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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the :	2009 cale	ndar yea	r, or tax year beginning 06	-01-2009 and ending 05-31-2010)			•
B Che	eck ıf a	pplicable p	Please	C Name of organization UNIVERSITY OF SAN FRANCIS	SCO		D Employer	ident	ification number
Add	lress ch	arige	ıse IRS abel or				94-1156		
Nar	ne cha	nge p	orint or type. See	Doing Business As			E Telephone		
_ Inıt	ıal retu	rn S	Specific	Number and street (or P O b	ox if mail is not delivered to street addres	s) Room/suite	(415) 42		
┌ Ter	minate		instruc- ions.	2130 FULTON STREET			G Gross receip	ots \$ 4	-22,329,075
┌ Am	ended	return		City or town, state or country	, and ZIP + 4		1		
┌ App	lication	n pending		SAN FRANCISCO, CA 94117					
			F Nam	ne and address of principal	officer	H(a) Is th	■ ıs a group ret	urn fo	or.
			FATHE	R STEPHEN PRIVETT			ites?	u	Ύes νο
				ulton Street Incisco, CA 94117		U/h\	II affiliates incl		?
						• •			ee instructions)
I Ta	x-exem	npt status	501(c)	(3) ◀ (insert no)	(a)(1) or 527		up exemption		
J W	ebsit e	e:⊫ www.ı	usfca edu						
K Form	n of or	ganization 5	Corporat	ion Trust Association C	other b -	I Vear of fo	rmation 1930	M St	tate of legal domicile CA
		Summ		ioni indici Associationi C	The F	L real of to	illiation 1930	M 3	ate of legal doffficile CA
	1			e organization's mission or	most significant activities				
					A PRIVATE JESUIT UNIVERSIT				
ပို		GLOBAL	PERSPEC	CTIVE TO EDUCATE LEA	DERS WHO WILL FASHION A MC	REHUMANI	E AND JUST	WO R	LD
펄									
Ē.									
Governance	2	Check thi	ıs box 🛏	If the organization discor	itinued its operations or disposed	of more than	25% of its ne	et ass	sets
æő	3	Number o	fvoting n	nembers of the governing b	oody (Part VI, line 1a)			з _	43
Activities	4	Number o	fındepen	dent voting members of th	e governing body (Part VI, line 1b)		4 _	43
乬	5	Total num	nber of em	nployees (Part V , line 2a)				5 _	5,355
듗	6	Total num	nber of vo	lunteers (estimate if neces	ssary)			6 _	250
•	7a	Total gros	ss unrelat	ted business revenue from	Part VIII, column (C), line 12 .			7a _	1,535,120
	ь	Net unrela	ated busi	ness taxable income from	Form 990-T, line 34			7b	-389,416
						Pric	r Year		Current Year
	8	Contribu	itions and	i grants (Part VIII, line 1h)		23,676,003		27,090,087
	9	Program	service i	revenue (Part VIII, line 2g)		279,947,769		297,679,464
Revenue	10	Investm	ent incon	ne (Part VIII, column (A),	lines 3, 4, and 7d)		-3,933,607		9,474,468
<u>—</u>	11	O ther re	venue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		-237,995		-101,386
	12				t equal Part VIII, column (A), line		299,452,170		334,142,633
	13				olumn (A), lines 1-3)		58,200,805	+	67,669,238
	14				lumn (A), line 4)				0
	15		-		nefits (Part IX, column (A), lines 5	_			
\$		10)	•	, , ,	, , , , ,		156,971,837		160,399,770
Expenses	16a	Professi	onal fund	raising fees (Part IX, colur	nn (A), line 11e)				13,600
꿃	ь	Total fund	raising expe	enses (Part IX, column (D), line	25) ► 6,992,077				
	17				11a-11d, 11f-24f)		84,281,137	_	80,217,615
	18			Add lines 13–17 (must eqi		299,453,779	+	308,300,223	
	19	Revenue	less exp	enses Subtract line 18 fro	om line 12		-1,609		25,842,410
Net Assets or Fund Balances						_	g of Current Year		End of Year
10 kg	20	Total as	sets (Par	t X, line 16)			621,000,755		662,617,941
A A	21			Part X, line 26)			247,658,737	+	251,507,165
žĔ	22		•	d balances Subtract line 2			373,342,018	+	411,110,776
Par	t II	Signa	ture Blo	ock					· · ·
					nined this return, including accompanying				
		and belief,	, it is true, o	correct, and complete Declaration	n of preparer (other than officer) is based	l on all informat	ion of which pre	parer I	has any knowledge
Sign		*****	*			2011:	-04-12		
Here		Signatu	ure of office	r .		Date	0112		
		Charles	s E Cross VI	P - Bus & Finance					
			r print nam						
		Preparer's	<u> </u>		l l	heck if	Preparer's ide		ng number
Paid		signature			l l	elf- mpolyed 🕨 🦵	(see instruction	ons)	
	arer's								
Use (ıf self-emp address, aı	loyed),	P			EIN 🕨		
	-	audiess, al	iiu ZIP + 4	2130 Fulton Street			Phone no 🕨		
				San Francisco, CA 94117	-12/-				
мayt	ne IR	5 discuss	this retui	rn with the preparer shown	above? (see instructions)				Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE UNIVERSITY OF SAN FRANCISCO IS A PRIVATE JESUIT UNIVERSITY THAT PROVIDES HIGHER EDUCATION WITH A GLOBAL PERSPECTIVE TO EDUCATE LEADERS WHO WILL FASHION A MORE HUMANE AND JUST WORLD THE UNIVERSITY PROVIDES HOUSING AND OTHER AUXILIARY SERVICES FOR ITS FACULTY, STAFF, AND STUDENTS, AND THESE SERVICES ARE DIRECTLY RELATED TO THE EXEMPT PURPOSE OF the University

