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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FRANCISCAN UNIVERSITY OF STEUBENVILLE	
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address) 1235 UNIVERSITY BOULEVARD	Room/suite
		City or town, state or country, and ZIP + 4 STEUBENVILLE, OH 43952	
		F Name and address of principal officer FR TERENCE HENRY TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	
D Employer identification number 34-0714818		E Telephone number (740) 283-3771	
		G Gross receipts \$ 67,918,814	
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW FRANCISCAN EDU			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1946	M State of legal domicile OH

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities INSTITUTION OF HIGHER EDUCATION AND CHRISTIAN OUTREACH PROGRAMMING 		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 2	
	5	Total number of employees (Part V, line 2a)	5 1,97	
	6	Total number of volunteers (estimate if necessary)	6 1,51	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a -486,47	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -609,65	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,794,433	Current Year 5,255,309
	9	Program service revenue (Part VIII, line 2g)	53,583,147	56,268,538
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,600,259	425,011
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,132,874	1,544,537
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,910,195	63,493,395
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,779,910
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,451,158	28,426,552
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>2,666,006</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,781,669	23,814,040
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	60,012,737	61,590,631
19		Revenue less expenses Subtract line 18 from line 12	-3,102,542	1,902,764
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	136,450,667	139,885,157
	21	Total liabilities (Part X, line 26)	37,733,605	33,853,758
	22	Net assets or fund balances Subtract line 21 from line 20	98,717,062	106,031,399

Part II		Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-04-06</div> </div> <div>Date</div>	
	<div> <div></div> <div>DAVID M SKIVIAT SR VP OF FINANCE</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div> <div></div> <div>Susan M Kirsch</div> </div> </div>		Date	<div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div>	Preparer's identifying number (see instructions)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div></div> <div>SCHNEIDER DOWNS & CO INC</div> </div> </div>		<div> <div>EIN</div> <div></div> </div>		
	<div> <div></div> <div>1133 PENN AVENUE</div> </div> <div>PITTSBURGH, PA 15222</div>		<div> <div>Phone no</div> <div></div> <div>(412) 261-3644</div> </div>		

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

TO FURTHER THE HIGHER EDUCATION OF MEN AND WOMEN THROUGH PROGRAMS OF LIBERAL, PROFESSIONAL, AND PRE-PROFESSIONAL STUDIES LEADING TO THE CONFERRAL OF BACCALAUREATE AND MASTER DEGREES IN ARTS AND SCIENCES AND TO PROMOTE THE MORAL, SPIRITUAL, & RELIGIOUS VALUES OF ITS STUDENTS

2

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

Yes

☒

No

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

3

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

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 47,429,385 including grants of \$ 9,348,389) (Revenue \$ 55,921,209)

INSTRUCTION AND AUXILIARY SERVICES (INCLUDING ROOM AND BOARD) AS RELATED TO THE INSTRUCTION OF 2,491 UNDERGRADUATE AND GRADUATE STUDENTS ENROLLED IN 43 MAJORS AND 34 MINOR ACADEMIC PROGRAMS A TOTAL OF 556 UNDERGRADUATE AND 151 GRADUATE DEGREES WERE CONFERRED IN THE 2009-10 ACADEMIC YEAR

4b

(Code) (Expenses \$ 2,583,786 including grants of \$ 1,650) (Revenue \$ 2,440,247)

CHRISTIAN OUTREACH PROGRAMS IN EDUCATION AND SPIRITUAL FORMATION- 40,006 YOUTH AND OTHER PARTICIPANTS IN CHRISTIAN OUTREACH CONFERENCES, SEMINARS, CATHOLIC PROGRAMMING AND YOUTH OUTREACH PROGRAMS

4c

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

4d

Other program services (Describe in Schedule O)

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

4e















Total program service expenses

\$ 50,013,171

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	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		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? If "Yes," complete Schedule F, Part II 	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 U S ? If "Yes," complete Schedule F, Part III 	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	4,041	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,973	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b If "Yes," enter the name of the foreign country: AU See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	0
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a 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				
a 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 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	20	
b	Enter the number of voting members that are independent	1b	20	
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	Yes	
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		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOHN A STEITZ CONTROLLER 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 (740) 283-3771

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

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

Form 990 (2009)

