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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2012</b>  <b>Open to Public Inspection</b>
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<b>A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SAINT JOHN'S UNIVERSITY  Doing Business As	<b>D Employer identification number</b>  45-3656162
	Number and street (or P O box if mail is not delivered to street address) Room/suite 2850 ABBEY PLAZA PO BOX 2222	E Telephone number  (320) 363-3161
	City or town, state or country, and ZIP + 4 COLLEGEVILLE, MN 563212222	<b>G</b> Gross receipts \$ 446,263,549
	<b>F</b> Name and address of principal officer MICHAEL HEMESATH 2850 ABBEY PLAZA PO BOX 2222 COLLEGEVILLE, MN 563212222	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶ 0928
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J Website:</b> ▶ WWW.CSBSJU.EDU		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 2011
		<b>M</b> State of legal domicile MN

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO FOSTER THE VITALITY OF COMMUNITY THROUGH LEARNING AND THE PURSUIT OF WISDOM		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)		3 34
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 28
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5 2,109
6 Total number of volunteers (estimate if necessary)		6 175	
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a 252,658	
b Net unrelated business taxable income from Form 990-T, line 34		7b 59,818	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 0 Current Year 262,957,078
	9 Program service revenue (Part VIII, line 2g)		0 85,250,383
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )		0 14,961,517
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 10,726,582
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0 373,895,560
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0 0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0 42,010,395	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0 56,221	
b Total fundraising expenses (Part IX, column (D), line 25) 3,773,699			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		0 28,502,854	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		0 102,403,564	
19 Revenue less expenses Subtract line 18 from line 12		0 271,491,996	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	
	21 Total liabilities (Part X, line 26)		0 60,247,945
	22 Net assets or fund balances Subtract line 21 from line 20		0 276,514,521

<b>Part II Signature Block</b>					
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					
Sign Here	***** Signature of officer				2014-05-03 Date
	RICHARD ADAMSON VP OF FINANCE & ADMINISTRATION Type or print name and title				
	Print/Type preparer's name KAREN GRIES		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00078514
Paid Preparer Use Only	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 818 SECOND ST SO SUITE 320 WAITE PARK, MN 56387			Phone no (320) 203-5500	
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 56,143,027 including grants of \$ 31,772,180 ) (Revenue \$ 67,277,795 )

INSTRUCTION SAINT JOHN'S UNIVERSITY'S UNDERGRADUATE COLLEGE PROGRAMS ARE DESIGNED TO MEET THE NEEDS AND ASPIRATIONS OF YOUNG MEN, EMPHASIZING LEADERSHIP AND A PERSONAL DEVELOPMENT PROFILE THAT INCLUDES INTELLECTUAL, SPIRITUAL, EMOTIONAL AND PHYSICAL DEVELOPMENT ITS VALUES-BASED AND VALUE-ADDED RESIDENTIAL LIBERAL ARTS EDUCATION PROVIDES THE FRAMEWORK FOR FULFILLING LIVES OF DISCIPLINED INQUIRY AND LEADERSHIP IN CAREERS DEVOTED TO THE PROFESSIONS, PUBLIC LIFE AND SERVICE TO OTHERS UNDERGRADUATE FALL ENROLLMENT OF 1,839 FTE STUDENTS AND 406 GRADUATES APPROXIMATELY 20 PERCENT OF GRADUATES GO DIRECTLY TO GRADUATE SCHOOL, WHILE 80 PERCENT FIND CAREER-RELATED POSITIONS OR ENTER SERVICE WORK SAINT JOHN'S SCHOOL OF THEOLOGY SEMINARY GRADUATE PROGRAM FOR MEN AND WOMEN IS A RICH AND DIVERSE LEARNING COMMUNITY IN THE BENEDICTINE TRADITION, WHERE STUDENTS RECEIVE STRONG SUPPORT FOR THEIR ACADEMIC AND SPIRITUAL DEVELOPMENT THE GRADUATE PROGRAM OFFERS THE MASTER OF ARTS DEGREE IN THEOLOGY, LITURGICAL STUDIES, LITURGICAL MUSIC, PASTORAL MINISTRY, AND A MASTER OF DIVINITY DEGREE THESE DEGREES PREPARE STUDENTS FOR ORDINATION TO THE ROMAN CATHOLIC PRIESTHOOD AND DEACONATE, FOR LAY MINISTRY, TEACHING, AND FURTHER ACADEMIC STUDY GRADUATE FALL ENROLLMENT OF 86 FTE AND 22 GRADUATES

4b

(Code ) (Expenses \$ 19,088,656 including grants of \$ 61,914 ) (Revenue \$ 808,802 )

STUDENT SERVICES AND PROGRAMMING THROUGH A FOUR-YEAR RESIDENTIAL PROGRAM, NEARLY ALL STUDENTS (80%) LIVE ON CAMPUS SAINT JOHN'S UNIVERSITY'S STUDENT DEVELOPMENT PROGRAMS PROMOTE THE HEALTH, SAFETY, LEARNING, GROWTH, AND DEVELOPMENT OF STUDENTS WITHIN THE CONTEXT OF COMMUNITY WE ARE PARTICULARLY ATTENTIVE TO COLLEGE MEN AND THEIR ENGAGEMENT AND REFLECTION IN WAYS THAT ARE CONSISTENT WITH OUR CATHOLIC, BENEDICTINE, RESIDENTIAL, LIBERAL ARTS IDENTITY AND CHARACTER THE FACULTY RESIDENT PROGRAM IS A DISTINCTIVE PART OF CAMPUS LIFE, WHEREBY BENEDICTINE PROFESSORS AND ADMINISTRATORS LIVE IN THE RESIDENCE AREAS AND SERVE AS ADULT MENTORS

