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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

			endar yea	r, or tax year beginning 06-0  C Name of organization	01-2008 and ending 05-31-200	9	D Employer id	lentification number	
_		oplicable	Please	UNIVERSITY OF SAN FRANCISO	CO				
Add	Iress cha	ange	use IRS label or	Doing Business As			94-11566 E Telephone r		
Nar	ne chan	nge	print or type. See	Downg Submices via					
Inıt	ıal retur	'n	Specific	Number and street (or P O bo	x if mail is not delivered to street addre	ess) Room/su	(415) 422		
– Ter	mınatıoı	n	Instruc- tions.	2130 FULTON STREET			G Gross recei	pts \$ 452,288,394	
– <sub>Am</sub>	ended r	eturn		City or town, state or country,	and ZIP + 4		-		
- Ann	dication	pending		SAN FRANCISCO, CA 94117					
<b>∠</b> PF	nication	pending				1			
			F Nam	ne and address of Principal	Officer		this a group retur		
						aπ	ılıates?	ΓYes <b>Γ</b> No	
			_			H(b) Are	e all affiliates includ	led?	
Tax	x-exem	pt status	<b>✓</b> 501(c)	) ( 3 ) ◀ (insert no )	1)(1) or 527	(If	"No," attach a lıs	t See instructions )	
w	eb site	e: 🕨 www	usfca edu	I		H(c) G	roup Exemption N	umber 🟲	
						<u> </u>			
<b>(</b> Тур	e of org	anızatıon	Corporat	ion trust association oth	er 🗠	<b>L</b> Year of	Formation 1930	State of legal domicile CA	
Pai	rt I	Sumn	narv						
				e organization's mission or i	most significant activities				
υ		•		-	A PRIVATE JESUIT UNIVERSIT	ГҮ ТНАТ Р	ROVIDES HIGHE	R EDUCATION WITH	
<u>⊇</u>					ADERS WHO WILL FASHION A				
Ĭ									
soveniance	2	Check th	nis box 🗀	ıf the organızatıon dıscontın	ued its operations or disposed o	of more thai	n 25% of its asse	ts	
	3	Number	of voting n	nembers of the governing bo	ody (Part VI, line 1a)		. 3	43	
<b>6</b>	4	Number	ofındepen	dent voting members of the	governing body (Part VI, line 1	b)	4	43	
<u>≅</u>	5	Total nu	mber of en	nployees (Part V , line 2a)			5	5,348	
Acumues	6	Total nu	mber of vo	lunteers (estimate if neces:	sary)		6	250	
3	7a	Total gro	oss unrelat	ted business revenue from F	Part VIII, line 12, column (C)		7a	1,057,176	
	1	-		ness taxable income from F	, , , , , , , , , , , , , , , , , , , ,		7b	-1,191,833	
					·		Prior Year	Current Year	
	8	Contrib	outions and	d grants (Part VIII, line 1h)		-	24,559,420	23,676,003	
9	9						258,080,499	279,947,769	
Revenu	10				nes 3, 4, and 7d)		16,135,079	-3,933,607	
æ	11			art VIII, column (A), lines !		20,200,075	-237,995		
	12				equal Part VIII, column (A), lin	e		231,333	
		12)		aa mioo o tiiroagii 11 (maot			307,364,399	299,452,170	
	13	Grants	and sımıla	ar amounts paid (Part IX, co	lumn (A), lines 1–3)		50,081,392	58,200,805	
	14	Benefit	s paid to o	r for members (Part IX, colu	ımn (A), line 4)			0	
	15	Salarıe	s, other co	ompensation, employee ben	efits (Part IX, column (A), lines	5 –			
<b>δ</b>		10)					138,337,087	156,971,837	
Expenses	16a	Profess	sional fund	raising fees (Part IX, colum	n (A), line 11e)		159,972	0	
ਡੋ	ь	(Total fu	ndraising exp	penses, Part IX, column (D), line 2	<sub>25</sub> 6,431,701)				
	17	Othere	expenses (	(Part IX, column (A), lines 1	1a-11d, 11f-24f)		87,773,166	84,281,137	
	18	Total e	xpenses—	add lines 13-17 (must equ	al Part IX, line 25, column (A))		276,351,617	299,453,779	
	19	Revenu	ie less exp	enses Subtract line 18 froi	m line 12		31,012,782	-1,609	
8 <u>8</u>						Begi	nning of Year	End of Year	
9 m	20	Totala	ssets (Par	t X, line 16)			675,569,000	621,000,755	
net Assets of Fund Balances	21		-	Part X, line 26)			250,982,000	247,658,737	
5 B	22			d balances Subtract line 2:	I from line 20		424,587,000		
					L Holli lille 20		424,387,000	373,342,018	
Par	t II		ature Blo					the best of my line wileden	
					ned this return, including accompanying of preparer (other than officer) is base				
Plea	se	****	**			20	010-04-12		
Sign		Signa	ture of office	er			ate		
dere	2	Charle	es E Cross VI	P - Bus & Finance					
			or print nam						
		Preparer's	s <b>k</b> .			Check If	Preparer's PTIN	(See Gen Inst )	
Paid		signature		e Tax LLP		self- empolyed 🕨	<b>-</b>		
	arer's	Firm's no	me (or yours	S & DELOITTE TAX LLP	1				
Jse (	- 1	ıf self-em	ployed),	<b>)</b>	EIN Þ	EIN Þ			
,	,	address,	and ZIP + 4	50 FREMONT STREET			Phone no		
				SAN FRANCISCO, CA 94105			Priorie no F	_ <del>_</del>	
1ay t	he IRS	S discus:	s this retui	rn with the preparer shown a	bove? (See instructions)			┌Yes ┌No	

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission	TECHTE LINEVED CITY THE	T DDOMDES HISHED EDHSATIO	N WITH A CLODAL DEDCE	ECTAVE TO EDUCATE LEADERS
	THE UNIVERSITY OF SAN FRANCISCO IS A PRIVATE IN WHO WILL FASHION A MORE HUMANE AND JUST WO				
	STUDENTS, AND THESE SERVICES ARE DIRECTLY RE	ELATED TO THE EXEMPT	PURPOSE OF the University		
2	Did the organization undertake any signifi	cant program servic	es during the year which v	vere not listed on	┌ Yes ┌ No
	the prior Form 990 or 990-EZ?				Yes   No
_	If "Yes," describe these new services on S				
3	Did the organization cease conducting or services?	make significant ch	anges in how it conducts a	ny program	┌ Yes ┌ No
	If "Yes," describe these changes on Sche				, ics para
4					
-	Describe the exempt purpose achievemer Section 501(c)(3) and (4) organizations a				
	others, the total expenses, and revenue, i				
4a	(Code ) (Expenses \$		cluding grants of \$	) (Revenue \$	234,616,804 )
	EDUCATION THE UNIVERSITY PROVIDES ACADEM TRADITION TO approximately 10,413 STUDENTS (			S DEDICATED TO SCHOL	ARSHIP AND THE JESUIT CATHOLIC
	TRADITION TO approximately 10, 113 STODENTS	and 2,300 theoeti hite	STATE MEMBERS		
4b	(Code ) (Expenses \$	113,731,287 inc	cluding grants of \$ 57	,646,784 ) (Revenue \$	10,156,707 )
	STUDENT SERVICES AND LIBRARIES INCLUDES A WELL BEING AND TO HIS/HER INTELLECTUAL, CUI				ENTS' EMOTIONAL AND PHYSICAL
	WELL BEING AND TO HIS/HER INTELLECTORE, COL	ETORAL, SOCIAL DEVELO	FINENT, AND INTERCOLLEGIATE	ATTIETTE PROGRAMS	
4c	(Code ) (Expenses \$		cluding grants of \$	) (Revenue \$	31,295,500 )
	AUXILIARY SERVICES INCLUDE EXPENDITURES F DINING SERVICES, and STUDENT HEALTH CENTER		ING ACTIVITIES OF THE UNIVERS	SITY SUCH AS THE OPERA	ATION OF RESIDENCE HALLS,
		·			
4d	Other program services (Describe in Sc	•			
	(Expenses \$ 1,993,731 in	cluding grants of \$	554,022 ) (F	Revenue \$	167,257)
4e	Total program service expenses \$	260,053,758	Must equal Part IX, Line 25	, column (B).	