1b	Total	998,160	0	321,686
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MASSARO CORPORATION 120 DELTA DRIVE PITTSBURGH, PA 15238	CONSTRUCTION	5,739,460
SODEXO INC 10400 FERNWOOD ROAD BETHESDA, MD 20817	FOOD SERVICE	3,518,519
FRANCISCAN FRIARS TOR PO BOX 188 LORETTO, PA 15940	ADMIN & FACULTY	753,555
MACLACHLAN CORNELIUS & FILONI INC 307 4 AVE PITTSBURGH, PA 15222	ARCHITECT	374,234
JEFFERSON INVESTIGATORS & SECURITY INC 1439 SUNSET BLVD STEUBENVILLE, OH 43952	SECURITY	350,817

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **15**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c	240,760					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	829,240					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,185,309					
	g	Noncash contributions included in lines 1a-1f \$ 842,702							
	h	Total. Add lines 1a-1f		5,255,309					
Program Service Revenue			Business Code						
	2a	TUITION AND FEES	900,099	42,019,220	42,019,220				
	b	AUXILIARY ACTIVITIES	900,099	10,376,137	10,376,137				
	c	CHRISTIAN OUTREACH	611,710	2,555,746	2,440,245	115,501			
	d	STUDENT REL ACTIVITIES	900,099	682,479	677,635	4,844			
	e	EDUCATIONAL ACTIVITIES	900,099	285,950	285,950				
	f	All other program service revenue		349,006	349,006				
	g	Total. Add lines 2a-2f		56,268,538					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,079,437		-8	1,079,445		
	4	Income from investment of tax-exempt bond proceeds . . .							
	5	Royalties							
	6a	Gross Rents	(i) Real	(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) O ther					
			299,751	354,675					
			-299,751	-354,675					
	d	Net gain or (loss)		-654,426			-654,426		
	8a	Gross income from fundraising events (not including \$ 240,760 of contributions reported on line 1c) See Part IV, line 18	a	32,383					
			b	Less direct expenses	b	94,283			
			c	Net income or (loss) from fundraising events . . .		-61,900			-61,900
	9a	Gross income from gaming activities See Part IV, line 19	a	2,955					
			b	Less direct expenses	b	2,971			
			c	Net income or (loss) from gaming activities . . .		-16			-16
	10a	Gross sales of inventory, less returns and allowances	a	5,887,002					
			b	Less cost of goods sold	b	3,673,739			
			c	Net income or (loss) from sales of inventory . . .		2,213,263	2,213,263		
	Miscellaneous Revenue		Business Code						
	11a	GVHIH ACTIVITY	900,099	-606,810		-606,810			
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d		-606,810						
12	Total revenue. See Instructions		63,493,395	58,361,456	-486,473	363,103			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	8,519,955	8,519,955		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	830,084	830,084		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,186,402	295,031	741,780	149,591
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,476,092	15,796,595	2,467,179	1,212,318
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,087,801	887,099	123,187	77,515
9	Other employee benefits	5,188,106	4,082,064	730,128	375,914
10	Payroll taxes	1,488,151	1,158,741	216,530	112,880
11	Fees for services (non-employees)				
a	Management				
b	Legal	73,661	7,920	65,741	
c	Accounting	106,519	15,586	90,933	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	20,516		20,516	
g	Other	1,153,930	1,026,422	88,349	39,159
12	Advertising and promotion	242,677	170,987	3,042	68,648
13	Office expenses	3,451,139	3,254,124	-94,234	291,249
14	Information technology	880,941	609,049	200,383	71,509
15	Royalties	15,222	12,407	455	2,360
16	Occupancy	3,053,300	2,525,593	527,242	465
17	Travel	1,535,247	1,322,836	114,329	98,082
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	194,960	78,041	38,679	78,240
20	Interest	1,200,664	117,114	1,083,550	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,011,996	3,610,419	1,401,577	
23	Insurance	397,241	142,154	255,087	
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)				
a	FOOD SERVICE	3,859,356	3,859,356		
b	ALL OTHER	1,008,352	525,570	436,123	46,659
c	REPAIR & MAINTENANCE	869,946	491,323	374,654	3,969
d	HOSPITALITY	388,373	324,701	26,224	37,448
e	GVHIH IMPAIRMENT	350,000	350,000		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	61,590,631	50,013,171	8,911,454	2,666,006
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			77,990	1	227,186
	2	Savings and temporary cash investments			10,932,470	2	6,266,650
	3	Pledges and grants receivable, net			2,964,208	3	2,733,834
	4	Accounts receivable, net			1,975,880	4	749,140
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			2,440,488	7	1,827,800
	8	Inventories for sale or use			715,292	8	594,156
	9	Prepaid expenses and deferred charges			1,166,410	9	1,096,680
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	102,518,239			
	b	Less accumulated depreciation	10b	29,505,274	74,605,743	10c	73,012,965
	11	Investments—publicly traded securities			34,371,541	11	43,157,811
	12	Investments—other securities. See Part IV, line 11			7,157,438	12	10,114,832
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			43,207	14	104,103
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			136,450,667	16	139,885,157
Liabilities	17	Accounts payable and accrued expenses			7,599,548	17	5,908,624
	18	Grants payable			708,859	18	715,160
	19	Deferred revenue			1,981,093	19	2,185,562
	20	Tax-exempt bond liabilities			22,314,000	20	21,263,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,664,556	23	2,733,079
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			1,465,549	25	1,048,333
	26	Total liabilities. Add lines 17 through 25			37,733,605	26	33,853,758
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			70,435,836	27	79,237,992
	28	Temporarily restricted net assets			14,859,976	28	12,035,974
	29	Permanently restricted net assets			13,421,250	29	14,757,433
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			98,717,062	33	106,031,399
	34	Total liabilities and net assets/fund balances			136,450,667	34	139,885,157