4c

(Code ) (Expenses \$ 13,229,829 including grants of \$ 0 ) (Revenue \$ 17,163,786 )

AUXILIARY SERVICES AS A RURAL RESIDENTIAL CAMPUS, ST JOHN'S UNIVERSITY OPERATES ITS AUXILIARY SERVICES TO ENHANCE THE EDUCATIONAL EXPERIENCE BY BUILDING A SENSE OF COMMUNITY THESE AUXILIARY OPERATIONS PROVIDE SERVICES SUCH AS HOUSING, FOOD SERVICE, AND THE BOOKSTORE

4d

Other program services (Describe in Schedule O )













(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

88,461,512

Part IV 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 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 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 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e 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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
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 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	178	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.	2,109	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: GM See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 to any question 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	34	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	KEN OSBORNE 2850 ABBEY PLAZA PO BOX 2222 COLLEGEVILLE, MN (320) 363-3161

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

[illegible]

## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								1,421,796	0	331,401

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶21

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ORDER OF SAINT BENEDICT 2900 ABBEY PLAZA COLLEGEVILLE MN 56321	MAINTENANCE & REPAIRS	1,971,430
BREITBACH CONSTRUCTION CO PO BOX 78 ELROSA MN 56325	CONSTRUCTION	1,793,907
JOHN ROBERTS CO 9687 EAST RIVER ROAD MINNEAPOLIS MN 55433	PRINTING	1,741,166
MCDOWALL COMPANY PO BOX 606 WAITE PARK MN 56387	CONSTRUCTION	1,161,363
SPRINTURF LLC 900 CIRCLE 75 PARKWAY SUITE 1750 ATLANTA GA 30339	CONSTRUCTION	820,239

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►21

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	8,580				
	d	Related organizations . . . . .	1d	250,564,158				
	e	Government grants (contributions)	1e	1,032,688				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,351,652				
	g	Noncash contributions included in lines 1a-1f \$		244,808,436				
	h	Total. Add lines 1a-1f . . . . .		262,957,078				
Program Service Revenue	2a	TUITION AND FEES	Business Code 611600	67,277,795	67,277,795			
	b	FOOD SERVICES	611700	8,503,812	8,396,966	106,846		
	c	RESIDENCE HALLS	611700	7,456,170	7,393,643	62,527		
	d	OTHER AUXILIARIES	611700	1,203,804	1,185,434	18,370		
	e	STUDENT SERVICES & PROGRAMMING	611700	808,802	808,802			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		85,250,383				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,943,345		32,895	4,910,450
4		Income from investment of tax-exempt bond proceeds . . . . .						
5		Royalties . . . . .		81,471			81,471	
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss) . . . . .					
8a		Gross income from fundraising events (not including \$ 8,580 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	70,575				
		b	Less direct expenses . . . . .	b	57,454			
		c	Net income or (loss) from fundraising events . . . . .		13,121			13,121
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a					
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a	4,946,054				
		b	Less cost of goods sold . . . . .	b	2,928,826			
		c	Net income or (loss) from sales of inventory . . . . .		2,017,228		32,020	1,985,208
	Miscellaneous Revenue		Business Code					
11a	NET GAIN ON INSURANCE PROCEEDS	900099	8,048,313			8,048,313		
b	MISCELLANEOUS	900099	566,449			566,449		
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		8,614,762					
12	Total revenue. See Instructions . . . . .		373,895,560	85,062,640	252,658	25,623,184		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	61,914	61,914		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	31,772,180	31,772,180		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,009,293	115,829	608,854	284,610
6	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.	31,417,504	25,270,230	4,155,519	1,991,755
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,906,967	1,549,181	254,992	102,794
9	Other employee benefits.	5,661,473	4,092,424	1,305,184	263,865
10	Payroll taxes.	2,015,158	1,585,726	305,087	124,345
11	Fees for services (non-employees):				
a	Management.	443,419	443,419		
b	Legal.	399,732	1,050	397,662	1,020
c	Accounting.	42,172		42,172	
d	Lobbying.	123,572		123,572	
e	Professional fundraising services. See Part IV, line 17.	56,221			56,221
f	Investment management fees.	1,007,883		1,007,883	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,246,495	1,109,981	131,738	4,776
12	Advertising and promotion.	658,915	277,299	191,951	189,665
13	Office expenses.	505,513	238,275	211,215	56,023
14	Information technology.	1,017,502	550,744	403,652	63,106
15	Royalties.	11,332	11,332		
16	Occupancy.	5,374,911	4,593,075	781,836	
17	Travel.	2,591,364	2,298,715	116,279	176,370
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	446,586	174,265	119,749	152,572
20	Interest.	2,075,386	2,075,386		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	4,716,543	4,084,627	631,916	
23	Insurance.	261,645	72,096	189,549	
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	OTHER AUXILIARIES	4,001,255	4,001,255		
b	STUDENT PROGRAMMING	2,469,674	2,469,674		
c	MISCELLANEOUS EXPENSES	1,108,955	146,428	867,586	94,941
d	COST CENTER ALLOCATIONS	0	1,466,407	-1,678,043	211,636
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	102,403,564	88,461,512	10,168,353	3,773,699
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	7,247,268
	3	Pledges and grants receivable, net			3	11,039,906
	4	Accounts receivable, net			4	833,406
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	8,368,494
	9	Prepaid expenses and deferred charges			9	932,175
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	125,013,152	0	120,272,891
	b	Less accumulated depreciation	10b	4,740,261		
	11	Investments—publicly traded securities			11	119,584,314
	12	Investments—other securities See Part IV, line 11			12	45,152,893
	13	Investments—program-related See Part IV, line 11			13	2,489,006
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	20,842,113
	16	Total assets. Add lines 1 through 15 (must equal line 34)		0	16	336,762,466
Liabilities	17	Accounts payable and accrued expenses			17	6,891,974
	18	Grants payable			18	2,489,006
	19	Deferred revenue			19	2,276,537
	20	Tax-exempt bond liabilities			20	39,054,019
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	280,749
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	9,255,660
	26	Total liabilities. Add lines 17 through 25		0	26	60,247,945
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	161,003,409
	28	Temporarily restricted net assets			28	45,405,608
	29	Permanently restricted net assets			29	70,105,504
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		0	33	276,514,521
	34	Total liabilities and net assets/fund balances		0	34	336,762,466