Part IV	Chec	klist o	f Reauire	d S	chedule	5

			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? 🤨	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	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as 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 U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	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? <i>If "Yes," complete Schedule F, Part II</i>	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, Part III	16		Νo
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . . .

### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	570			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	$ \   \text{Did the organization comply with backup withholding rules for reportable payments}  t \\$		dors and reportable			
_	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
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	2a	5,348			
ь	If at least one is reported in 2a, did the organization file all required federal employr		,			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acacount)?			4a	Yes	
b	If "Yes," enter the name of the foreign country TH					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	ty Regarding Prohibited	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		No
7	Organizations that may receive deductible contributions under section 170(c).	•				
	Did the organization provide goods or services in exchange for any quid pro quo commore?	trıbut	ion of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7с		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?	• •		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		No
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
			I .	j	I	I

### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	A. G	overning	j Body	and	Mana	gem	ent							
_	, 111.4	,,			,		11.5. //		_	٠,		,		

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$ , or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 43								
ь	Enter the number of voting members that are independent 1b 43								
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 organizational documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo					
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or 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	11		No					

### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
		TOD		Νo

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- 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 make these available. Check all that apply own website  $\overline{\mbox{\em \colored}}$  another's website  $\overline{\mbox{\em \colored}}$  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization OFFICE OF BUSINESS FINANCE 2130 FULTON ST SAN FRANCISCO, CA 94117 (415) 422-6522

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

## Part VII Continued

	(B) Average hours per week		(e tion that a			all			(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							-			
			+							
1b Total						<u> </u>	<b> </b>	4,044,905	5	789,494

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►277

			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</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	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

\$100,000 of compensation from the organization	(B)	(C)
<b>(A)</b> Name and business address	( <b>B</b> ) Description of services	(C) Compensation
Schikore Constr Inc 2200 Pine View Way Ste G Petaluma, CA 94954	Construction Mgnt	2,562,225
Preston Pipelines Inc 133 Bolthelo Avenue Milpitas, CA 95035	Construction	949,031
NBBJ PO Box Sb 60000 San Francisco, CA 94160	Architectual Service	1,862,460
Devcon Construction Inc 690 Gibraltar Drive Milpitas, CA 95035	Construction Mgnt	14,722,553
Able Building Maintenance Co 868 Folsom St SF, CA 94107	Building Maintenance	4,756,094
2 Total number of independent contractors (including those in 1) who rece from the organization	• • •	47

## Statement of Revenue

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512,513, or 514
	1a	Federated can	npaigns 1a	1,018,335		Revenue		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	ь	Membership d	ues					
gra	С	Fundraising ev	<b>1b</b> vents	490,721				
its, am			1c	·				
igi ilar	d		izations1d					
£ E, S	е	_	nts (contributions) <b>1e</b>				ļ	
et et	f	All other contribut similar amounts r	tions, gifts, grants, and not included above	10,872,346				
trib ott	g	Noncash cont	<b>1f</b> rıbutıons ıncluded ın					
a Ba	9	lines 1a-1f \$						
)	h	Total (Add line	es 1a-1f)		23,676,003			
				Business Code				
enu e	2a	TUITION AND FEE	ES	611,600	245,764,528	245,764,528		
жа	Ь	HOUSING AND AU	JXILIARY	611,600	32,404,082	32,404,082		
l ea	С	Fitness Center Du	ıes	713,940	1,779,159		1,057,176	721,983
er vi	d							
J (II)	e							
Program Service Revenue	f	All other progr	ram service revenue					
ĕ	g		es 2a-2f					
	3	► \$ 279,947,7	'69 come (including divid	dends interest				
	_		amounts)	·	5,603,480			5,603,480
	4		estment of tax-exempt be	▶	0			
			sources of tax exempt by	• • • • • • • • • • • • • • • • • • •	0			
	5	Royalties .	() Pool		0			
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	ome or (loss)		0			
		Traction and		<u> </u>				
	7a	Gross amount	(ı) Securities 142,839,037	(II) O ther				
		from sales of assets other						
	ь	than inventory Less cost or	152,376,124					
		other basis and sales expenses	,-: -,:					
	c	Gain or (loss)	-9,537,087					
	d	Net gaın or (lo			-9,537,087	-9,537,087		
	8a		from fundraising					
		events (not inc	cluding 8,425					
ne		of contribution	ns reported on line					
E ∧		1c) See Part :	IV , line 18 <i>le G if total exceeds</i>					
ъе В			а	490,721				
Other Revenue	ь	Less directe	xpensesb	441,958				
₹	С	Net income or	(loss) from fundraisi	ing events	-273,533			-273,533
	9a	Gross income						
		Complete Sched						
		exceeds \$15,00	0 <i>0</i> <b>a</b>	53.600				
	ь	less directe	xpensesb	53,680 18,142				
	c		· (loss) from gaming a	activities	35,538			35,538
	10a	Gross sales of	funyantary lass	<b>•</b>				
	Iva	returns and all	f inventory, less lowances .					
	_		а					
	b	Less cost of	goods sold <b>b</b>	Invantory 🛌	0			
	С	Miscellaneou		Business Code				
	11a							
	ь							
	С							
	d	All other rever	nue					
	e e	Total. Add line		\$				
	12	Total D		0	299,452,170	268,631,523	1,057,176	6,087,468
	12	8c,	a. Add lines 1h, 2g, 3		233,732,170	200,031,323	1,037,170	0,007,408
			l1e					