						Form 990 /2000
4e	Total program servic	e expenses►\$	268,440,81	6		
	(Expenses \$	2,299,663 inc	cluding grants o	f\$) (Revenue \$	3,465)
4d	Other program servi	ces (Describe in Sch	nedule O)			
		CLUDE EXPENDITURES FO TUDENT HEALTH CENTER		ORTING ACTIVITIES OF THE	UNIVERSITY SUCH AS THE OPERAT	TION OF RESIDENCE HALLS,
4c	(Code) (Expenses \$	28,321,116	including grants of \$) (Revenue \$	30,547,970)
		ately 10,687 STUDENTS a			SERVICES DEDICATED TO SCHOLAR	SHIF AND THE JESUII CATHOLI
4b	(Code) (Expenses \$	115,032,552	including grants of \$) (Revenue \$ SERVICES DEDICATED TO SCHOLAR	272,281,713)
					IS TO CONTRIBUTE TO THE STUDEN LLEGIATE ATHLETIC PROGRAMS	NTS' EMOTIONAL AND PHYSICAL
4a	(Code) (Expenses \$	122,787,485	including grants of \$	67,669,238) (Revenue \$	4,613,563)
4	Section 501(c)(3) and	d 501(c)(4) organızat	tions and sectio	=	largest program services by re required to report the amo service reported	•
	If "Yes," describe the	se changes on Sched	ule O			
3	Did the organization c services?	J ,	make sıgnıfıcan	t changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe the	se new services on S	chedule O			
2	Did the organization u the prior Form 990 or	, ,	, 5	rvices during the year	which were not listed on	┌ Yes ┌ No

Part TV	Checkli	st of Re	auired	Sched	lules

	•		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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any 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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, 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, line10? 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	Į	ļ	
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		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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

Part V	Statements Regarding Other IRS Filings and Tax Compliance	
u u u	Statements Regulating State 110 1 mings and 14x compliance	

	Statements Regarding Other 183 Fillings and Tax Comphanice			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 578			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 ▶TH See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
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		N
	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		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		N
	Organizations that may receive deductible contributions under section 170(c).			
а	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		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		N
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		N
	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?			
	business holdings at any time during the year?	8		N
	Sponsoring organizations maintaining donor advised funds.			_
	Did the organization make any taxable distributions under section 4966?	9a		N
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
_	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
!a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	_i /		

2130 FULTON ST

(415) 422-6522

SAN FRANCISCO, CA 94117

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.

Se	ection A. Governing Body and Management			
	Chair in Soverning Dou's and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body 43	;		
b	Enter the number of voting members that are independent 1b 43	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
ь	governing body?	7a 7b		No No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	'5		110
•	year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		T	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
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	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	135	103	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CA			
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			
19	Own website 🔽 Another's website 🔽 Upon request 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		_	L
20	State the name, physical address, and telephone number of the person who possesses the books and records of t Charles Cross VP for BF	ne orga	anızatıor	า ₱-

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	►	4,333,619		820,07
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -286

			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	Yes	
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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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		
Schikore Constr Inc 2200 Pine View Way Ste G Petaluma, CA 94954	Construction	1,582,054		
Preston Pipelines Inc 133 Bolthelo Avenue Milpitas, CA 95035	Construction	881,341		
Paganını Electric Corp 190 Hubbell St San Francisco, CA 94107	Construction	773,646		
Devcon Construction Inc 690 Gibraltar Drive Milpitas, CA 95035	Construction	3,655,268		
Able Building Maintenance Co 868 Folsom St SF, CA 94107	Building Maintenance	4,525,367		
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 ►41				