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	373,895,560
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	102,403,564
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	271,491,996
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	0
5	Net unrealized gains (losses) on investments . . . . .	5	6,078,687
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-1,056,162
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	276,514,521

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . .

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 45-3656162

Name: SAINT JOHN'S UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE MUCHA TRUSTEE - CHAIR	5 00 0 00	X		X				0	0	0
KEN ROERING TRUSTEE - VICE CHAIR	4 00 0 00	X		X				0	0	0
STEVE ARMSTRONG TRUSTEE	4 00 0 00	X						0	0	0
DENNIS BEACH OSB TRUSTEE/ASSOC PROFESSOR	50 00 0 00	X						0	0	0
CARIE BRAUN TRUSTEE/FACULTY MEMBER	50 00 0 00	X						97,965	0	8,554
TONY CHRISTIANSON TRUSTEE	2 00 0 00	X						0	0	0
MARILOU ELDRED TRUSTEE	2 00 0 00	X						0	0	0
PATRICK ELLINGSWORTH TRUSTEE	2 00 0 00	X						0	0	0
TERRY FRUTH TRUSTEE	3 00 0 00	X						0	0	0
CONNER GRIFFIN STUDENT TRUSTEE/STUDENT EMPLOYEE	2 00 0 00	X						8,223	0	0
STUART HARVEY JR TRUSTEE	2 00 0 00	X						0	0	0
LINDA HOESCHLER TRUSTEE	3 00 0 00	X						0	0	0
ERIC HOLLAS OSB TRUSTEE/SENIOR ASSOC FOR ARTS & CULTURE	50 00 0 00	X						0	0	0
ANN HUNTRODS TRUSTEE	2 00 0 00	X						0	0	0
WILLIAM JEATRAN TRUSTEE	4 00 0 00	X						0	0	0
JAMES KNOBLACH TRUSTEE	2 00 0 00	X						0	0	0
PAUL KRUMP TRUSTEE	2 00 0 00	X						0	0	0
BENEDICT LEUTHNER OSB TRUSTEE	2 00 0 00	X						0	0	0
RENE MCGRAW OSB TRUSTEE/ASSOC PROFESSOR	50 00 0 00	X						0	0	0
THOMAS NICOL TRUSTEE	2 00 0 00	X						0	0	0
KATHLEEN NORRIS TRUSTEE	2 00 0 00	X						0	0	0
BILL O'CONNELL TRUSTEE	2 00 0 00	X						0	0	0
JOSE PERIS TRUSTEE	2 00 0 00	X						0	0	0
ROBIN PIERZINA OSB TRUSTEE/FRESHMAN FACULTY RESIDENT	10 00 0 00	X						0	0	0
DAVID REHR TRUSTEE	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE SCHERER TRUSTEE	3 00 0 00	X						0	0	0
THOMAS SCHNETTLER TRUSTEE	2 00 0 00	X						0	0	0
BILL SCHUBERT TRUSTEE	2 00 0 00	X						0	0	0
DON SCHUMACHER TRUSTEE	3 00 0 00	X						0	0	0
FRED SENN TRUSTEE	3 00 0 00	X						0	0	0
JIM SEXTON TRUSTEE	2 00 0 00	X						0	0	0
PRINCE WALLACE TRUSTEE	2 00 0 00	X						0	0	0
DAN WHALEN TRUSTEE	4 00 0 00	X						0	0	0
MICHAEL HEMESATH PRESIDENT 1/2 YEAR	60 00 0 00	X		X				149,010	0	28,195
ROBERT KOOPMAN OSB PRESIDENT 1/2 YEAR	60 00 0 00	X		X				0	0	0
RICHARD ADAMSON VP OF FINANCE & ADMIN - TREASURER	50 00 0 00			X				211,525	0	34,273
ROBERT CULLIGAN VP OF INSTITUTIONAL ADVANCEMENT	50 00 0 00				X			205,372	0	78,785
JAMES TRIGGS EXECUTIVE DIRECTOR OF HERITAGE PROGRAM	50 00 0 00					X		219,116	0	17,070
JOHN GAGLIARDI HEAD FOOTBALL COACH	50 00 0 00					X		149,330	0	38,339
JON MCGEE VP PLANNING & PUBLIC AFFAIRS	50 00 0 00					X		130,779	0	40,446
JOHN YOUNG AVP OF INSTITUTIONAL ADVANCEMENT	50 00 0 00					X		126,373	0	52,784
JOSEPH DES-JARDINS VICE PROVOST	50 00 0 00					X		124,103	0	32,955

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number  
45-3656162

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SAINT JOHN'S UNIVERSITY	Employer identification number  45-3656162
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ 0
3	Volunteer hours	0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		123,572
j	Total. Add lines 1c through 1i.			123,572
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THIS FIGURE IS EQUAL TO THE AMOUNT OF DUES PAID BY SAINT JOHN'S UNIVERSITY TO THE MINNESOTA PRIVATE COLLEGE COUNCIL, AN ASSOCIATION THAT SERVES A VARIETY OF ITS MEMBERS' SHARED NEEDS, INCLUDING, BUT NOT ONLY, NONPARTISAN AND NONELECTORAL ADVOCACY FOR PUBLIC POLICY THAT MEETS STUDENTS' NEEDS AND ADVANCES THE INTERESTS OF PRIVATE HIGHER EDUCATION. A PORTION OF THIS AMOUNT, BUT NOT ALL OF IT, SUPPORTED ATTEMPTS TO INFLUENCE LEGISLATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("LOBBYING").