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	58,200,805	58,200,805		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,549,155	1,726,313	1,549,957	272,885
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	91,080,722	66,852,610		2,335,449
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,916,848	7,479,633	1,129,205	308,010
9	Other employee benefits	36,968,082	31,009,578	4,681,535	1,276,969
10	Payroll taxes	16,457,030	13,804,491	2,084,072	568,467
11	Fees for services (non-employees)				
а	Management	881,043	750	880,293	
b	Legal	339,396	38,364	301,032	
c	Accounting	47,945	2,713	42,398	2,834
d	Lobbying	189,466		189,466	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,198		1,198	
g	Other	5,751,693	4,013,188	1,636,113	102,392
12	Advertising and promotion	1,806,233	1,614,009	169,693	22,531
13	Office expenses	8,848,955	6,232,251	1,766,205	850,499
14	Information technology	1,476,932	331,132	1,145,800	
15	Royalties	0			
16	Occupancy	17,835,885	17,749,253	60,794	25,838
17	Travel	5,479,068	4,788,528	448,524	242,016
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	2,301,220	1,762,868	401,607	136,745
20	Interest	8,030,911	7,760,073	270,838	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,573,286	14,304,538	268,748	
23	Insurance	3,402,482	2,054,301	1,348,181	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Vehicle Expense	325,541	273,107	48,835	3,599
b	SUBCRIPTION & DUES	724,168	447,152	212,130	64,886
c	HONORARIA & AWARDS	523,489	487,479	34,607	1,403
d	GENERAL EXPENSES	11,742,226	19,120,622	-7,595,574	217,178
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	299,453,779	260,053,758	32,968,320	6,431,701
26	<b>Joint Costs.</b> Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>900</b> (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				Jegiiiiig ei yeur	1	0
	2	Savings and temporary cash investments		28,173,000	2	48,445,122		
	3	Pledges and grants receivable, net				22,074,000	3	18,222,750
	4	Accounts receivable, net				12,847,000	4	7,492,155
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		empl	oyees or		5	453,000
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of					6	0
	7	Notes and loans receivable, net				26,424,000	7	23,989,996
	8	Inventories for sale or use			•		8	0
20	9	Prepaid expenses and deferred charges				9,165,000	9	8,119,703
Assets	10a							
AS		Land, buildings, and equipment cost basis	10a		447,630,693			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b		122,471,223	311,925,000	10c	325,159,470
	11	Investments—publicly traded securities			Ē	198,573,000	11	123,104,940
	12	Investments—other securities See Part IV, line 11 <i>Complete P Schedule D</i>	art VII	of			12	0
	13	Investments—program-related See Part IV , line 11 $\it Complete F of Schedule D$ .			13	0		
	14	Intangible assets			14	0		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				66,388,000	15	66,013,619
	16	Total assets. Add lines 1 through 15 (must equal line 34)				675,569,000	16	621,000,755
	17	Accounts payable and accrued expenses .				35,858,000	17	29,190,220
	18	Grants payable		18				
	19	Deferred revenue				17,962,000	19	19,225,340
	20	Tax-exempt bond liabilities				175,880,000	20	171,730,000
<u>ě</u>	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		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			24			
	25	Other liabilities Complete Part X of Schedule D		21,282,000	25	27,513,177		
	26	Total liabilities. Add lines 17 through 25	250,982,000	26	247,658,737			
مې		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	olet e li	ines 2	27			
2		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				292,589,000	l	217,683,712
8	28	Temporarily restricted net assets				21,576,000		46,266,777
Fund	29	Permanently restricted net assets				110,422,000	29	109,391,529
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ ar lines 30 through 34.	nd com	plete	:			
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds				32	
Net	33	Total net assets or fund balances				424,587,000	33	373,342,018
_	34	Total liabilities and net assets/fund balances				675,569,000	34	621,000,755
В-	/-	Financial Statements and Penorting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes		
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
c	If "Yes" to lines 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?	2c	Yes		
3а	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?	3a	Yes		
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes		

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

		<b>ne organizat i</b> OF SAN FRANCI						Em	ployer ide	ent if icat io	n numbe	r
ONIVE	KSIII	UF SAN FRANCI	1500					94	-115662	8		
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	by all or	ganizatio					
				ation because it is (Please					11100100			
1	Ē			nurches, or association of ch					(A)(i).			
2	Ī			tion 170(b)(1)(A)(ii). (Attac				( - ) ( - ) (	, ( - , -			
3	Ė			e hospital service organizati		•	tion 170(l	o)(1)(A)(i	i <b>ii).</b> (Attac	h Schedul	le H )	
4	,  -	•	•	•			-					
•	,	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state										
5	Γ	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	Г	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Г	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fror	n the gene	ral publi	с
				o)(1)(A)(vi) (Complete Par			_			_	•	
8	Г	A communi	ty trust describ	ped in <b>Section 170(b)(1)(A)</b>	( <b>vi)</b> (Com	nplete Par	tII)					
9			•	ally receives (1) more than		•	-	ontribution	ns, membe	ership fees	and gro	oss
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sinesses	;
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10	Γ	Anorganiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	( <b>a)(4).</b> (S	ee instruc	tions )	
11	Γ	An organiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to	carry out t	he purpo	ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
				type of supporting organiza					_			
_	_	a ∏T					nally Integ		d		III - Ot	
e	ļ	•		rtify that the organization is agers and other than one or			-			•	-	
		section 50		agers and other than one or	more pub	iici, sapp	orton orga	Lations .	405011504	5000.01	. 505(4)	(1) 0.
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zatio <u>n,</u>
		check this			J <b>c</b> t							ļ
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the	)			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	<del>                                     </del>
				erson described in (i) above	_					11g(		
		(iii) a 35%	controlled enti	ty of a person described in (	(i) or (ii) al	bove?				11g(	_	
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) 1	[s the	(vii) A	mount of
		orted		(described on lines 1 - 9	_	ation in		inization	_	ation in	sup	port?
			above or IRC section (See Instructions))		listed in verning	,	i) of your oort?		organized			
				(See Histructions))		ment?	Supp	,011,	ın the U		·	
				No	Yes	No	1					