Page 8

Form 99		•						Page 9
Part \	/	Statement o	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
nts nts	1a	Federated cam	· -	492,029				
gra	Ь	Membership du						
Hg.	С	Fundraising eve		276,887				
<u>2 = </u>	d e	Government grants	cations 1d s (contributions) 1e	11,826,335				
Sin Sin	f	_	ons, gifts, grants, and 1f	14,494,836				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	ot included above butions included in 55,912					
and	h	IIIIes ra-ri b —	s 1a-1f	▶	27,090,087			
<u> </u>				Business Code				
Program Serwce Revenue	2a	TUITION AND FEES	5	611,600	263,109,395	263,109,395		
₽æ	b	HOUSING AND AUX	KILIARY	611,600	32,801,747	32,801,747		
ACe	С	Fitness Center Due	es	713,940	1,768,322		1,535,120	233,202
Ser	d							
Ē	e ,	^ II other progra						
Đ Ç	f		am service revenue					
<u> </u>	g		s 2a-2f		297,679,464			
	3		ome (including dividen ar amounts)	. F	4,449,034			4,449,034
	4		stment of tax-exempt bond	-	0			
	5	Royalties		▶	58,815			58,815
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	Ь	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)		0			
	7a	Gross amount	(i) Securities 91,331,425	(II) O ther 1,486,284				
		from sales of assets other than inventory						
	Ь	Less cost or other basis and sales expenses	86,269,996	1,522,279				
	c d	Gain or (loss)	5,061,429	-35,995 ••	5,025,434			5,025,434
	8a	Gross income f			5,325,151			3,020,101
Other Revenue		Ψ	,887 s reported on line 1c)	193.040				
her	ь	Less direct ex	penses b	182,940 364,665				
5	С	Net income or ((loss) from fundraising	events 🗠	-181,725			-181,725
	9a	Gross income f See Part IV, lin	rom gaming activities					
		See Fall IV, III	a	51,026				
	ь	Less direct ex	penses b	29,502				
	С		(loss) from gamıng actı	vities	21,524			21,524
	10a	Gross sales of returns and allo						
	b c	Net income or (oods sold b (loss) from sales of inve		o			
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	C C	Λ II o+bo======						
	d e	All other reven						
	[iotai. A du lines	, 11a-11u		0			
	12	Total revenue.	See Instructions .	▶↑	334,142,633	295,911,142	1,535,120	9,606,284
					33 1,1 12,033	255,511,172		Form 990 (2009)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
	ll other organizations must complete column (A) but are not required to		ns (B), (C), and ((B)	D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	67,669,238	67,669,238		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	2.,,2.2.,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,633,284	1,748,301	1,609,468	275,515
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	124,039		124,039	
7	Other salaries and wages	100,802,212	86,980,977	10,253,752	3,567,483
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,113,814	7,219,823	1,531,132	362,859
9	Other employee benefits	38,570,311	30,554,805	6,479,860	1,535,646
10	Payroll taxes	8,156,110	6,461,144	1,370,237	324,729
11	Fees for services (non-employees)				
а	Management	303,970	7,425	296,545	
b	Legal	771,764	204,036	565,728	2,000
c	Accounting	224,610	10,025	214,585	
d	Lobbying	188,460		188,460	
e	Professional fundraising See Part IV, line 17	13,600			13,600
f	Investment management fees	669,049		669,049	
g	Other	6,644,073	5,075,227	1,484,265	84,581
12	Advertising and promotion	1,948,563	1,827,018	97,203	24,342
13	Office expenses	8,077,911	5,437,612	2,211,181	429,118
14	Information technology	1,654,834	360,642	1,293,623	569
15	Royalties	0			
16	Occupancy	15,882,352	15,661,975	194,539	25,838
17	Travel	5,785,434	5,269,898	331,269	184,267
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,436,743	1,919,048	420,587	97,108
20	Interest	6,001,614	5,722,715	278,899	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,548,074	15,260,038	288,036	
23	Insurance	3,194,086	2,115,612	1,078,474	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Vehicle Expense	285,239	222,449	58,891	3,899
b	SUBCRIPTION & DUES	880,918	504,896	319,369	56,653
c	HONORARIA & AWARDS	375,110	329,406	41,849	3,855
d	GENERAL EXPENSES	9,344,811	7,878,506	1,466,290	15
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	308,300,223	268,440,816	32,867,330	6,992,077
26	Joint costs. Check here ► ☐ 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				

Pa	rt X	Balance Sheet											
					(A) Beginning of year		(B) End of year						
	1	Cash—non-interest-bearing				1	0						
	2	Savings and temporary cash investments			48,445,122	2	82,299,211						
	3	Pledges and grants receivable, net	•		18,222,750	3	18,481,921						
	4	Accounts receivable, net	•										
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of											
		Schedule L			453,000	5	1,023,000						
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and									
		Schedule L				6	0						
ssets	7	Notes and loans receivable, net			23,989,996	7	20,765,373						
8	8	Inventories for sale or use				8	0						
⋖	9	Prepaid expenses and deferred charges			8,119,703	9	8,662,491						
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	456,135,882									
	ь	Less accumulated depreciation	10b	131,776,048	325,159,470	10c	324,359,834						
	11	Investments—publicly traded securities			123,104,940	11	113,982,399						
	12	Investments—other securities See Part IV, line 11				12	0						
	13	Investments—program-related See Part IV, line 11				13	0						
	14	Intangible assets				14	0						
	15	Other assets See Part IV, line 11			66,013,619	15	84,523,715						
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			621,000,755	16	662,617,941						
	17	Accounts payable and accrued expenses .			29,190,220	17	32,623,247						
	18	Grants payable				18							
	19	Deferred revenue			19,225,340	19	22,485,892						
	20	Tax-exempt bond liabilities			171,730,000	20	167,470,000						
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21							
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,										
ä		persons Complete Part II of Schedule L				22							
	23	Secured mortgages and notes payable to unrelated third parties				23							
	24	Unsecured notes and loans payable to unrelated third parties				24							
	25	Other liabilities Complete Part X of Schedule D			27,513,177	25	28,928,026						
	26	Total liabilities. Add lines 17 through 25			247,658,737	26	251,507,165						
φ		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	plet e l	lines 27									
JUK	27	Unrestricted net assets			217,683,712	27	239,737,865						
<u></u>	28	Temporarily restricted net assets			46,266,777	28	59,287,225						
Fund Balance	29	Permanently restricted net assets			109,391,529		112,085,686						
Ę		Organizations that do not follow SFAS 117, check here ▶ □ a	nd con	nplet e									
o.		lines 30 through 34.											
	30	Capital stock or trust principal, or current funds				30							
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31							
	32	Retained earnings, endowment, accumulated income, or other for	unds			32							
Net	33	Total net assets or fund balances			373,342,018	33	411,110,776						
_	34	Total liabilities and net assets/fund balances			621,000,755	34	662,617,941						
	•												

Part XI	Financial Statements	and	Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	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			
	Separate basis Consolidated basis Both consolidated and separated basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? 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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization UNIVERSITY OF SAN FRANCISCO

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.