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number  
45-3656162

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
	<div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ 13,891,971

(ii)

Assets included in Form 990, Part X

▶ \$ 13,891,971

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ 0

b

Assets included in Form 990, Part X

▶ \$ 0

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ 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 solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	0			
b	Contributions	144,337,960			
c	Net investment earnings, gains, and losses	17,665,124			
d	Grants or scholarships	3,149,015			
e	Other expenditures for facilities and programs	6,689,773			
f	Administrative expenses				
g	End of year balance	152,164,296			

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

37 080 %

b

Permanent endowment

41 990 %

c

Temporarily restricted endowment

20 930 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,343,201		4,343,201
b Buildings		88,788,502	2,839,128	85,949,374
c Leasehold improvements				
d Equipment		8,956,655	1,901,133	7,055,522
e Other		22,924,794		22,924,794
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				120,272,891



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	98,560,144
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	6,078,687
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	2,986,280
e	Add lines 2a through 2d . . . . .	2e	9,064,967
3	Subtract line 2e from line 1 . . . . .	3	89,495,177
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,007,883
b	Other (Describe in Part XIII ) . . . . .	4b	283,392,500
c	Add lines 4a and 4b . . . . .	4c	284,400,383
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	373,895,560

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	72,609,781
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	2,986,280
e	Add lines 2a through 2d . . . . .	2e	2,986,280
3	Subtract line 2e from line 1 . . . . .	3	69,623,501
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,007,883
b	Other (Describe in Part XIII ) . . . . .	4b	31,772,180
c	Add lines 4a and 4b . . . . .	4c	32,780,063
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	102,403,564

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE UNIVERSITY HOLDS A HAND WRITTEN BIBLE, VARIOUS RARE BOOKS, AND DIGITAL IMAGES OF RARE OR ENDANGERED MANUSCRIPTS. THESE ITEMS ARE BEING PRESERVED FOR USE BY STUDENTS AND SCHOLARS FOR RESEARCH PURPOSES.
	PART IV, LINE 2B	THE UNIVERSITY HOLDS FUNDS ON BEHALF OF OTHER ORGANIZATIONS FOR FISCAL MANAGEMENT PURPOSES. THESE FUNDS ARE HELD BY THE UNIVERSITY AND DISTRIBUTED BACK TO THE ORGANIZATION UPON REQUEST. THE UNIVERSITY HAS RECOGNIZED THE FUNDS AS A LIABILITY IN THE STATEMENT OF FINANCIAL POSITION.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT DRAW IS USED TO SUPPORT STUDENT FINANCIAL AID, INSTRUCTION, PROGRAMMING, AND THE GENERAL OPERATIONS OF THE INSTITUTION.
PART XI, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 2,928,826. SPECIAL EVENT EXPENSES 57,454.
PART XI, LINE 4B - OTHER ADJUSTMENTS		ADJUSTMENT OF ACTUARIAL LIABILITY 361,679. CHANGE IN ANNUITY AND UNITRUST LIABILITY 694,483. SCHOLARSHIPS AND GRANTS 31,772,180. CONTRIBUTION FROM RELATED ORGANIZATION 250,564,158.
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 2,928,826. SPECIAL EVENT EXPENSES 57,454.
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS 31,772,180.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number

45-3656162

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 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?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- 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?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	POLICIES ARE PUBLISHED ON THE UNIVERSITY'S WEBSITE, ADS IN LOCAL NEWSPAPERS AND OTHER PUBLICATIONS AS A RESULT OF EMPLOYMENT ANOUNCEMENTS AND ALSO CORRESPONDENCE WITH CURRENT AND POTENTIAL STUDENTS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	SAINT JOHN'S UNIVERSITY RECEIVES FEDERAL AND STATE AID FOR GRANTS AND WORKSTUDY

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number  
45-3656162

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☐ Yes ☐ No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	113			2,852,530
b Total from continuation sheets to Part I	0	5			156,442
c Totals (add lines 3a and 3b)	0	118			3,008,972

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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 . . . . ▶
- 3 Enter total number of other organizations or entities . . . . . ▶

## Part III

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☒ Yes ☐ No

**Supplemental Information**  
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part II, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

Additional Data

Software ID:  
Software Version:  
EIN: 45-3656162  
Name: SAINT JOHN'S UNIVERSITY

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	STUDENT PROGRAMS	122,686
EAST ASIA AND THE PACIFIC	0	9	PROGRAM SERVICES	STUDENT PROGRAMS	365,985
SOUTH ASIA	0	9	PROGRAM SERVICES	STUDENT PROGRAMS	65,132

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	4	PROGRAM SERVICES	STUDENT PROGRAMS	235,866
CENTRAL AMERICA AND THE CARIBBEAN	0	7	PROGRAM SERVICES	STUDENT PROGRAMS	100,272
EUROPE (INCLUDING ICELAND & GREENLAND)	0	73	PROGRAM SERVICES	STUDENT PROGRAMS	1,344,071

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	4	PROGRAM SERVICES	BIBLE HERITAGE	356,428
MIDDLE EAST AND NORTH AFRICA	0	5	PROGRAM SERVICES	HMML PRESERVATION	262,090
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	HMML PRESERVATION	120,120