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 94-1156628

Name: UNIVERSITY OF SAN FRANCISCO

### Form 990, Part VII - Section Aaa

Richard L Bechelli , Board Member   5 00   X   0   0   0     Rex Walters , Basketball Coach   40 00   X   225,370   0   39,653     Rev William R Stoeger SJ , SJ , Board   5 00   X   0   0   0     Rev Thomas J Scirghi SJ , SJ , Board   5 00   X   0   0   0     Mem   7 0   0   0   0   0     Rev PATRICK B O'LEARY SJ , SJ , Board   5 00   X   0   0   0     Beard Mem   7 0   0   0   0   0     Rev Michael J Sheeran SJ , SJ , Board   5 00   X   0   0   0   0     Rev MARK RAVIZZA SJ , Board Member   5 00   X   0   0   0   0     Rev MARK ROUITZA SJ , Board Member   5 00   X   0   0   0   0     Rev Jon D Fuller SJ MD , M D , Board   5 00   X   0   0   0   0     Rev JOHN J O'CALLAGHAN SJ , Board Member   5 00   X   0   0   0   0     Rev J Dean Brackley SJ , Board Member   5 00   X   0   0   0   0     Rev Gerdenio M Manuel SJ , Board Member   5 00   X   0   0   0   0     Rev Gerdenio M Manuel SJ , Board Member   5 00   X   0   0   0     Putra Masagung , Board Member   5 00   X   0   0   0     Putra Masagung , Board Member   5 00   X   0   0   0     Putra Masagung , Board Member   5 00   X   0   0   0     Putra Masagung , Board Member   5 00   X   0   0   0     Putra Member   5 00   X   0   0   0     Putra Masagung , Board Member   5 00   X   0   0   0     Putra Member   5 00   X   0   0   0     Putra Member   5 00   X   0   0   0     Putra Member   5 00   X   0   0     Putra Member   5 00   X   0   0   0     Putra Member   5 00   X   0   0     Putra Masagung Member   5 00   X   0   0     Putra Member   5 00   X   0   0     Putra Masagung Member   5 00   X   0   0     Put	Form 990, Part VII - Section Aaa								I I		
(A) Name and Title    Particle   Particle			Position (check all				I			(F)	<b>(F)</b>
Tracy Schroeder, VP INFO TECH		A verage hours per	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and related
Thomas E Malloy , Board Member	Wayne E Jerves , Board Member	5 00	Х						0	0	0
Teresa J Win, Board Member	Tracy Schroeder , VP INFO TECH	40 00			Χ				186,799	0	38,710
Suzanna Troxel	Thomas E Malloy , Board Member	5 00	Х						0	0	0
Susan G Marineau	Teresa J Wın , Board Member	5 00	Х						0	0	0
Steven Shatz , PROFESSOR - LAW	Suzanne Troxel , Board Member	5 00	Х						0	0	0
STEVEN M READ, Board Member   5 00	Susan G Marıneau , Board Member	5 00	X						0	0	0
Stanley Nel , VP Int Relation	Steven Shatz , PROFESSOR - LAW	40 00					Х		200,798	0	42,096
Salvador Aceves	STEVEN M READ , Board Member	5 00	Х						0	0	0
Rose Guilbault	Stanley Nel , VP Int Relation	40 00			Х				314,255	0	45,006
Ronald Micon , Assoc Dean Law Sch	Salvador A ceves , Vice Provost, Budget	40 00				Х			190,269	0	37,584
Richard L Bechelli	Rose Guilbault , Board Member	5 00	X						0	0	0
Rex Walters , Basketball Coach         40 00         X         225,370         0         39,653           Rev William R Stoeger SJ , S J , Board Mem         5 00         X         0         0         0           Mem         5 00         X         0         0         0         0           Rev Thomas J Scirghi SJ , S J , Board Mem         5 00         X         0         0         0           Rev PATRICK B O'LEARY SJ , S J , Board Mem         5 00         X         0         0         0           Rev Macria J Sheeran SJ , S J , Board Member         5 00         X         0         0         0           Rev MARK RAVIZZA SJ , Board Member         5 00         X         0         0         0         0           Rev MARIO J PRIETTO , Board Member         5 00         X         0         0         0         0           Rev JOHN J O'CALLAGHAN SJ , Board Member         5 00         X         0         0         0         0           Rev J Dean Brackley SJ , Board Member         5 00         X         0         0         0         0           Rev Gergery Chisholm SJ , Board Member         5 00         X         0         0         0         0           Rev Gerdenio M Manuel SJ ,	Ronald Micon , Assoc Dean Law Sch	40 00					Х		233,129	0	43,435
Rev William R Stoeger SJ , S J , Board Mem         5 00 X         0         0           Rev Thomas J Scirghi SJ , S J , Board Mem         5 00 X         0         0         0           Rev PATRICK B O'LEARY SJ , S J , Board Mem         5 00 X         0         0         0         0           Rev Michael J Sheeran SJ , S J , Board Member Rev Michael J Sheeran SJ , S J , Board Member S 00 X         0 </td <td>Rıchard L Bechellı , Board Member</td> <td>5 00</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	Rıchard L Bechellı , Board Member	5 00	X						0	0	0
Mem         500         X         0         0           Rev Thomas J Scirghi SJ , SJ , Board Mem         500         X         0         0         0           Rev PATRICK B O'LEARY SJ , SJ , Board Mem         500         X         0         0         0         0           Rev Michael J Sheeran SJ , SJ , Board Member	Rex Walters , Basketball Coach	40 00					Х		225,370	0	39,653
Mem         5 00 X         0         0           Rev PATRICK B O'LEARY SJ , S J , Board Mem         5 00 X         0         0         0           Rev Michael J Sheeran SJ , S J , Board Member         5 00 X         0         0         0         0           Rev MARK RAVIZZA SJ , Board Member         5 00 X         0         0         0         0         0           Rev MARIO J PRIETTO , Board Member         5 00 X         0         0         0         0         0         0           Rev John J O'Callaghan SJ , Board Member         5 00 X         0		5 00	Х						0	0	0
Board Mem	=	5 00	X						0	0	0
Mem         5 00		5 00	X						0	0	0
Rev MARIO J PRIETTO , Board Member         5 00 X         0         0         0           Rev Jon D Fuller SJ MD , M D , Board Member         5 00 X         0         0         0           Rev JOHN J O'CALLAGHAN SJ , Board Member         5 00 X         0         0         0           Rev J Dean Brackley SJ , Board Member         5 00 X         0         0         0         0           Rev Gregory Chisholm SJ , Board Member         5 00 X         0         0         0         0           Rev Gerdenio M Manuel SJ , Board Member         5 00 X         0         0         0         0           PUTRA MASAGUNG , Board Member         5 00 X         0         0         0         0           PATRICK Maier , Board Member         5 00 X         0         0         0         0           Oliver T Johnson , Board Member         5 00 X         0         0         0         0		5 00	Х						0	0	0
Rev Jon D Fuller SJ MD , M D , Board Member         5 00 X         0	Rev MARK RAVIZZA SJ , Board Member	5 00	X						0	0	0
Mem         5 00 X         0         0         0           Rev JOHN J O'CALLAGHAN SJ , Board Member         5 00 X         0         0         0           Rev J Dean Brackley SJ , Board Member         5 00 X         0         0         0         0           Rev Gregory Chisholm SJ , Board Member         5 00 X         0         0         0         0           Rev Gerdenio M Manuel SJ , Board Member         5 00 X         0         0         0         0           PUTRA MASAGUNG , Board Member         5 00 X         0         0         0         0           Peter K Maier , Board Member         5 00 X         0         0         0         0           PATRICK MCNICHOLAS , Board Member         5 00 X         0         0         0         0           Oliver T Johnson , Board Member         5 00 X         0         0         0         0         0	Rev MARIO J PRIETTO , Board Member	5 00	X						0	0	0
Member         5 00 X         0         0         0           Rev J Dean Brackley SJ , Board Member         5 00 X         0         0         0           Rev Gregory Chisholm SJ , Board Member         5 00 X         0         0         0         0           Rev Gerdenio M Manuel SJ , Board Member         5 00 X         0         0         0         0         0           PUTRA MASAGUNG , Board Member         5 00 X         0         0         0         0         0         0           Peter K Maier , Board Member         5 00 X         0         0         0         0         0           PATRICK MCNICHOLAS , Board Member         5 00 X         0         0         0         0         0           Oliver T Johnson , Board Member         5 00 X         0         0         0         0         0         0		5 00	×						0	0	0
Rev Gregory Chisholm SJ , Board Member         5 00 X         0 <td></td> <td>5 00</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>		5 00	X						0	0	0
Member         5 00 X         X         0         0           Rev Gerdenio M Manuel SJ , Board Member         5 00 X         0         0         0           PUTRA MASAGUNG , Board Member         5 00 X         0         0         0         0           Peter K Maier , Board Member         5 00 X         0         0         0         0           PATRICK MCNICHOLAS , Board Member         5 00 X         0         0         0         0           Oliver T Johnson , Board Member         5 00 X         0         0         0         0	Rev J Dean Brackley SJ , Board Member	5 00	Х						0	0	0
Member         5 00 X         X         0         0         0           PUTRA MASAGUNG , Board Member         5 00 X         0         0         0         0         0           Peter K Maier , Board Member         5 00 X         0         0         0         0         0           PATRICK MCNICHOLAS , Board Member         5 00 X         0         0         0         0         0           Oliver T Johnson , Board Member         5 00 X         0         0         0         0         0		5 00	Х						0	0	0
Peter K Maier , Board Member         5 00 X         0         0         0           PATRICK MCNICHOLAS , Board Member         5 00 X         0         0         0         0           Oliver T Johnson , Board Member         5 00 X         0         0         0         0	·	5 00	X						0	0	0
PATRICK MCNICHOLAS , Board Member         5 00 X         0         0         0         0         0           Oliver T Johnson , Board Member         5 00 X         0         0         0         0	PUTRA MASAGUNG , Board Member	5 00	X						0	0	0
Member         5 00 X         X         0         0         0         0           O liver T Johnson , Board Member         5 00 X         0         0         0         0	Peter K Maier , Board Member	5 00	X						0	0	0
	·	5 00	Х						0	0	0
Michelle Jarrett Skaff , Board Member 5 00 X 0 0	Oliver T Johnson , Board Member	5 00	Х						0	0	0
<u>,                                      </u>	Michelle Jarrett Skaff , Board Member	5 0 0	X						0	0	0