Part XI **Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE	Employer identification number 34-0714818
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Part I

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

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

- 1

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number

34-0714818

Part I

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

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	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.

1a	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	
b	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	▶ \$ _____ 0
	(ii) Assets included in Form 990, Part X	▶ \$ _____ 139,771
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____ 0
b	Assets included in Form 990, Part X	▶ \$ _____ 0

Part III

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

3

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

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☒

Scholarly research

e

☐

Other

c

☐

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

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

☐ Yes

☒ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	27,392,641	36,229,668		
b	Contributions	1,204,930	1,060,498		
c	Investment earnings or losses	4,619,294	-8,480,100		
d	Grants or scholarships	323,132	1,417,425		
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	32,893,733	27,392,641		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 37 000 % %

b

Permanent endowment ▶ 45 000 % %

c

Term endowment ▶ 18 000 % %

3a

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,006,020		8,006,020
b Buildings	95,000	82,013,466	23,632,426	58,476,040
c Leasehold improvements		2,873,697	1,234,966	1,638,731
d Equipment		8,825,683	4,637,882	4,187,801
e Other		704,373		704,373
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				73,012,965

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	63,493,395
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,590,631
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,902,764
4	Net unrealized gains (losses) on investments	4	5,411,573
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	5,411,573
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,314,337

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	61,994,660
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	5,411,573
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-11,035,975
e	Add lines 2a through 2d	2e	-5,624,402
3	Subtract line 2e from line 1	3	67,619,062
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	
b	Other (Describe in Part XIV)	4b	-4,125,667
c	Add lines 4a and 4b	4c	-4,125,667
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	63,493,395

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	54,680,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	3,770,993
e	Add lines 2a through 2d	2e	3,770,993
3	Subtract line 2e from line 1	3	50,909,330
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	10,681,301
c	Add lines 4a and 4b	4c	10,681,301
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	61,590,631

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part III, Line 4		BOOK COLLECTIONS ARE USED BY STUDENTS FOR ACADEMIC RESEARCH. WORKS OF ART ARE USED IN ACADEMIC INSTRUCTION AND DISPLAYED TO FURTHER THE EDUCATION OF STUDENTS AND THE COMMUNITY.
Part V, Line 4	Description of Intended Use of Endowment Funds	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 135 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES IN FURTHERANCE OF THE ORGANIZATION'S MISSION INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS.
Part X	Description of Uncertain Tax Positions Under FIN 48	THE UNIVERSITY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS, THEREFORE, EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC. THE UNIVERSITY IS ALSO EXEMPT FROM STATE INCOME TAX UNDER APPLICABLE STATE STATUTES.
Part XII, Line 2d - Other Adjustments		STUDENT FINANCIAL AID (\$9,350,039) TUITION EMPLOYEE DISCOUNTS (\$1,685,936)
Part XII, Line 4b - Other Adjustments		DIRECT FUNDRAISING EXPENSES (\$97,254) COST OF GOODS SOLD (\$3,673,739) LOSS ON DISPOSAL OF ASSETS (\$354,674)
Part XIII, Line 2d - Other Adjustments		DIRECT FUNDRAISING EXPENSES \$97,254 COST OF GOODS SOLD \$3,673,739
Part XIII, Line 4b - Other Adjustments		TUITION ASSISTANCE \$9,350,039 TUITION REMISSIONS AND EMPLOYEE DISCOUNTS \$1,685,936 LOSS ON DISPOSAL OF ASSETS (\$354,674)