Inspection

Employer identification number

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

		Reason for Fabric Charley States (Mir organizations mast complete and part.) See instruction	200113		
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Г	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	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Enter	the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t describe	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	,	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	un fees an	d aros	: 5
-	,	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that		-	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	om basine	3363	
10	_	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
	<u>'</u>		41		
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sective 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 T		1)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in s 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 su check this box	pporting or	ganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	г	1	
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	44 (1)	Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
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	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) org	ion in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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 A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 94-1156628

Name: UNIVERSITY OF SAN FRANCISCO

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

(A) Name and Title Average hours			ontr (C tion (that a	c) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Wayne E Jerves Board Member	5 00	Х						0	0	0
Tracy Schroeder VP INFO TECH	0						Х	104,033	0	20,006
Thomas E Malloy Board Member	5 00	х						0	0	0
Teresa J Wın Board Member	5 00	х						0	0	0
Suzanne Troxel Board Member	5 00	Х						0	0	0
Steven Shatz PRO FESSOR – LA W	40 00					х		218,604	0	45,735
STEVEN M READ Board Member	5 00	Х						0	0	0
Steve Gallagher VP INFO TECH	40 00			х				166,769	0	35,976
Stanley Nel VP Int Relation	40 00			х				303,572	0	44,699
Salvador A ceves V ice Provost	40 00				х			195,296	0	38,567
Rose Guilbault Board Member	5 00	х						0	0	0
Ronald Micon Assoc Dean Law Sch	40 00					х		235,999	0	41,109
Roger H Salquist Board Member	5 00	Х						0	0	0
Rıchard L Bechellı Board Member	5 00	Х						0	0	0
Rex Walters Basketball Coach	40 00					х		287,863	0	56,875
Rev William R Stoeger SJ S J , Board Mem	5 00	Х						0	0	0
Rev Thomas J Scirghi SJ S J , Board Mem	5 00	Х						0	0	0
Rev PATRICK B O'LEARY SJ S J , Board Mem	5 00	Х						0	0	0
Rev Michael J Sheeran SJ S J , Board Mem	5 00	Х						0	0	0
Rev MARK RAVIZZA SJ Board Member	5 00	Х						0	0	0
Rev MARIO J PRIETTO Board Member	5 00	х						0	0	0
Rev Jon D Fuller SJ MD M D , Board Mem	5 00	Х						0	0	0
Rev JOHN J O'CALLAGHAN SJ Board Member	5 00	х						0	0	0
Rev J Dean Brackley SJ Board Member	5 00	х						0	0	0
Rev Gregory Chisholm SJ Board Member	5 00	Х						0	0	0

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

(A) Name and Title	(B) A verage hours		((tion (che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Rev Gerdenio M Manuel SJ Board Member	5 00	Х						0	0	0
Peter K Maier Board Member	5 00	×						0	0	0
PATRICK MCNICHOLAS Board Member	5 00	х						0	0	C
Oliver T Johnson Board Member	5 00	х						0	0	C
Michelle Jarrett Skaff Board Member	5 00	Х						0	0	C
Michael London Assistant VP Facilities	40 00				х			244,875	0	47,241
Michael Duffy Dean School of Business & Mgmt	40 00				х			259,464	0	43,661
Martin J Jenkins Board Member	5 00	Х						0	0	C
Margaret Higgins VP UNIV LIFE	40 00			х				181,969	0	32,164
Julie Nice PROFESSOR - LAW	0					х		221,619	0	34,558
Joseph J Bonocore Board Member	5 00	Х						0	0	0
JOHN F NICOLAI Board Member	5 00	Х						0	0	C
JOAN M MCGRATH Board Member	5 00	Х						0	0	C
Jennifer Turpin Dean Arts & Sciences	40 00				x			187,872	0	44,945
Jeffrey Brand Dean School of Law	40 00				х			278,585	0	50,755
Jeanne M Cunicelli Board Member	5 00	Х						0	0	(
James Wiser Provost & V P	40 00			х				270,439	0	50,720
Jack Garvey PROFESSOR - LAW	40 00					х		215,034	0	38,981
J Malcolm Vısbal Board Member	5 00	Х						0	0	C
George W Pasha III Board Member	5 00	х						0	0	C
FATHER STEPHEN PRIVETT S J , President	40 00			х				0	0	C
Father John Fitzgibbons S J , V P Admin	40 00			х				0	0	C
Elizabeth Johnson Vice Provost, Academic & Enrollment	40 00				х			179,797	0	33,792
Dr Suzanne M Giraudo Board Member	5 00	Х						0	0	C
Dr LA WRENCE R O'CONNOR Board Member	5 00	х						0	0	C

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

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Dr Francıs J Butler Board Member	5 00	Х						0	0	0
Dr Alfonso Yuchengco Board Member	5 00	Х						0	0	0
Donna Davis GENERAL COUNSEL	40 00			X				272,363	0	57,617
David Macmillan VP ADVANCEMENT	40 00			X				228,148	0	47,367
David Agger Board Member	5 00	Х						0	0	0
Claudio M Chiuchiarelli Chairman	5 00	Х						0	0	0
Charles H Smith Vice Chairman	5 00	Х						0	0	0
Charles Cross VP BUS & FIN	40 00			X				281,318	0	55,308
Brett White Board Member	5 00	Х						0	0	0
Br James Holub SJ Board Member	5 00	Х						0	0	0
Arthur A Ciocca Board Member	5 00	Х						0	0	0
Antoinette M Malveaux Board Member	5 00	Х						0	0	0
Alfred S Chuang Board Member	5 00	Х						0	0	0

