    |  |  |  |  |
|---|---|---|------------------------|---------------------------------|------------|---------|----|--|--|--|--|
| q   | Reimbursement paid by related organization(s) for expenses  |   |                        |                                 | <b>1</b> q | Yes     |    |  |  |  |  |
|   | Other torus for a for all an appropriate to pull the description (a)  |   |                        |                                 | 1r         | Yes     |    |  |  |  |  |
| r Other transfer of cash or property to related organization(s) |   |   |                        |                                 |            |         |    |  |  |  |  |
| s   | Other transfer of cash or property from related organization(s)   |   |                        |                                 | 1s         |         | No |  |  |  |  |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line | , including covered r                   | elationships and tra   | ensaction thresholds.           |            |         |    |  |  |  |  |
|   | (a)<br>Name of related organization   | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining an | mount in   | nvolved |    |  |  |  |  |
| <b>(1)</b> ST   | JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA  | R                                       | 800,000                | FMV                             |            |         |    |  |  |  |  |
| <b>(2)</b> ST   | JOHN'S UNIVERSITY STUDENT GOVERNMENT JAMAICA  | Q                                       | 55,276                 | FMV                             |            |         |    |  |  |  |  |
|   |   |   |                        |                                 |            |         |    |  |  |  |  |
|   |   |   |                        |                                 |            |         |    |  |  |  |  |
|   |   |   |                        |                                 |            |         |    |  |  |  |  |
|   |   |   |                        |                                 |            |         |    |  |  |  |  |

Schedule R (Form 990) 2022

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 |                                   |   |  | erships. |   |                                    |  |     |    |   |                                     |              |                                |
|--|-----------------------------------|---|--|----------|---|------------------------------------|--|-----|----|---|-------------------------------------|--------------|--------------------------------|
| (a)<br>Name, address, and EIN of entity                    | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | organi   | e)<br>partners<br>ction<br>(c)(3)<br>zations? | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets |     |    | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | <b>(j</b><br>Gener<br>mana<br>partr | ging<br>ner? | (k)<br>Percentage<br>ownership |
|  |                                   |   | ,  | Yes      | No  |                                    |  | Yes | No |   | Yes                                 | No           |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |                                     |              |                                |
| •  | •                                 | 1   |  | 1        |   | 1                                  | ı  |     | 1  | Sch   | edule R (                           | Form 9       | 90) 2022                       |

| chedule R (Fo | rm 990) 2022             | Page   | <b>.</b> 5 |  |  |  |  |  |  |
|---------------|--------------------------|--|------------|--|--|--|--|--|--|
| Part VII      | Supplemental Info        | plemental Information  |            |  |  |  |  |  |  |
|               | Provide additional infor | mation for responses to questions on Schedule R. See instructions. |            |  |  |  |  |  |  |
| Retu          | rn Reference             | Explanation  |            |  |  |  |  |  |  |
|               |                          |  |            |  |  |  |  |  |  |