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	1	PROGRAM SERVICES	HMML PRESERVATION	18,175
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	HMML PRESERVATION	18,147

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number  
45-3656162

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

b

☒ Internet and email solicitations

c

☒ Phone solicitations

d

☒ In-person solicitations

e

☒ Solicitation of non-government grants

f

☒ Solicitation of government grants

g

☒ Special fundraising events

2a

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

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BENTZ WHALEY FLESSNER 7251 OHMS LANE  MINNEAPOLIS, MN 55439	CAMPAIGN CONSULTANT		No	0	56,221	-56,221
Total . . . . . ▶					56,221	-56,221

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

MN

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		ALUMNI ASSOCIATION GOLF (event type)	TUCKER CLASSIC (event type)	3 (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts . . . .	30,365	14,290	34,500	79,155	
	2	Less Contributions . .	1,680		6,900	8,580	
	3	Gross income (line 1 minus line 2) . . . .	28,685	14,290	27,600	70,575	
Direct Expenses	4	Cash prizes . . . .					
	5	Noncash prizes . .	134		830	964	
	6	Rent/facility costs . .	14,659	5,721	10,410	30,790	
	7	Food and beverages .	9,504	4,972	7,316	21,792	
	8	Entertainment . . . .					
	9	Other direct expenses .	2,179	240	1,489	3,908	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(57,454)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶					13,121

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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OMB No 1545-0047

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

**Open to Public Inspection**

**Employer identification number**  
45-3656162

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

[illegible]

<b>2</b>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	<b>2</b>
<b>3</b>	Enter total number of other organizations listed in the line 1 table . . . . .	<b>0</b>

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT SCHOLARSHIPS & FINANCIAL AID	1845	31,772,180	0	N/A	N/A

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE FINANCIAL AID OFFICE MAINTAINS RECORDS WHICH SUBSTANTIATE ELIGIBILITY AND THE AMOUNT OF ASSISTANCE GIVEN TO STUDENTS NEED BASED ELIGIBILITY FOR SCHOLARSHIPS IS DETERMINED BY USING INFORMATION ON THE FAFSA, AND MERIT BASED STUDENT AID IS DETERMINED USING VARIOUS FACTORS TO ASSESS ACADEMIC PERFORMANCE OF THE STUDENT GIFTS/SPONSORSHIPS TO ORGANIZATIONS ARE REVIEWED AND APPROVED BY THE PRESIDENT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number  
45-3656162

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b</div> <div>If any of the boxes in 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</div>	1bYes	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	2Yes	
<div>3</div> <div>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</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5aYes	
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued 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</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MICHAEL HEMESATH PRESIDENT 1/2 YEAR	(i) (ii)	147,974 0	0 0	1,036 0	13,500 0	14,695 0	177,205 0	0 0
(2)RICHARD ADAMSON VP OF FINANCE & ADMIN - TREASURER	(i) (ii)	191,362 0	20,000 0	163 0	17,732 0	16,541 0	245,798 0	0 0
(3)ROBERT CULLIGAN VP OF INSTITUTIONAL ADVANCEMENT	(i) (ii)	205,234 0	0 0	138 0	18,422 0	60,363 0	284,157 0	0 0
(4)JAMES TRIGGS EXECUTIVE DIRECTOR OF HERITAGE PROGR	(i) (ii)	97,380 0	121,598 0	138 0	9,000 0	8,070 0	236,186 0	0 0
(5)JOHN GAGLIARDI HEAD FOOTBALL COACH	(i) (ii)	148,830 0	0 0	500 0	21,839 0	16,500 0	187,669 0	0 0
(6)JON MCGEE VP PLANNING & PUBLIC AFFAIRS	(i) (ii)	130,616 0	0 0	163 0	12,243 0	28,203 0	171,225 0	0 0
(7)JOHN YOUNG AVP OF INSTITUTIONAL ADVANCEMENT	(i) (ii)	126,235 0	0 0	138 0	12,051 0	40,733 0	179,157 0	0 0
(8)JOSEPH DES-JARDINS VICE PROVOST	(i) (ii)	123,682 0	0 0	421 0	11,641 0	21,314 0	157,058 0	0 0

Part III Supplemental Information

Complete this part to 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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	MICHAEL HEMESATH HOUSING ALLOWANCE BECAUSE THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS AS A CONDITION OF EMPLOYMENT, THE HOUSING ALLOWANCE IS NOT INCLUDED IN TAXABLE INCOME
	PART I, LINE 5	AS PART OF HIS COMPENSATION PACKAGE, JIM TRIGGS, EXECUTIVE DIRECTOR OF THE BIBLE HERITAGE PROGRAM, WAS PAID A COMMISSION BASED ON SALES OF THE HERITAGE EDITIONS OF THE BIBLE

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number  
45-3656162

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HMQ4	06-04-2008	11,301,602	SEE PART VI		X		X		X
B	MN HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HFP4	08-18-2005	40,607,696	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,100,885		13,115,526					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	11,301,602		40,607,696					
4	Gross proceeds in reserve funds	784,350		9,674					
5	Capitalized interest from proceeds	279,830							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	226,032		532,392					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	10,011,390							
11	Other spent proceeds	40,065,630		40,065,630					
12	Other unspent proceeds								
13	Year of substantial completion	2009		2005		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 00000%		0 00000%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	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 issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X					
b	Name of provider	GRAND CENTRAL FUNDING		GRAND CENTRAL FUNDING					
c	Term of GIC	13 300000000000		13 300000000000					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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 if self-remediation is not available under applicable regulations?	X		X					