DLN: 93493102001311

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public

┌ Yes

IIIIemai r	evenue service	*			Inspe	ction
If the	organization a	inswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political C	am pa	aign Activit	ties),
	tion 501/c)/3) or	ganizations Complete Parts I-A and B Do not complete Part I-C				
	` ' ' '	er than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete	ata Part LE	ł		
	, , ,	ations Complete Part I-A only	ete i ait FL	'		
	•	inswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbvina	Activ	rities), the	n
	-	ganizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A			•	
• Sect	tion 501(c)(3) or	ganizations that have NOT filed Form 5768 (election under section 501(h)) Complete Page 1	art II-B Do	not cc	mplete Part	II-A
If the	organization a	inswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	35a (rega	rding	proxy tax)	, then
◆ Sect	tion 501(c)(4), (5), or (6) organizations. Complete Part III				
	ne of the organiz ERSITY OF SAN FRA		nployer ide	ntıfıca	ation numbe	er
ONIV	EKSIT OF SAN FRA		-1156628	2		
Part	I-A Comple	ete if the organization is exempt under section 501(c) or is a sec			anizatio	n.
					,	
		ription of the organization's direct and indirect political campaign activities in Part I'	V			
2	Political expend	ditures	•	\$ <u>_</u>		
3	Volunteer hours	5		_		
Part	I-B Comple	ete if the organization is exempt under section 501(c)(3).				
1	Enter the amou	nt of any excise tax incurred by the organization under section 4955	>	\$ _		
2	Enter the amou	nt of any excise tax incurred by organization managers under section 4955	▶	\$ _		
3	If the organizat	ion incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	✓ No
4a	Was a correction	on made?			☐ Yes	✓ No
b	If "Yes," descri	be in Part IV				
Part	I-C Comple	ete if the organization is exempt under section 501(c) except se	ction 50	1(c)	(3).	
1	Enter the amou	nt directly expended by the filing organization for section 527 exempt function activ	ities 🕨	\$ _		
2	Enter the amou	nt of the filing organization's funds contributed to other organizations for section 52	7			
	exempt funtion		F	\$ _		
3	Total exempt fu	inction expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	b 🕨	¢		

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Did the filing organization file Form 1120-POL for this year?

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

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		188,46	
j	Total lines 1c through 1i		•	188,46	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
ь	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l No		

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

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

2a

2b

2c 3

4

5

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DLN: 93493102001311

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

sitial Nevellue Service	FALLACIILOF	office separate distructions.		Inspection
Name of the organization UNIVERSITY OF SAN FRANCISCO			Employer identifica	ntion number
DIVIVERSITY OF SAINT RAINCISCO			94-1156628	
		dvised Funds or Other Similar F	unds or Accounts	. Complete if the
organization ans	wered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and o	theraccounts
Total number at end of yea	a r	(a) Donor advised funds	(b) I ulius aliu u	ther accounts
Aggregate contributions to				
Aggregate grants from (du				
Aggregate value at end of	• , ,			
	•	L sors in writing that the assets held in don	l vor advisad	
		organization's exclusive legal control?	or advised	┌ Yes ┌ No
Did the organization inform	m all grantees, donors, and	donor advisors in writing that grant funds	may be	
used only for charitable pu conferring impermissible i		efit of the donor or donor advisor, or for a	ny other purpose	□Yes □No
		ıf the organızatıon answered "Yes" t	o Form 990 Part IV	<u> </u>
	•	rganization (check all that apply)	<u>0 101111 990, 1416 11</u>	7, IIIC 7.
` ` ` `	for public use (e.g., recreati		historically importan	tly land area
Protection of natural	habitat	Preservation of a c	certified historic struc	ture
Preservation of open	space			
Complete lines 2a-2d if t	he organization held a qual	fied conservation contribution in the form	of a conservation	
easement on the last day	of the tax year	·		
				End of the Year
Total number of conserva			2a	
_	y conservation easements		2b 2c	
	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06			
		· · · · · · · · · · · · · · · · · · ·	2d	
	asements modified, transfe	rred, released, extinguished, or terminate	ed by the organization	during
the taxable year 🗠				
Number of states where p	roperty subject to conserva	ation easement is located 🟲		
		the periodic monitoring, inspection, hand	dling of violations, and	
enforcement of the conse	rvation easements it holds'	,		Yes No
Staff and volunteer hours	devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the year l	•
A mount of expenses incu	rred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$.	
Does each conservation e	easement reported on line 2	(d) above satisfy the requirements of sec	tion	
170(h)(4)(B)(ı) and 170(h				│ Yes │ No
		onservation easements in its revenue and		
	e, it applicable, the text of t ting for conservation easer	he footnote to the organization's financial nents	statements that desc	cribes
		ns of Art, Historical Treasures,	or Other Similar	Assets.
		'Yes" to Form 990, Part IV, line 8.		
		116, not to report in its revenue stateme for public exhibition, education or research		
		ancial statements that describes these it		bile service,
=	•	116, to report in its revenue statement a		•
	her similar assets held for unts relating to these items	public exhibition, education, or research ii :	n furtherance of public	service,
	Form 990, Part VIII, line 1		b #	
	·			
(ii) Assets included in Fo	•			
		orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, provi	de the
Revenues included in Form	n 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	illections of Art	, His	torical	Treas	sures, or C	tne	er Similar As	ssets $(c$	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie followin	g that a	are a signific	ant u	ıse of its collec	tıon	
а	Public exhibition		d	▽ Loa	n or ex	change prog	rams	;		
b	Scholarly research		e	┌ Oth	er					
c	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v they furt	har tha	organization	n's A1	vemnt nurnose	ın	
•	Part XIV	onections and expla	111 110 9	v they full	nei the	organization	13 6/	xempt parpose		
5	During the year, did the organization solicit			•				nılar	_	_
<u> </u>	assets to be sold to raise funds rather than							/!! I - - /	Yes	✓ No
Pa	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answere	a "Y	es" to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			•		or other ass	ets	not	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		_				
								1A	nount	
c	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\	/								
Pa	rt V Endowment Funds. Complete									
		(a)Current Year 155,711,000	(b	Prior Year 202,833,		Two Years Bac	k (d	I)Three Years Back	(e) Four \	ears Back
La ·	Beginning of year balance	11,456,000		3,445,						
b	Contributions	18,726,000		-42,138,						
C	Investment earnings or losses	10,720,000		42,130,	000					
d e	Grants or scholarships Other expenditures for facilities									
-	and programs									
f	Administrative expenses	5,710,000		8,429,	000					
g	End of year balance	180,183,000		155,711,	000					
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment 🕨	21 000 % %								
ь	Permanent endowment 🕨 58 000 % %)								
c	Term endowment ► 21 000 % %									
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	that are he	eld and	administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations						•	3a		No
L	(ii) related organizations If "Yes" to 3a(ii), are the related organization	no lieted no require		a badula D			•	3a		No No
ь 4	Describe in Part XIV the intended uses of the						•	3	ь	1 110
	t VI Investments—Land, Building				990.	Part X. line	10.			
	Description of investment			(a) Cost of basis (inve	or other	(b)Cost or o	ther	(c) Accumulated depreciation	(d) Bo	ook value
La	Land			12,	473,820	14,278	3,102		1 2	26,751,922
b	Buildings					312,292	-	94,933,84	_	17,358,32
c	Leasehold improvements					·				<u> </u>
	Equipment									
e	Other					117,091	L,784	36,842,19	9 8	30,249,585