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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2009

Open to Public
Inspection

Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE	Employer identification number 34-0714818
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		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?	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain ALL UNDERGRADUATE & GRADUATE APPLICATIONS REFLECT NON-DISCRIMINATORY POLICIES THE POLICY STATEMENT IS CONTAINED IN NEWSPAPER AND RADIO ADVERTISING AND PUBLISHED IN UNIVERSITY CATALOGS AND DOCUMENTS DISTRIBUTED TO HIGH SCHOOLS AND AT COLLEGE INFORMATION FAIRS THE POLICY IS ALSO STATED ON THE UNIVERSITY'S WEBSITE	Yes	
4	Does the organization maintain the following?	4a	Yes
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4b	Yes
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4c	Yes
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4d	Yes
	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)		
5	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d	No
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h	No
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? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	6b	No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes

OMB No 1545-0047

Open to Public Inspection

34-0714818

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT AID FOR STUDY ABROAD PROGRAM	EUROPE	273	830,084	CREDIT TO STUDENTS' ACCOUNTS FOR FINANCIAL AID		N/A	N/A

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

Schedule F (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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Open to Public Inspection

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			SCANLAN'S 50TH ANNIV	CENTURY CLUB	1	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	220,540	43,285	9,318	273,143
	2	Less Charitable contributions	199,285	36,125	5,350	240,760
3	Gross income (line 1 minus line 2)		21,255	7,160	3,968	32,383
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	2,097			2,097
	7	Food and beverages	20,313	20,292	701	41,306
	8	Entertainment		20,000	300	20,300
	9	Other direct expenses	23,132	7,448		30,580
	10	Direct expense summary Add lines 4 through 9 in column (d)				94,283
	11	Net income summary Combine lines 3, column d, and line 10.				-61,900

Part III Gaming.

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
34-0714818

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR ROBERT G FILBY	(i)	145,950	0	0	14,276	13,493	173,719	0
	(ii)	0	0	0	0	0	0	0
DR MAXWELL BONILLA	(i)	130,626	0	0	12,980	13,470	157,076	0
	(ii)	0	0	0	0	0	0	0
JOEL S RECZNIK	(i)	103,621	0	0	10,089	71,364	185,074	0
	(ii)	0	0	0	0	0	0	0
DR MICHAEL HEALY	(i)	116,501	0	0	8,479	38,157	163,137	0
	(ii)	0	0	0	0	0	0	0
DR REGIS MARTIN	(i)	102,374	0	0	6,758	64,944	174,076	0
	(ii)	0	0	0	0	0	0	0
	(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.

Identifier	Return Reference	Explanation
	Part I, Line 1b	THE UNIVERSITY OWNS THE FRIARY BUILDING ON ITS CAMPUS. FATHER HENRY RESIDES IN THE FRIARY WITH THE OTHER FRIARS. ALL OPERATING EXPENSES ARE THE FINANCIAL RESPONSIBILITY OF THE THIRD ORDER REGULAR OF ST. FRANCIS OF PENANCE (TOR) OF THE PROVINCE OF THE MOST SACRED HEART OF JESUS.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.						OMB No 1545-0047	
							2009	
	Department of the Treasury Internal Revenue Service						Open to Public Inspection	
Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE						Employer identification number 34-0714818		

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AWD0	07-06-2006	20,694,366	REFUNDING,DORMITORY AND OTHER CAPITAL PROJECTS		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	20,694,366									
2	Gross proceeds in reserve funds	1,535,358									
3	Proceeds in refunding or defeasance escrows	3,085,500									
4	Other unspent proceeds										
5	Issuance costs from proceeds	537,971									
6	Working capital expenditures from proceeds	14,063,010									
7	Capital expenditures from proceeds	1,472,525									
8	Year of substantial completion	2008									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		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?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	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?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X								