Part VI

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

Identifier	Return Reference	Explanation
SCHEDULE K PART IV, ARBITRAGE, LINE 2C	DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MN HIGHER EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 10/01/2012 ISSUER NAME MN HIGHER EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 10/01/2006
SCHEDULE K, PART I, LINE A, COLUMN (F)	DESCRIPTION OF PURPOSE	CONSTRUCTION OF STUDENT HOUSING, COMMUNITY CENTER, AND DINING RENOVATIONS
SCHEDULE K, PART I, LINE B, COLUMN (F)	DESCRIPTION OF PURPOSE	REFINANCE 2 PRIOR BONDS ORIGINALLY ISSUED TO FUND SCIENCE CENTER, ATHLETIC COMPLEX, QUAD BUILDING RENOVATIONS, AND DORMITORIES

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number  
45-3656162

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	1	19,500	APPRAISAL
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		53,936	AVERAGE COST
5 Clothing and household goods . . . . .	X		9,020	COST
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	75	1,983,710	STOCK MARKET QUOTES
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 . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( OSB GIFT )	X	1	242,699,200	SEE PART II
RESEARCH				
26 Other ► ( EQUIPMENT )	X	1	25,018	COST
EVENT				
27 Other ► ( FUNDING )	X	10	9,947	COST
28 Other ► ( OTHER )	X	8	8,105	COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .291

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

30aNo

31Yes

32aNo

Part II

Supplemental Information. Complete this part to 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.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THE UNIVERSITY REPORTS ON PART I, COLUMN (B) THE NUMBER OF CONTRIBUTORS SCHEDULE M, PART I, LINE 25 GIFT FROM THE ORDER OF ST BENEDICT PRIOR TO JULY 1, 2012, ST JOHN'S UNIVERSITY WAS AN OPERATING DIVISION OF THE ORDER OF ST BENEDICT (OSB), A BENEDICTINE MONASTERY EFFECTIVE JULY 1, 2012, ST JOHN'S UNIVERSITY BEGAN OPERATIONS AS A NEW SEPARATE CIVIL CORPORATION ALL ASSETS AND LIABILITIES PREVIOUSLY ASSOCIATED WITH THE UNIVERSITY DIVISION, AND NECESSARY TO ITS ONGOING OPERATIONS, WERE TRANSFERRED BY THE OSB TO THE NEW UNIVERSITY CIVIL CORPORATION AS OF JULY 1, 2012 THE NET GIFT TO THE UNIVERSITY FROM OSB WAS \$250,564,158 THIS INCLUDED \$242,699,200 OF NON-CASH ITEMS FOR WHICH THE DETAIL IS AS FOLLOWS TYPE OF PROPERTY CONTRIBUTION METHOD SECURITIES - PUBLICLY TRADED \$88,717,887 STOCK MKT QUOTES SECURITIES - CLOSELY HELD STOCK \$21,801,398 APPRAISED VALUE SECURITIES - MISCELLANEOUS \$48,607,249 APPRAISED VALUE REAL ESTATE - OTHER \$75,934,321 NET BOOK VALUE OTHER - ASSETS \$7,638,345 FAIR MARKET VALUE TOTAL \$242,699,200

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Name of the organization  
SAINT JOHN'S UNIVERSITY**Employer identification number**

45-3656162

Identifier	Return Reference	Explanation
GIFT FROM ORDER OF ST BENEDICT	FORM 990, PART I, LINE 8	PRIOR TO JULY 1, 2012, ST JOHN'S UNIVERSITY WAS AN OPERATING DIVISION OF THE ORDER OF ST BENEDICT (OSB), A BENEDICTINE MONASTERY EFFECTIVE JULY 1, 2012, ST JOHN'S UNIVERSITY BEGAN OPERATIONS AS A NEW SEPARATE CIVIL CORPORATION ALL ASSETS AND LIABILITIES PREVIOUSLY ASSOCIATED WITH THE UNIVERSITY DIVISION, AND NECESSARY TO ITS ONGOING OPERATIONS, WERE TRANSFERRED BY THE OSB TO THE NEW UNIVERSITY CIVIL CORPORATION AS OF JULY 1, 2012 IN CONNECTION WITH THE TRANSFER, THE UNIVERSITY HAS A LAND LEASE AGREEMENT WITH OSB FOR ALL OF THE LAND THAT THE CAMPUS SITS ON IN ADDITION, THE UNIVERSITY LEASES SEVERAL OSB BUILDINGS NEEDED FOR UNIVERSITY OPERATIONS THE UNIVERSITY AND OSB SHARE CERTAIN ADMINISTRATIVE AND FACILITY COSTS, WHICH ARE ALLOCATED BETWEEN THE TWO ENTITIES THE NET GIFT TO THE UNIVERSITY FROM OSB WAS \$250,564,158, AND IS INCLUDED IN THIS CONTRIBUTION NUMBER FOR THIS INITIAL REPORT