324,359,834

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation
Financial derivatives		Cost or end-of-year market value
Closely-held equity interests		
Other		
	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		, , , , , , , , , , , , , , , , , , , ,
		1
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descri	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)	84,523,7
Part X Other Liabilities. See Form 990, Part >		1 3.75237
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
LIABILITY UNDER SPLIT INTEREST AGRMt	2,155,264	
INTEREST RATE SWAP AGREEMENTS	14,690,251	
FEDERAL STUDENT LOANS REFUNDABLE	9,825,224	
	2,257,287	
ASSET RETIREMENT OBLIGATIONS	2,257,287	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	28,928,026	

Part :	XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1 7	Fotal revenue (Form 990, Part VIII, column (A), line 12)	1	334,142,633
2 ₇	Fotal expenses (Form 990, Part IX, column (A), line 25)	2	308,300,223
3 E	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,842,410
4	Net unrealized gains (losses) on investments	4	11,926,347
5 [Donated services and use of facilities	5	
6 I	Investment expenses	6	
_	Prior period adjustments	7	
_	Other (Describe in Part XIV)	8	243
	Fotal adjustments (net) Add lines 4 - 8	9	11,926,590
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	37,769,000
Part >		er R	<u> </u>
	Total revenue, gains, and other support per audited financial statements	1	346,463,000
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
	Net unrealized gains on investments		
	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -147		
e	Add lines 2a through 2d	2e	11,926,200
3	Subtract line 2e from line 1	3	334,536,800
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-394,167
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	334,142,633
Part X	1111 Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
	Total expenses and losses per audited financial statements	1	308,694,000
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	- 390
	Subtract line 2e from line 1	3	308,694,390
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	-394,167
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	308,300,223
	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

Ident if ier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Rounding \$243
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	The University of San Francisco maintains and services a collection of rare books which are made available to the university community, its affiliates, academic scholars and the general public These collections are used to enhance teaching, support research and provide public service

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF SAN FRANCISCO

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

94-1156628 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes THE UNIVERSITY OF SAN FRANCISCO PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH PRINT AND BROADCAST MEDIA TO THE GENERAL PUBLIC BOTH ON AND OFF CAMPUS THROUGHOUT THE YEAR This policy is also made available on the University's website at www.usfca.edu and in the University's general catalog Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493102001311

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Open to Public **Inspection**

	me of the organization					Employer ide	ntification number
UN	IVERSITY OF SAN FRANC	CISCO				94-1156628	3
P	General Infor			ide the United States	s. Complete	e if the organ	iization answered
1		•		ecords to substantiate	the amount	of the grant	 s or
	-	_		assistance, and the se		_	
	the grants or assistar	nce?					. 「Yes 「No
2	For grant makers. Descr United States	ibe in Part IV the	organization's pr	rocedures for monitoring th	ne use of gra	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region
Eas	t Asia & the Pacific	1	5	Program Services	Recruitment	& Fundraising	1,410,340
— Tot	als ▶	1	5				1,410,340

Part IV	, line 15, for an	ssistance to Organ y recipient who recom m 990) if additional	eived more than \$5	ies Outside the Ur ,000. Check this box	nited States. Composite of the composition of the c	plete if the organiza received more tha	tion answered "Yes n \$5,000	" to Form 990, ▶ 🔽
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Enter total new tax-exempt	umber of recipi by the IRS, or f	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •	
3 Enter total n	umber of other	organizations or en	tities				. ▶	
							Schodule I	(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. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493102001311

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

licensing

Department of the Treasury

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.