Form 990, Part VII - Section Aaa												
		Posit t	(C tion ( hat a	chec		I			(E)	(F)		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
Michael London , Assistant VP Facilities	40 00				Х			223,053	C	43,595		
Michael Duffy , Dean School of Business & Mgmt	40 00				х			252,483	C	43,253		
Martın J Jenkıns , Board Member	5 00	Х						0	0	0		
Margaret Higgins , VP UNIV LIFE	40 00			Х				184,407	C	30,924		
Joshua Rosenberg , Professor - Law	40 00					Х		203,999	C	57,977		
Joseph J Bonocore , Board Member	5 00	Х						0	C	0		
JOHN F NICOLAI , Board Member	5 00	Х						0	C	0		
JOAN M MCGRATH , Board Member	5 00	Х						0	C	0		
Jennifer Turpin , Dean Arts & Sciences	40 00				Х			184,571	C	44,410		
Jeffrey Brand , Dean School of Law	40 00				Х			267,018	C	48,806		
Jeanne M Cunicelli , Board Member	5 00	Х						0	C	0		
James Wiser , Provost & VP	40 00			Х				266,492	0	48,806		
J Malcolm Visbal , Board Member	5 00	Х						0	C	0		
FATHER STEPHEN PRIVETT , S J , President	40 00			х				0	O	0		
Father John Fitzgibbons , S J , V P Admin	40 00			Х				0	C	0		
Dr Suzanne M Giraudo , Board Member	5 00	Х						0	C	0		
Dr LA WRENCE R O'CONNOR, Board Member	5 00	х						0	O	0		
Dr Francıs J Butler , Board Member	5 00	Х						0	C	0		
Dr Alfonso Yuchengco , Board Member	5 00	X						0	C	0		
Donna Davis , GENERAL COUNSEL	40 00			Х				247,332	C	52,280		
David Macmillan , VP ADVANCEMENT	40 00			Х				227,973	C	44,913		
David Agger , Board Member	5 00	×						0	C	0		
Claudio M Chiuchiarelli , Chairman	5 00	Х						0	C	0		
Charles H Smith , Vice Chairman	5 00	Х						0	C	0		
Charles Cross , VP BUS & FIN	40 00			Х				259,636	C	55,368		
Brett White , Board Member	5 00	Х						0	C	0		
Br James Holub SJ , Board Member	5 00	Х						0	C	0		
BJ Johnson , Vice Provost, Academic & Enrollment	40 00				х			177,032	O	34,181		
Arthur Bell , Professor-Business	40 00					Х		200,289	C	38,497		
Arthur A Ciocca , Board Member	5 00	х						0	C	<del> </del>		

### Form 990, Part VII - Section Aaa

	-									
		1	(C tion ( hat a	che	)				(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Antoinette M Malveaux , Board Member	5 00	Х						0	0	C
Alfred S Chuang , Board Member	5 0 0	Х						0	0	С

## **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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

- ◆ 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 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (P zations complete Part III	roxy Tax)			
N a	me of the organization IVERSITY OF SAN FRANCISCO	,		Employer iden 94-1156628	ntıfıcatıon numbe	r
Par		oy all organizations exempt e the instructions for Schedule			527	
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ivities in Part IV		
2	Political expenditures				\$	
3	V olunteer hours					
Pai	t I-B To be completed be for Schedule C for d	oy all organizations exempt etails.)	under section	<b>1 501(c)(3).</b> (See the	instructions	
1		e tax incurred by the organization un	der section 4955		\$	
2	Enter the amount of any excise	e tax incurred by organization manag	gers under sectioi	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	?	☐ Yes	✓ No
4a	Was a correction made?				☐ Yes	✓ No
b	If "Yes," describe in Part IV					
Pai		by all organizations exempt sfor Schedule C for details.)	under section	1 501(c), except sect	tion 501(c)(3	3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ited to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$	
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes	┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	oaid from the filing d to a separate po	i organization's own interna ditical organization, such a	l funds or were s a separate	nents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of contributions and prompt directly delive separate poorganization enter - 0	received ly and ered to a plitical If none,
				1		

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization  Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter If there is an amount other than zero	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (The filing organization checked box A and "limited control" provisions apply)  Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not 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 \$225,000 plus 10% of the excess over \$1,500,000  Over \$17,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 from line 1 form 1 for line 1 line 1 line 1 line 1 line 1 line 1 form 1 line 1 form 1 line 1 form 2 line 1	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$1,000,000 but not over \$1,000,000  Ver \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c  If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
с	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line d, column (e))									
f	Grassroots lobbying expenditures									

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)	

		(a	a)	(b)
		Yes	No	A mount
•	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νο	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		189,466
j	Total lines 1c through			189,466
	11			
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
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?		No	
эг	+ 115-A. To be completed by all organizations exempt under section $501(c)(4)$ so	ection	501/c	\/ <b>5</b> \ or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

	Dues, assessments and similar amounts from members	1 3	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	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, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Part II-B, Line 11 - Other Activities Description	University of San Francisco contracts with Cassidy & Associates, Inc. to provide consulting services. In its capacity as a consultant, Cassidy assists the University in pursuing its business and government affairs objectives by planning for organizational and institutional development, establishing priorities among its federal funding objectives, developing and implementing strategic plans, and expanding its government outreach activities.

Part IV Supplemental I	nformation					
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

c

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

**Employer identification number** Name of the organization UNIVERSITY OF SAN FRANCISCO 94-1156628 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 Total number at end of year

Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other

impermissible private benefit?

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

- Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space
- Complete lines 2a-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
- 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2с
- 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
- 3 the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

Number of conservation easements on a certified historic structure included in (a)

- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, 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.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