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	SAINT JOHN'S UNIVERSITY FOSTERS THE VITALITY OF COMMUNITY THROUGH LEARNING AND THE PURSUIT OF WISDOM THROUGH ITS UNDERGRADUATE COLLEGE OF ARTS AND SCIENCES AND ITS GRADUATE SCHOOL OF THEOLOGY AND RELATED PROGRAMS. STRIVING FOR EXCELLENCE, WE UNITE THE WISDOM OF CATHOLIC SOCIAL TEACHING AND INTELLECTUAL TRADITION WITH THE PRACTICALITY OF THE COMMON LIFE ENVISIONED BY SAINT BENEDICT. SAINT JOHN'S UNIVERSITY'S UNDERGRADUATE COLLEGE IS A NATIONALLY-LEADING RESIDENTIAL LIBERAL ARTS COLLEGE FOR MEN WHOSE UNIQUE PARTNERSHIP WITH THE COLLEGE OF SAINT BENEDICT FOR WOMEN OFFERS STUDENTS THE EDUCATIONAL CHOICES OF A LARGE UNIVERSITY AND THE INDIVIDUAL ATTENTION AND COMMUNITY OF A PREMIER SMALL COLLEGE. THE LIBERAL ARTS EDUCATION PROVIDED IS ROOTED IN THE CATHOLIC UNIVERSITY TRADITION AND GUIDED BY THE BENEDICTINE PRINCIPLES. THESE PRINCIPLES STRESS CULTIVATION OF THE LOVE OF GOD, COMMUNITY, HOSPITALITY, STEWARDSHIP, LISTENING, WORSHIP, AND BALANCED LIVING. THE LIBERAL ARTS FORM THE CORE OF DISCIPLINED INQUIRY AND RICH PREPARATION FOR THE PROFESSIONS, PUBLIC LIFE, AND SERVICE TO OTHERS. ST. JOHN'S VISION IS TO EXCEL IN PROVIDING A UNIQUE AND ACCESSIBLE EDUCATIONAL ENVIRONMENT FOR A DIVERSE COMMUNITY OF UNDERGRADUATE MEN, AS WELL AS A GRADUATE COMMUNITY OF MALE AND FEMALE STUDENTS OF THEOLOGY, DRAWN FROM A BROAD RANGE OF SOCIO-ECONOMIC AND CULTURAL BACKGROUNDS AND SHOWING EVIDENCE OF THE CAPACITY TO PURSUE, RESPECTIVELY, LIBERAL ARTS STUDIES AND GRADUATE THEOLOGICAL EDUCATION WITH DISTINCTION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SHALL BE COMPOSED OF A RANGE OF BETWEEN EIGHT AND TWELVE MEMBERS, EACH WITH A VOTE. THE CHAIR AND VICE CHAIR OF THE BOARD OF TRUSTEES, THE PRESIDENT OF THE UNIVERSITY, ONE TRUSTEE, AND THE REMAINDER TRUSTEES ELECTED BY THE BOARD OF TRUSTEES. BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE SHALL HAVE THE SAME POWERS AS THE BOARD OF TRUSTEES EXCEPT IT MAY NOT TAKE ANY ACTION INCONSISTENT WITH A PRIOR ACT OF THE BOARD OF TRUSTEES, APPROVE THE ANNUAL BUDGET, APPOINT OR REMOVE THE PRESIDENT, ALTER THE UNIVERSITY'S ARTICLES OF INCORPORATION OR BYLAWS, OR TAKE ANY ACTION WHICH HAS BEEN RESERVED TO THE CLASS A OR CLASS B MEMBERS OR SPECIFICALLY RESERVED TO THE FULL BOARD.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE UNIVERSITY HAS TWO CLASSES OF MEMBERS THE CLASS A MEMBERS SHALL CONSIST OF FIVE MONKS OF SAINT JOHN'S ABBEY, AND SHALL INCLUDE THE ABBOT, THE CANONICAL TREASURER, AND THREE ADDITIONAL MONKS THE CLASS B MEMBERS SHALL BE THE FINALLY PROFESSED MEMBERS OF SAINT JOHN'S ABBEY IN GOOD STANDING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE CLASS A MEMBERS MAY ELECT ONE MEMBER TO THE BOARD OF TRUSTEES AND HAVE COMPLETE BOARD DISMISSAL & REPLACEMENT AUTHORITY THE CLASS B MEMBERS MAY ELECT UP TO 4 MEMBERS TO THE BOARD OF TRUSTEES, MAY REMOVE TRUSTEES ELECTED BY CLASS B MEMBERS, AND MAY ELECT CLASS A MEMBERS TO FILL A VACANCY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE CLASS A MEMBERS SHALL HAVE THE AUTHORITY TO TAKE THE FOLLOWING ACTIONS UNILATERALLY ELECT OR REMOVE ONE CLASS A MEMBER TO THE BOARD OF TRUSTEES AND FILL A VACANCY IN SUCH POSITION, ELECT ONE TRUSTEE TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, REQUIRE THE BOARD OF TRUSTEES TO CONSIDER OR RECONSIDER ANY ACTION OR ITEM THAT THE CLASS A MEMBERS HAVE DETERMINED TO BE SIGNIFICANT TO THE BENEDICTINE OR CATHOLIC CHARACTER OF THE UNIVERSITY, REMOVE ALL OF THE MEMBERS OF THE BOARD OF TRUSTEES AS A GROUP AND NAME SUCCESSOR TRUSTEES, APPOINT ONE CLASS A MEMBER TO ANY PRESIDENTIAL SEARCH COMMITTEE THE UNIVERSITY MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT APPROVAL OF THE CLASS A MEMBERS THE SALE, LEASE, OR ENCUMBRANCE OF REAL PROPERTY OWNED BY THE UNIVERSITY, THE PURCHASE OF REAL PROPERTY CONTIGUOUS TO LAND OWNED BY THE ORDER OF SAINT BENEDICT, THE INCURRENCE OF LONG-TERM DEBT IN AN AMOUNT WHICH EXCEEDS CANONICAL LIMITS, THE ADOPTION OR SUBSTANTIVE AMENDMENT OF THE GIFT POLICIES OF THE CORPORATION, APPOINTMENT OF THE PRESIDENT OF THE UNIVERSITY, ELECTION OF NEW TRUSTEES THE CLASS B MEMBERS' RIGHTS ARE LIMITED TO ELECTING AND REMOVING UP TO 4 CLASS B MEMBERS TO THE BOARD OF TRUSTEES AND ELECTING CLASS A MEMBERS TO FILL A VACANCY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE CHAIR AND MANAGEMENT WILL REVIEW THE FULL FORM 990, INCLUDING SCHEDULE B THE AUDIT COMMITTEE WILL REVIEW THE FORM 990, EXCLUDING SCHEDULE B, BEFORE FILING WITH THE IRS THE BOARD OF TRUSTEES WILL RECEIVE A COPY OF FORM 990, EXCLUDING SCHEDULE B