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	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?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
P SKIVIAT	OFFICER'S FAMILY MEMBER	29,190	SALARY - LONG STANDING EMPLOYMENT RELATIONSHIP		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	15	842,702	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

0

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. 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	Return Reference	Explanation
Third Party Use	Part I, Line 32b	THE COLLEGE USES AN OUTSIDE BROKER TO SELL SECURITIES RECEIVED AS CONTRIBUTIONS

Additional Data

Software ID:
Software Version:
EIN: 34-0714818
Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493096007011
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
	Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE		Employer identification number 34-0714818

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		FR TERENCE HENRY, T O R, RICHARD RIEDERER, PAULETTE KARDOS AND FR MALACHI VAN TASSELL, T O R ARE MEMBERS OF THE MARIA THRON FOUNDATION SUPERVISORY BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		FRANCISCAN UNIVERSITY OF STEUBENVILLE IS A 501(3)(C) NONPROFIT CORPORATION WITH MEMBERS THE MEMBERS OF THE CORPORATION ARE THE MINISTER PROVINCIAL AND THE PROVINCIAL CURIA OF THE MOST SACRED HEART OF JESUS, THIRD ORDER REGULAR (T O R)AND THE PRESIDENT OF THE FRANCISCAN UNIVERSITY OF STEUBENVILLE WHO SERVES AS MEMBER EX OFFICIO THESE INDIVIDUALS SERVE AS MEMBERS OF THE CORPORATION DURING THEIR RESPECTIVE TERMS AS MINISTER PROVINCIAL, MEMBERS OF THE PROVINCIAL CURIA, AND PRESIDENT OF THE UNIVERSITY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE MINISTER PROVINCIAL OF THE PROVINCE OF THE MOST SACRED HEART OF JESUS IS AN EX OFFICIO MEMBER OF BOARD THIS INDIVIDUAL IS ELECTED BY THE PROVINCE OF THE MOST SACRED HEART OF JESUS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE FOLLOWING POWERS ARE RESERVED EXCLUSIVELY TO THE MEMBERS OF THE CORPORATION A TO DETERMINE THE PHILOSOPHY AND OBJECTIVES OF THE CORPORATION B TO ADOPT AMENDMENTS TO THE ARTICLES OF INCORPORATION, AND TO ALTER, AMEND, OR REPEAL BYLAWS C TO PURCHASE, SELL, LEASE, TRANSFER OR ENCUMBER, CONSTRUCT, OR UNDERTAKE THE DESTRUCTION OF LAND AND/OR BUILDINGS OWNED BY THE UNIVERSITY, OR IN WHICH THE UNIVERSITY HAS OR WILL HAVE LEGAL OR EQUITABLE TITLE D TO MERGE, CONSOLIDATE, OR AFFILIATE THE UNIVERSITY WITH ANY OTHER CORPORATION E TO DISSOLVE OR TERMINATE THE EXISTENCE OF THE UNIVERSITY AND TO DETERMINE THE DISTRIBUTION OF CORPORATE ASSETS UPON SUCH DISSOLUTION OR TERMINATION, PROVIDED THAT SUCH DISTRIBUTION BE EXCLUSIVELY MADE FOR SUCH PURPOSES AS ARE EXEMPT FROM TAXATION UNDER FEDERAL LAW

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE DRAFT FORM 990, 990-T AND REQUIRED SCHEDULES ARE REVIEWED BY THE UNIVERSITY'S FINANCE MANAGEMENT TEAM UPON COMPLETION OF THIS REVIEW, THE FORMS ARE FINALIZED AND A COMPLETE COPY OF THE RETURN IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES VIA THE UNIVERSITY'S INTRANET SITE IN ADVANCE OF FILING WITH THE INTERNAL REVENUE SERVICE AFTER THE AUDIT COMMITTEE REVIEWS THE FORM 990 THEY COMMUNICATE WITH THE FULL BOARD THE FORM 990 IS AVAILABLE ON THE INTRANET SITE FOR ANY BOARD MEMBER TO VIEW

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS TO IDENTIFY POTENTIAL OR ACTUAL CONFLICTS MEMBERS OF THE UNIVERSITY'S FINANCE MANAGEMENT TEAM REVIEW ALL COMPLETED ANNUAL DISCLOSURES PERCEIVED OR ACTUAL CONFLICTS ARE ADVANCED TO THE BOARD FOR RESOLUTION