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 relating to these items

Revenues included in Form 990, Part VIII, line 1

141,612

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

1,010,525

Par	<b>TITL</b> Organizations Maintaining Colle	ections of Art, I	<u>Histo</u>	ric	al Treas	ures, or Othe	r Similar Ass	sets (co	<u>ontinued)</u>
3	Using the organization's accession and other roitems (check all that apply)	ecords, check any o	f the f	follo	wing that a	re a sıgnıfıcant u	ise of its collecti	on	
а	Public exhibition		d [	7	Loan or exc	hange programs			
ь	Scholarly research		е Г	_	Other				
c	✓ Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how th	hev	further the	organization's ex	kempt purpose ir	1	
-	Part XIV			,		<b>.</b>			
5	During the year, did the organization solicit or								<b></b>
В-	assets to be sold to raise funds rather than to						<u>.</u>	Yes	V No
Pa	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo					allization alisw	refed fes to	רטוווו 9	90,
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?					or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete	the following table							
							A m	ount	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 2	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	tt V Endowment Funds. Complete if t								
	Paginana of ware balance	(a)Current Year 202,833,000	<b>(b)</b> Pr	rior Y	ear <b>(c)</b> 1	wo Years Back (d)	Three Years Back	<b>(e)</b> Four Y	ears Back
1a L	Beginning of year balance	3,445,000							
b c	Investment earnings or losses	-42,138,000							
d	Grants or scholarships	, , , <u>, , , , , , , , , , , , , , , , </u>							
e	Other expenditures for facilities								
_	and programs								
f	Administrative expenses	8,429,000							
g	End of year balance	155,711,000							
2	Provide the estimated percentage of the year e	nd balance held as							
а	Board designated or quasi-endowment 🕨 1	7 000 %							
ь	Permanent endowment ► 64 000 %								
c	Term endowment ► 19 000 %								
3а	Are there endowment funds not in the possessi	ion of the organizati	on tha	at ar	e held and	admınıstered for	the		Τ
	organization by  (i) unrelated organizations						3a(i	Yes	No No
	(ii) related organizations			٠.			3a(i		No
Ь	If "Yes" to 3a(II), are the related organizations			ne d u	ıle R? .		3b		No
4	Describe in Part XIV the intended uses of the o								
Par	t VI Investments—Land, Buildings,	and Equipment	<u>. See</u>	e Fo	rm 990, F	Part X, line 10.	Τ	Ι	
	Description of investment				ost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ok value
1a	Land				13,160,514	13,580,331	<b>1</b>	2	26,740,84
b	Buildings					303,241,724	87,074,050	21	.6,167,67
c	Leasehold improvements		·						
d	Equipment								
е	Other					117,648,124	35,397,173	8	2,250,951

325,159,470

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1,	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
Part VIII Investments—Program Related. Se	a Form 990 Part V June	13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	otion	(b) Book value
	. – .	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	( <b>b)</b> A mount	
Federal Income Taxes	(=,7,1,1,0,0,1,0	
LIABILITY UNDER SPLIT INTEREST AGREEMENT	2,235,310	
INTEREST RATE SWAP AGREEMENTS	13,494,500	
FEDERAL STUDENT LOANS REFUNDABLE	9,573,861	
ASSET RETIREMENT OBLIGATIONS	2,209,506	
	2,203,300	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	27,513,177	
· · · · · · · · · · · · · · · · · · ·		1

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	299,452,170
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	299,453,77
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,609
4	Net unrealized gains (losses) on investments	4	-51,243,590
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	200
9	Total adjustments (net) Add lines 4 - 8	9	-51,243,390
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-51,244,999
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	
1	Total revenue, gains, and other support per audited financial statements	1	248,669,000
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	,	
а	Net unrealized gains on investments	,	
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants	,	
d	Other (Describe in Part XIV)	,	
е	Add lines <b>2a</b> through <b>2d</b>	2e	-51,243,270
3	Subtract line <b>2e</b> from line <b>1</b>	3	299,912,270
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	,	
Ь	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	-460,100
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 Por Bo	299,452,170
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial statements	1	299,914,00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 121		
e	Add lines <b>2a</b> through <b>2d</b>	2e	12:
3	Subtract line <b>2e</b> from line <b>1</b>	3	299,913,87
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-460,100
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	299,453,77
Pai	rt XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art XIV , lı	nes 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Rounding \$121
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Rounding \$326
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CONVERT AGENCY TO AUX \$0 Rounding \$206 UNREALIZED LOSSES \$ -0
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	University of San Francisco maintains and services a collection of rare books which are made available to the university community, its affiliates, academic scholars and the general public These collections are used to enhance teaching, support research and provide public service

Employer identification number

## OMB No 1545-0047

2008

Open to Public Inspection

### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

UNIVERSITY OF SAN FRANCISCO 94-1156628 YES NO 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? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes THE UNIVERSITY OF SAN FRANCISCO PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH PRINT AND BROADCAST MEDIA TO THE GENERAL PUBLIC BOTH ON AND OFF CAMPUS THROUGHOUT THE YEAR This policy is also made available on the University's website at www usfca edu Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 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," attach an explanation

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Statement of Activities Outside the United States

Form 990, Part IV, line 14b.

DLN: 93493102010030

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Open to Public **Inspection** 

Name of the organization Employer identification number UNIVERSITY OF SAN FRANCISCO 94-1156628 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (b) Number of (c) Number of region (by type) (ie, is a program service, (f) Total expenditures in fundraising, program services, (a) Region offices in the employees or describe specific type of region grants to recipients located in agents in region region service(s) in region the region) East Asia & the Pacific 1 4 Program Services Recruitment 1,245,579

Totals . . . .

1,245,579

L	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
	Enter total nu	umber of organize	ations that are re	cognized as charities	s by the foreign cou	ntry or for which the	e grantee or counse	7	

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
	I			1	1	1	I

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
<del></del>		

**Software ID:** 08000091

Software Version: 2008v2.7

**EIN:** 94-1156628

Name: UNIVERSITY OF SAN FRANCISCO

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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DLN: 93493102010030

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

	me of the organization IVERSITY OF SAN FRANC	CISCO				Employer id	lentification number		
) IN	IVERSITY OF SANTRAN	C15C0				94-115662	28		
P	art I Fundraising A	Activities. Complete	e if the or	ganızat	ion answered "Yes" t	to Form 990, Part	IV, line 17.		
b	Indicate whether the org		through ar	ny of the	e 🔽 Solicitation of r	non-government gran government grants	ts		
2a b	Did the organization hav or key employees listed If "Yes," list the ten high to be compensated at le	in Form 990, Part VII) nest paid individuals or	or entity entities (f	in connec undraise	ction with professional f rs) pursuant to agreeme	undraising activities	Yes V N fundraiser is		
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		fundraiser hav custody or		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to
			Yes	No					
			1						
	-1			-					

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

Par	t II	Fundraising Events. Com more than \$15,000 on Form					, or r	eport	:ed
		2.1.2.1. \$ 15,000 011 101111	(a) Event #1  Pacific Rim Gala (event type)	(b) Event #2  LA Donor Breakfast (event type)	(c) O ther Events  12 (total number)	(d	d col	al Eve (a) th (c))	nts rough
<u>4</u>	1		120,929	, , , ,				65	9,146
Revenue	2	Gross receipts	96,259	79,059	315,403			49	0,721
	3	Gross revenue (line 1 minus line 2)	24,670	4,030	139,725			16	8,425
	4	Cash Prizes							
ses	5	Non-cash Prizes			170				170
ben	6	Rent/Facility costs	11,299		24,989			3	6,288
Direct Expenses	7	Other direct expenses	24,968		380,532			40	5,500
)Irec	8	Direct expense summary Add line	es 4 through 7 in column	(d)				44	1,958
	9	Net income summary Combine lii	_		🛌			-27	3,533
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted	more	thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming			gaming ough co	
œ	1	Gross revenue			53,680			5	3,680
<u> </u>	2	Cash prizes			,				
Direct Expenses	3	Non-cash prizes			17,482			1	7,482
<u>ភ</u>	4	Rent/facility costs							
	5	Other direct expenses			660				660
	6	Volunteer labor	┌────────────────────────────────────	Yes	▼ Yes <u>80 000 %</u> ► No				
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				1	8,142
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				3	5,538
9 a	Ist	er the state(s) in which the organiza the organization licensed to operate		·		. [	9a	Yes	No No
b	The	No," Explain  2 University has been advised by co  320 5(h)(8)	unsel it is exempt from re	egistration of its gaming	activity under Cal Pen C	Code			
10a		re any of the organization's gaming l	icenses revoked, suspen	ded or terminated during	g the tax year?		10a		Νo
b	If" —	Yes," Explain							
11		es the organization operate gaming a	activities with nonmembe	rs?			11		No
12	Ist	the organization operate gaining a the organization a grantor, beneficial med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	np or other entity		12		No

			res	INO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility	-		
14	Provide 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?	15a		No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$			
c	If "Yes," enter name and address			
	Name ►	-		
	Address 🟲			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided 🟲	-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493102010030