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ALL TRUSTEES, OFFICERS, EXECUTIVE-LEVEL EMPLOYEES, AND NON-TRUSTEE MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS. A PERSON WHO HAS AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER RELATIONSHIP OR FINANCIAL INTEREST TO THE CHAIR OF THE BOARD OF TRUSTEES OR THE RELEVANT COMMITTEE CHAIR. THE CHAIR OF THE MEETING SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING. AFTER DISCLOSURE OF THE POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED COVERED PERSON, SUCH COVERED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING AT WHICH THE PROPOSED TRANSACTION OR ARRANGEMENT WITH THE UNIVERSITY IS CONSIDERED. THE REMAINING MEMBERS OF THE BOARD OR COMMITTEE SHALL THEN DISCUSS AND VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS AND SHALL SEEK THE ADVICE OF LEGAL COUNSEL WHERE APPROPRIATE IN MAKING SUCH A DETERMINATION. THE COVERED PERSON WHO IS KNOWN TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A TRANSACTION OR ARRANGEMENT THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	<p>IN ACCORDANCE WITH SALARY SECTION OF THE PRESIDENT'S WRITTEN EMPLOYMENT AGREEMENT, "THE BOARD OF TRUSTEES (THE "BOARD") OR A COMMITTEE DESIGNATED BY THE BOARD SHALL GENERALLY CONDUCT A REVIEW OF THE EMPLOYEE'S PERFORMANCE OF HIS DUTIES AS PRESIDENT ON AN ANNUAL BASIS BASED ON THE EMPLOYEE'S PERFORMANCE, DATA REGARDING COMPENSATION PROVIDED BY COMPARABLE ENTITIES TO THEIR PRESIDENTS, AND THE UNIVERSITY'S FISCAL CONDITION, THE BOARD OR A COMMITTEE DESIGNATED BY THE BOARD MAY, IN ITS SOLE DISCRETION, INCREASE THE EMPLOYEE'S BASIC ANNUAL SALARY " THE COMPENSATION PROGRAM IS MARKET-BASED A MARKET ANALYSIS IS COMPLETED USING CUPA-HR (COLLEGE &amp; UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES) SALARY SURVEY DATA THE CRITERIA FOR THE MARKET ANALYSIS INCLUDES A REVIEW AT A NATIONAL LEVEL OF PRIVATE INDEPENDENT HIGHER EDUCATION INSTITUTIONS WITH RESPECT TO ENROLLMENT, BUDGET, AND CARNEGIE CLASSIFICATION HUMAN RESOURCES GATHERS THE DATA AND PROVIDES INFORMATION TO THE BOARD CHAIR FOR REVIEW/DECISION THIS PROCESS WAS LAST UNDERTAKEN IN 2013 FOR OTHER OFFICERS OF THE UNIVERSITY, THE COMPENSATION PROGRAM IS MARKET-BASED A MARKET ANALYSIS IS COMPLETED USING CUPA-HR (COLLEGE &amp; UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES) SALARY SURVEY DATA THE CRITERIA FOR THE MARKET ANALYSIS INCLUDES A REVIEW AT A NATIONAL LEVEL OF PRIVATE INDEPENDENT HIGHER EDUCATION INSTITUTIONS WITH RESPECT TO ENROLLMENT, BUDGET, AND CARNEGIE CLASSIFICATION HUMAN RESOURCES GATHERS THE DATA AND PROVIDES INFORMATION TO THE PRESIDENT FOR REVIEW/DECISION THIS PROCESS WAS LAST UNDERTAKEN IN 2013</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE UPON REQUEST, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE AND UPON REQUEST

Identifier	Return Reference	Explanation
EXPLANATION OF NET GAIN ON INSURANCE PROCEEDS	FORM 990, PART VIII, LINE 11A	AS A RESULT OF A HAIL STORM ON MAY 28, 2012, THE ROOFS ON THE UNIVERSITY'S BUILDINGS RECEIVED SUBSTANTIAL DAMAGE. THE ROOFS WERE FULLY INSURED. THE UNIVERSITY AND THE INSURANCE COMPANY HAVE AGREED TO SETTLEMENT AMOUNTS ON ALL THE ROOFS EXCEPT FOR TWO. AS A RESULT OF THE SETTLEMENT, THE UNIVERSITY RECORDED A NET GAIN OF \$8,048,313 ON THE STATEMENT OF ACTIVITIES.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ADJUSTMENT OF ACTUARIAL LIABILITY -361,679 CHANGE IN ANNUITY AND UNITRUST LIABILITY -694,483

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
SAINT JOHN'S UNIVERSITY

Employer identification number  
45-3656162

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ORDER OF ST BENEDICT  2900 ABBEY PLAZA PO BOX 2400  COLLEGEVILLE, MN 56321 41-0693973	ABBEY/MONASTERY	MN	501(C)(3)	LINE 1	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUSTS (29)	TRUST	MN	N/A	T					No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

**Software ID:**  
**Software Version:**  
**EIN:** 45-3656162  
**Name:** SAINT JOHN'S UNIVERSITY

**Part VII** **Supplemental Information**

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

Identifier	Return Reference	Explanation	
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