Identifier	Return Reference	Explanation
		FORM 990, PART VI, SECTION B, LINE 15 A THE PRESIDENT OF THE UNIVERSITY, A FRIAR WITH THE FRANCISCAN FRIARS TOR, HAS TAKEN A VOW OF POVERTY AND IS NOT COMPENSATED FOR HIS SERVICE TO THE UNIVERSITY DUE TO THE FACT THAT NO COMPENSATION IS PAID TO THE PRESIDENT, POLICIES AND PROCESSES REGARDING AWARDDING PRESIDENTIAL COMPENSATION ARE NOT RELEVANT DISCLOSURES IN PART VII AND SCHEDULE J REFLECT THIS FACT THE UNIVERSITY DOES MAKE A PAYMENT TO THE FRANCISCAN FRIARS TOR FOR THE SERVICES PERFORMED BY ALL FRIARS B THE OFFICERS' COMPENSATION IS DETERMINED WITHIN THE BUDGETING PROCESS AND SALARY INCREASES ARE APPROVED BY THE EXECUTIVE VICE PRESIDENT, THE PRESIDENT AND AN INDEPENDENT BOARD OF TRUSTEES FRANCISCAN UNIVERSITY ENGAGED AN INDEPENDENT CONSULTANT TO ASSIST WITH THE DESIGN OF A COMPENSATION PROGRAM THAT INCORPORATES COMPENSATION COMPARABLES AND ESTABLISHED SALARY RANGES THAT TAKE INTO CONSIDERATION, AMONG OTHER ITEMS, JOB REQUIREMENTS, SKILL SET AND PERFORMANCE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FRANCISCAN UNIVERSITY OF STEUBENVILLE MAKES ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC UPON FORMAL REQUEST SUBMITTED TO VP OF FINANCE

Identifier	Return Reference	Explanation
FORM 990, PART XI, QUESTION 2C OVERSIGHT OF FINANCIAL STATEMENT AUDIT		AUDIT COMMITTEE DUTIES INCLUDE RECOMMENDING ENGAGEMENT OF INDEPENDENT AUDIT FIRM FOR BOARD APPROVAL, REVIEWING OF FINANCIAL STATEMENTS AND AUDIT RESULTS, FOLLOWING UP ON AUDIT RECOMMENDATIONS, AND REVIEWING FINANCIAL REPORTING COMPLIANCE THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
		FORM 990, PART VII EMERITUS TRUSTEES THE FOLLOWING INDIVIDUALS SERVE AS EMERITUS TRUSTEES OF THE FRANCISCAN UNIVERSITY OF STEUBENVILLE WITH NO VOTING RIGHTS DR JOHN H IRVIN AND REV BRIAN MILLER, TOR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GOOD VENTURE ENTERPRISES LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	PROVIDE DORMITORY & SOCIAL SPACE FOR STUDENTS & GUESTS	OH	934,290	4,645,065	N/A
GOOD VENTURE HIH LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 26-1329844	PROVIDE HOTEL/REST SVC & LIMITED DORM SPACE FOR STUDENTS/GUESTS	OH	412,690	1,386,431	N/A
GOOD VENTURE BELLEVIEW 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	FUTURE DEVELOPMENT FOR CAMPUS EXPANSION	OH	0	2,009,000	N/A
GOOD VENTURE PROPERTIES 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	FUTURE DEVELOPMENT FOR CAMPUS AND EXPANSION	OH	-222	1,914,780	N/A
GOOD VENTURE PVC LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	PROVIDE RESIDENTIAL AND ACADEMIC SPACE FOR STUDENTS	OH	174,701	1,014,840	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
FOUNDATION MARIA THRON 3292 GAMING KARTAUSE 1 GAMING, EUROPE AU	HISTORIC MONASTERY SITE OF THE UNIVERSITY'S STUDY ABROAD PROGRAM	AU	N/A	N/A	N/A