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF SAN FRANCISCO

Schedule I

(Form 990)

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

Inspect ion

Employer identification number

94-1156628

Part I General Inform	mation on Gra	nts and Assistanc	e			
<ul><li>Does the organization mathe selection criteria use</li><li>Describe in Part IV the organization</li></ul>	d to award the gra	nts or assistance?				∀Yes 「N
Form 990, Part : Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rec itional space is		00. Check this box	tes. Complete if the call if no one recipient rec	
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
<ul><li>2 Enter total number of seconganizations</li><li>3 Enter total number of oth</li></ul>						 
For Paperwork Reduction Act Not				Cat No 50055		nedule I (Form 990) 2008

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
University Financial Aid	4339	51,519,758			
Smart Grants	17	62,000			
Pell Grants	1182	3,877,219			
Other Financial Assistance	725	1,040,058			
FSEOG Program	305	1,147,749			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

CCC TTGGTTGTTGT B GTG T GBTC		
Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		THE UNIVERSITY OF SAN FRANCISCO OFFERS STUDENT FINANCIAL AID IN THE FORM OF SCHOLARSHIPS, GRANTS, LOANS, AND EMPLOYMENT OPPORTUNITIES FINANCIAL AID IS PROVIDED BY THE UNIVERSITY OF SAN FRANCISCO FEDERAL AND STATE GOVERNMENTSSOCIAL, FRATERNAL, PROFESSIONAL, AND COMMUNITY ORGANIZATIONSEMPLOYERS, BOTH PRESENT AND PROSPECTIVEFRIENDS AND GRADUATES OF THE UNIVERSITY OF SAN FRANCISCOGRANTS AND SCHOLARSHIPS CAN BE USED TO PAY FOR TUITION AND FEES, ROOM AND BOARD, TRANSPORTATION AND PERSONAL EXPENSES, IT IS AWARDED TO STUDENTS WHO DEMONSTRATE ELIGIBILITY BY SUBMITTING A FEDERAL FINANCIAL AID APPLICATION, COMPETE IN INTERCOLLEGIATE ATHLETICS, ARE ACADEMICALLY Eligible, or ARE READY TO COMMIT THEIR TIME AND SKILLS AFTER GRADUATION TO THE US ARMED FORCES
Additional Supplemental Information		The number of recipients for each type of assistance is an estimate. These numbers are of actual disbursements to the recipients during the academic year, but not during the university's tax year.

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As Filed Data -

DLN: 93493102010030

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization UNIVERSITY OF SAN FRANCISCO **Employer identification number** 

94-1156628

Pa	Tt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	✓ Compensation committee	ᅜ	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<b>▼</b>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	pased co	impensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

**Software ID:** 08000091 **Software Version:** 2008v2.7

**EIN:** 94-1156628

Name: UNIVERSITY OF SAN FRANCISCO

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Tracy Schroeder	(I) (II)	186,648		151	20,778	17,932	225,509	66,832
Steven Shatz	(ı) (ıı)	199,790		1,008	22,216	19,880	242,894	98,038
Stanley Nel	(ı) (ıı)	299,168		15,087	21,932	23,074	359,261	128,760
Salvador A ceves	(ı) (ıı)	190,044		225	18,880	18,704	227,853	75,294
Ronald Micon	(ı) (ıı)			6,404	25,294	18,141	276,564	95,565
Rex Walters	(ı) (ıı)	218,771		6,599	21,585	18,068	265,023	37,086
Mıchael London	(ı) (ıı)	218,446		4,607	23,423	20,172	266,648	80,757
Mıchael Duffy	(ı) (ıı)	251,411		1,072	25,560	17,693	295,736	102,754
Margaret Higgins	(ı) (ıı)	174,608		9,799	19,090	11,834	215,331	75,168
Joshua Rosenberg	(ı) (ıı)			800	22,509	35,468	261,976	86,052
Jennifer Turpin	(I) (II)	184,313		258	21,094	23,316	228,981	74,846
Jeffrey Brand	(ı) (ıı)			1,696	25,560	23,246	315,824	104,347
James Wiser	(ı) (ıı)	259,131		7,361	25,560	23,246	315,298	106,157
Donna Davis	(ı) (ıı)			7,310	25,560	26,720	299,612	85,596
David Macmillan	(I) (II)	219,660		8,313	24,757	20,156	272,886	89,939
Charles Cross	(I) (II)	255,794		3,842	25,560	29,808	315,004	94,773
BJ Johnson	(ı) (ıı)			1,022	19,401	14,780	211,213	72,052
Arthur Bell	(ı) (ıı)			618	13,362	25,135	238,786	84,187

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Schedule K

**Supplemental Information on Tax Exempt Bonds** 

OMB No 1545-0047

DLN: 93493102010030

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

UNIVERSITY OF SAN FRANCISCO

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization

Employer identification number 94-1156628

Pa	rt I Bond Issues (Required	d for 2008)								•				
	(a) Issuer Name	( <b>b)</b> Issuer EIN	<b>(c)</b> CUSIP #	(d) Date	Issued	(e) Issu	e Price	<b>(f)</b> Des	cription of	Purpose	( <b>g)</b> De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	CA Educ Fac Auth	94-6001347	130178FA9	07-27-2006 56,900,00		900,000	Current refu	nd of bonds			x		×	
В	CA Educ Fac Auth	94-6001347	1301757W8	08-18-	2005	50,	910,000	A dvance refund of bonds		s		х		х
c	CA Educ Fac Auth	94-6001347	05-28-	2003	40,	000,000	Capital expenditures				х		Х	
Pa	rt III Proceeds (Optional for	2008)												
					A		В		С	D	)		E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds	5												
3	Proceeds in Refunding or Defeasance Escrows													
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	m Proceeds												
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion											l .		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is:	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue <sup>?</sup>											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain action final allocation of proceeds?	dequate books and rec	ords to support the											
Par	t IIII Private Business Use	(Optional for 2008	)			_			•				•	
				-	<b>A</b>		В	_	<u>c</u>	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,											
2														
For F	Paperwork Reduction Act Notice, see th	ne Instructions for Form	n 990.			Cat No 50	193F			Sc	hedule K	(Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local governmen										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493102010030