Internal Revenue Service	
Name of the organization	
UNIVERSITY OF SAN FI	RANCISCO

Employer identification number

							94-115662	28
Pa		ctivities. Comple ers are not require					to Form 990, Part	IV, line 17.
1	Indicate whether the orga	anızatıon raised fund:	s through a	anv of the	e follo	wing activities Ch	eck all that apply	
а	Mail solicitations						n-government grants	
	✓ Internet and e-mail s	olicitations				Solicitation of go		
	Phone solicitations			a		Special fundraisii	-	
d	✓ In-person solicitation	าร		9	ŕ		.5	
	Did the organization have or key employees listed i	n Form 990, Part VI	I) or entity	ın conne	ection	with professional	fundraising activities	Yes V
b	If "Yes," list the ten highe to be compensated at lea							
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contribi	er have dy or rol of) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(VI) A mount paid to
			163	110				
			-		-			
					-			
					-			
ota	il							
3	List all states in which t	he organization is re	aistered o	rlicense	d to s	olicit funds or has	heen notified it is eve	mpt from registration or
_			_, U					poogiotiation of

	•			_
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 rec	eıpts greater than \$5,000.	

		more than \$15,000 on Form	1 990-EZ, line 6a. List (1	eipts greater than \$5,0	000.		
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			CA Prz Dinner (event type)	Swanson Golf (event type)	(total number)		(c))	.oug.
Φ	_		, ,,,,,		,			7 222
Revenue	1 2	Gross receipts Less Charitable	164,250	·				7,330
Rev	2	contributions	149,625	99,365	22,847		27 	1,837
	3	Gross income (line 1 minus line 2)	14,625	64,695	96,173		17	5,493
	4	Cash prizes	10,000				1	0,000
မွာ	5	Non-cash prizes	2,572					2,572
suse	6	Rent/facility costs	27,493	134,349	6,469		16	8,311
Expenses	7	Food and beverages	37,792		31,174		6	8,966
Direct	8	Entertainment	890		2,010			2,900
ై	9	Other direct expenses .	83,261	9,032	9,127		10	1,420
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)			35	4,169
	11	Net income summary Combine li	nes 3, column d, and line	10			-17	8,676
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	า
		\$15,000 on Form 990-EZ, lii		/h) Dull tabe/Instant	(a) Other geming	(d) To		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
~	1	Gross revenue			51,026		5	1,026
	2	Cash prizes						
Expenses	3	Non-cash prizes			21,959		2	1,959
	4	Rent/facility costs						
Direct	5	Other direct expenses			7,543			7,543
_			┌ Yes %	┌ Yes	▽ Yes 90000%			
	6	Volunteer labor	V No	✓ No	No			
	_	Direct avance cummery Add line	a 2 through E in a dumn (47			2	9,502
	7	Direct expense summary Add line					2	1,524
	8	Net gaming income summary Com	ibine lines 1, column d, ar	nd line 7	<u> </u>		Yes	No
9	Ent	ter the state(s) in which the organiza	ation operates gaming act	tivities <u>CA</u>			103	110
а	Is	the organization licensed to operate	gaming activities in each	n of these states?		. 9a		Νο
b		No," Explain e University has been advised by co	ounsel it is evennt from re	agistration with respect t	o its gaming activity linds	ar		
	<u>C a</u>	l Pen Code Sec 320 5(h)(8)						
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		No
11		es the organization operate gaming				11	<u> </u>	No
12		the organization a grantor, beneficia med to administer charitable gaming				12		No
					Schedule G (Form 9		-EZ) 20	

			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
Ь	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
L5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		Νo
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the	13a		NO
	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 -			
	Director/officer Employee Independent contractor			
.7	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	47-		NI -
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	17a		Νo
	ın the organization's own exempt activities during the tax year ▶ \$			

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DLN: 93493102001311 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public **Inspection**

Name of the organization						Employer Identifica	ition number
UNIVERSITY OF SAN FRANC	1500					94-1156628	
Part I General Infor	mation on Grai	nts and Assistance				•	
Part II Grants and Ot Form 990, Part	d to award the grar rganization's proce her Assistance IV, line 21 for ar	nts or assistance?	e of grant funds in the longanizations in d more than \$5,000	United States the United States Check this box if n		anızatıon answered '	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grand or assistance
2 Enter total number of sec	tion 501(c)(3) and	government organizations					0

Enter total number of other organizations . . .

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
USF Financial Aid	2164	59,281,945			
Smart Grants	31	106,000			
Pell Grants	1505	5,840,626			
O ther Financial Assistance	792	1,385,117			
FSEOG Program	314	1,055,550			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Ident if ier Return Reference **Explanation** Grantmaker's Description THE UNIVERSITY OF SAN FRANCISCO OFFERS STUDENT FINANCIAL AID IN THE FORM OF SCHOLARSHIPS, GRANTS, LOANS, AND EMPLOYMENT OPPORTUNITIES FINANCIAL AID IS PROVIDED BY THE UNIVERSITY OF SAN of How Grants are Used FRANCISCO FEDERAL AND STATE GOVERNMENTSSOCIAL, FRATERNAL, PRO FESSIONAL, AND COMMUNITY ORGANIZATIONSEMPLOYERS, BOTH PRESENT AND PROSPECTIVEFRIENDS AND GRADUATES OF THE UNIVERSITY OF SAN FRANCISCOGRANTS AND SCHOLARSHIPS CAN BE USED TO PAY FOR TUITION AND FEES, ROOM AND BOARD, TRANSPORTATION AND PERSONAL EXPENSES, Grants and Scholarships are AWARDED TO STUDENTS WHO DEMONSTRATE ELIGIBILITY BY SUBMITTING A Federal FINANCIAL AID APPLICATION, COMPETE IN INTERCOLLEGIATE ATHLETICS, ARE ACADEMICALLY Eligible, or ARE READY TO COMMIT THEIR TIME AND SKILLS AFTER GRADUATION TO THE U.S. ARMED FORCES These numbers are of actual disbursements to the recipients during the University's academic year, but not during the Additional Supplemental Information university's tax year