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

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

aReceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

bGift, grant, or capital contribution to other organization(s)

cGift, grant, or capital contribution from other organization(s)

dLoans or loan guarantees to or for other organization(s)

eLoans or loan guarantees by other organization(s)

fSale of assets to other organization(s)

gPurchase of assets from other organization(s)

hExchange of assets

iLease of facilities, equipment, or other assets to other organization(s)

jLease of facilities, equipment, or other assets from other organization(s)

kPerformance of services or membership or fundraising solicitations for other organization(s)

lPerformance of services or membership or fundraising solicitations by other organization(s)

mSharing of facilities, equipment, mailing lists, or other assets

nSharing of paid employees

oReimbursement paid to other organization for expenses

pReimbursement paid by other organization for expenses

qOther transfer of cash or property to other organization(s)

rOther transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

No

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) FOUNDATION MARIA THRON-LEASE PAYMENTS	J	922,180
(2) FOUNDATION MARIA THRON-PAYMENT FOR FOOD SERVICES	L	566,036
(3) FOUNDATION MARIA THRON-REPAYMENT OF LOAN PROCEEDS WITH INTEREST	R	231,920
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 34-0714818

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DRCHARLES BENTZ TRUSTEE	1 00	X						0	0	0
DIANE BROWN TRUSTEE	1 00	X						0	0	0
PAUL CARAPELLOTTI TRUSTEE	1 00	X						0	0	0
REVMICHAEL CISKI TOR TRUSTEE	1 00	X						0	0	0
THERESA COLLINS TRUSTEE	1 00	X						0	0	0
MOTHER M REGINA PACIS COURY F S G M , TRUSTEE	1 00	X						0	0	0
MOST REV ROGER J FOYS TRUSTEE	1 00	X						0	0	0
ED JOHNSON TRUSTEE	1 00	X						0	0	0
PAULETTE KARDOS TRUSTEE	1 00	X						0	0	0
REV NATHAN MALAVOLTI T O R , TRUSTEE	1 00	X						0	0	0
JAMIE MCALEER TRUSTEE	1 00	X						0	0	0
PAUL NIGRO TRUSTEE	1 00	X						0	0	0
RICHARD REIDERER TRUSTEE	1 00	X						0	0	0
DAVID ROBERTSON TRUSTEE	1 00	X						0	0	0
REV SEAN SHERIDAN TOR TRUSTEE	1 00	X						0	0	0
CAROL SNYDER TRUSTEE	1 00	X						0	0	0
REV MALACHI VAN TASSELL T O R , TRUSTEE	1 00	X						0	0	0
REV CLETUS WATSON TOR TRUSTEE	1 00	X						0	0	0
REV TERENCE HENRY TOR PRESIDENT/SECRETARY	50 00	X		X				0	0	0
V REV CHRISTIAN ORAVEC CHAIRMAN	1 00	X		X				0	0	0
MR ROBERT SMITH VICE CHAIRMAN	1 00	X		X				0	0	0
DAVID M SKIVIAT SR VP OF FINANCE	50 00			X				119,730	0	25,428
SHARON HARTMAN SECRETARY	40 00			X				32,334	0	13,171
DR ROBERT G FILBY EXECUTIVE VP	50 00					X		145,950	0	27,769
DR MAXWELL BONILLA VP ACADEMIC AFFAIRS (EXIT 4/12/10)	50 00					X		130,626	0	26,450

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM SCURTI VICE PRESIDENT HUMAN RESOURCES	50 00					X		126,482	0	3,577
MICHAEL M HERNON VICE PRESIDENT ADVANCEMENT	50 00					X		120,542	0	25,500
JOEL S RECZNIK DEAN OF ENROLLMENT MGMT	50 00					X		103,621	0	81,453
DR MICHAEL HEALY PHILOSOPHY PROFESSOR	50 00					X		116,501	0	46,636
DR REGIS MARTIN THEOLOGY PROFESSOR	50 00					X		102,374	0	71,702

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION AND FEES	900,099	42,019,220	42,019,220		
AUXILIARY ACTIVITIES	900,099	10,376,137	10,376,137		
CHRISTIAN OUTREACH	611,710	2,555,746	2,440,245	115,501	
STUDENT REL ACTIVITIES	900,099	682,479	677,635	4,844	
EDUCATIONAL ACTIVITIES	900,099	285,950	285,950		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD SERVICE	3,859,356	3,859,356		
ALL OTHER	1,008,352	525,570	436,123	46,659
REPAIR & MAINTENANCE	869,946	491,323	374,654	3,969
HOSPITALITY	388,373	324,701	26,224	37,448
GVHIH IMPAIRMENT	350,000	350,000		