OMB No 1545-0047

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Open to Public Inspection

Name of the organization UNIVERSITY OF SAN FRANCISCO				ion n	on number						
						-115					
Part I Excess Benefit Transact To be completed by organization									. Part	V . lıne	40b
1 (a) Name of disqualifie										Corr	
1 (2)			(b) Description of transaction								No
									-	-	
2 Enter the amount of tax imposed on section 4958			agers or disqualified pers	sons dur	ing the ye	ear un	der				
3 Enter the amount of tax, if any, on li	ne 2, abov	e, reimburs	ed by the organization .				<b>&gt;</b> 9	\$ <u></u>			
Part II Loans to and/or From											
To be completed by organiza			Yes" on Form 990, Part	IV , line	26, or Fo	rm 99	90-EZ	, Part <b>(f</b>		38a	
(a) Name of interested person and purpose	( <b>b)</b> Loan from t organiza	:he	(c)O riginal principal amount	( <b>d)</b> Bala	ance due	(e) In default?		A pproved by board of		(g)W agree	ritten ment?
	То	From				Yes	No	Yes	No	Yes	No
lames Wiser 2nd Mortgage			153,000	:	153,000		Νo	Yes		Yes	
Margaret Higgins 2nd Mortgage			150,000		150,000		No	Yes		Yes	
Mike Duffy								.,		l ,	
2nd Mortgage			150,000	-	150,000		No	Yes		Yes	-
			<b>.</b>		152.000						
「otal				•	453,000						
To be completed by orga				90, Pai	rt IV, lın	e 27.					
(a) Name of interested person	(Б	-	ıp between ınterested pe d the organızatıon	rson	( <b>c)</b> A mo	ount o	fgrar	ıt or ty	pe of a	ssistai	nce
		un.	a the organization								
Part IV Business Transactions To be completed by organ				90. Pai	rt IV. lın	e 28a	a. 28	b. or 2	28c.		
(a) Name of interested person	(b) betv	Relationsh veen interes erson and th	ip ted <b>(c)</b> A mount of	:	<b>d)</b> Descri				(	<b>e)</b> Shai rganiza reveni	ition's
		organization								Yes	No
	i										

# OMB No 1545-0047

Inspection

# SCHEDULE M (Form 990)

Department of the Treasury

UNIVERSITY OF SAN FRANCISCO

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization

Employer identification number

Ρa	art I Types of Property	94-1156628											
	Types of Freperty	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	( <b>d</b> Method of de reven	etermi	nıng						
1	Art—Works of art	аррпсавіс											
	Art—Historical treasures .												
	Art—Fractional interests												
4	Books and publications												
5	Clothing and household												
6	Cars and other vehicles												
7	Boats and planes												
8	Intellectual property												
	Securities—Publicly traded .	Х	23	436,512	FMV								
10	Securities—Closely held stock												
11	Securities—Partnership, LLC, or trust interests												
12	Securities—Miscellaneous												
	Qualified conservation contribution (historic structures)												
14	Q ualified conservation contribution (other)												
15	Real estate—Residential .	Х	1	495,000	FMV								
16	Real estate—Commercial												
17	Real estate—Other												
18	Collectibles												
19	Food inventory												
20	Drugs and medical supplies .												
21	Taxıdermy												
	Historical artifacts												
	Scientific specimens												
	Archeological artifacts												
	Other (describe)												
	Other (describe)												
	Other (describe)												
	Other (describe)				 								
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	3, Part IV, Donee	ar for contributions for	29								
30a	<ul> <li>During the year, did the organization</li> </ul>	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No					
	hold for at					1							
	least three years from the date			not required to be used for	exempt purposes								
	for the entire holding period? .					30a		No					
Ŀ	If "Yes", describe the arrangem	ent in Part 1	II										
31	Does the organization have a gr	ft acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes						
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo					
ŀ	If "Yes", describe in Part II												
33	If the organization did not repor	t revenues i	n Column (c) for a type of p	property for which Column (a	a) is								
	checked, describe in Part II						i I						

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.		
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	I .

### DLN: 93493102010030

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 2008

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Open to Public Inspection

Name of the organization UNIVERSITY OF SAN FRANCISCO Employer identification number

94-1156628

Identifier	Return Reference	Explanation
Form 990, Pai VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	While applicable federal tax laws do not mandate that the university's governing documents, conflict of interest policy and financial statements be made available for public inspection, the university makes each of the foregoing available on its website www usfca edu and upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Executive Committee of the Board of Trustees is responsible for all matters of executive compensation and serves the function of a Compensation Committee. The Executive Committee is comprised solely of independent trustees, none of whom have a conflict of interest with respect to the compensation arrangement, the executive committee is accountable for setting reasonable compensation packages for officers and key employees (including the University President). The Executive Committee develops, consistent with the University's vision, mission, and values, the annual performance goals and criteria to be used in determining merit increases and variable compensation criteria for officers and key employees. The Executive Committee (in coordination with the University's Human Resources Department) also review comparable compensation and benefits information to review, analyze and provide benchmarking data for the total compensation and benefits packages of officers and key employees. Appropriate comparability data is obtained from independent experts, including total economic benefits paid by similarly situated organizations (both taxable and tax-exempt) for similar job responsibilities. Key deliberations of the Committee are documented in minutes which are approved at the next Executive Committee meeting.

Identifier	Return Reference	Explanation	
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Audit Committee of the University's Board of Trustees is charged with monitoring proposed or ongoing transactions for conflicts of interest and addressing any potential or actual conflicts. Pursuant to the University's Conflict of Interest Policy, an annual conflict of interest questionnaire, aimed at determining any family and business relationships and transactions or other transactions that may pose a potential conflict, is distributed to all necessary parties (i.e., board members, officers and executive leadership or key employees). Covered persons are required to disclose actual or potential conflicts at the time when such conflicts arise. When someone becomes a covered person and annually thereafter, each covered person is required to sign a statement affirming that he/she. (1) has received a copy of the Conflicts or Interest Policy, (2) has read the Policy and understands said Policy, and (3) agrees to comply with all requirements of the Policy, including completing the annual conflict of interest questionnaire. The completed questionnaires for the Policy, including completing the annual conflict of interest questionnaire. The completed questionnaires for the University's Board of Trustees are reviewed by the Secretary of the Board of Trustees. Thereafter, the University's General Counsel and Director of Internal Audit and Tax Compliance review the completed questionnaires for any persons with actual or potential conflicts, and these individuals are notified via wirtten communication. Moreover, the Director of Internal Audit and Tax Compliance reports any actual or potential conflicts and the Audit Committee of the Board of Trustees. The completed questionnaires for any persons with actual or potential conflicts, and these individuals are notified via wirtten communication. Furthermore, the Director of Internal Audit and Tax Compliance review the completed questionnaires for any persons with actual or potential conflicts, and these individuals are notified via wirtten communication. Furthermore, the	

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	The Director of Internal Audit and Tax Compliance is responsible for overseeing tax compliance matters for the University of San Francisco, including the preparation of the University's Form 990, accordingly, under his direction (and with the assistance of the University's external tax advisors at Deloitte and Touche) the University's Form 990 is prepared by a Staff Accountant in the University's Office of Business and Finance Thereafter, the University's Form 990 is reviewed by the Staff Accountant's supervisor, the Accounting Manager for Payroll and Benefits. Upon completion of the Accounting Manager's review, the University's Form 990 is reviewed by the University's Controller and its Associate Vice President for Business and Finance. Subsequently, the University's Vice President for Business and Finance and Director of Internal Audit and Tax Compliance concurrently review the University's Form 990 with the University's external tax advisors (Deloitte and Touche) who review it one final time before the return is provided to the University's Audit Committee of its Board of Trustees, which has been delegated appropriate authority to review the return on behalf of the University's Board of Trustees. Subsequent to its review, the Audit Committee reports back to the full Board of Trustees regarding its oversight of Form 990, and the final draft of the University's Form 990 (including all required schedules) is provided to the entire Board of Trustees so it is able to make any appropriate inquiries regarding the data contained in the University's Form 990 before the return is filed.

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 5 SPONSORED RESEARCH INCLUDES EXPENDITURES FOR RESEARCH AND TRAINING