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DLN: 93493102001311

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization UNIVERSITY OF SAN FRANCISCO

94-1156628 Questions Regarding Compensation Yes Νo 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b 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? 2 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 Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo 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. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III 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 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Νo

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)(1)-(111) 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 (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp								
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table	_	(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

Part III Supplemental Information

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Software ID: 09000047 **Software Version:** 2009v1.3

EIN: 94-1156628

Name: UNIVERSITY OF SAN FRANCISCO

Form 990, Schedule J, Pa	rt]	II - Officers, Direc	tors, Trustees, Ke	ey Employees, and	Highest Compen	sated Employees	,	
(A) Name		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Tracy Schroeder	(1) (11)	103,947		86	10,450	9,556	124,039	
Steven Shatz	(ı) (ıı)	217,532		1,072	23,274	22,461	264,339	
Steve Gallagher	(ı) (ıı)			148	18,704	17,272	202,745	
Stanley Nel	(1) (11)	302,777		795	22,227	22,472	348,271	
Salvador A ceves	(ı) (ıı)	195,066		230	19,171	19,396	233,863	
Ronald Micon	(ı) (ıı)	229,290		6,709	26,377	14,732	277,108	
Rex Walters	(ı) (ıı)	287,369		494	27,264	29,611	344,738	
Mıchael London	(ı) (ıı)	240,478		4,397	24,803	22,438	292,116	
Michael Duffy	(ı) (ıı)	257,785		1,679	27,264	16,397	303,125	
Margaret Higgins	(ı) (ıı)			4,558	19,338	12,826	214,133	
Julie Nice	(ı) (ıı)			740	20,434	14,124	256,177	
Jennifer Turpin	(ı) (ıı)	187,607		265	21,420	23,525	232,817	
Jeffrey Brand	(1) (11)	276,755		1,830	27,264	23,491	329,340	
James Wiser	(I) (II)	263,023		7,416	27,264	23,456	321,159	
Jack Garvey	(ı) (ıı)	209,129		5,905	20,564	18,417	254,015	
Elizabeth Johnson	(ı) (ıı)	178,752		1,045	19,654	14,138	213,589	
Donna Davis	(ı) (ıı)	264,208		8,155	27,264	30,353	329,980	
David Macmillan	(ı) (ıı)	222,859		5,289	25,098	22,269	275,515	
Charles Cross	(ı) (ıı)	277,841		3,477	27,264	28,044	336,626	

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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

DLN: 93493102001311

Open to Public Inspection

94-1156628

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

UNIVERSITY OF SAN FRANCISCO

Employer identification number

Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	e Issued	(e) Issue	e Price	(f) Des	cription of F	Purpose	(g) De	(g) Defeased		n) On nalf of suer
											Yes	No	Yes	No
A	CA Educ Fac Auth	94-6001347	130178FA9	07-27	-2006	56,	900,000	Cur rfnd of b	onds & cap	exp		х		Х
В	CA Educ Fac Auth	94-6001347	1301757W8	08-18	-2005	50,	910,000	Adv rfnd of l	onds & cap	ехр		х		х
c	CA Educ Fac Auth	A Educ Fac Auth 94-6001347 130175A85			-2003	40,0	000,000	Capital expe		х		х		
Pa	rt III Proceeds			1										
					A	E	В		С		D	E		
1	1 Total proceeds of issue				6,900,000	5	0,910,000) 4	10,000,000					
2	Gross proceeds in reserve fun	ds												
3	3 Proceeds in refunding or defeasance escrows				32,025,641	2	2,659,396	5						
4	4 Other unspent proceeds													
5	5 Issuance costs from proceeds				711,941		764,452	2	571,075					
6	Working capital expenditures f	from proceeds												
7	Capital expenditures from prod	ceeds		23,214,418		26,904,38		6 29,838,379						
8	Year of substantial completion	ı		20	008	20	08			•				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part	of a current refunding i	ssue?	Х			х	Х						
10	Were the bonds issued as part	of an advance refundin	g issue?		Х	Х			Х					
11	11 Has the final allocation of proceeds been made?			Х		Х		Х						
Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х		×		×							
Pai	t IIII Private Business U										1			
					A		В		c	Γ)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner which owned property financed				x		х		х					

Χ

which may result in private business use?

Are there any lease arrangements with respect to the financed property

Χ

Χ

Part Private Business Use (Continued)

			A		В	(С	D			E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		х		х				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		х		Х				
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		×		х					

		1	A	1	В		С	I	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in	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		х		х				
2	Is the bond issue a variable rate issue?	Х		Х		Х					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?			х		х					
ь	b Name of provider		Bank of America		erica	Bank of America					
С	Term of hedge		30 2000		30 1000		29 4000				
4a	Were gross proceeds invested in a GIC?	Х		Х			Х				
ь	Name of provider	FSA Capital Managemen Inc		AIG Matche Corp	ed Funding						
С	Term of GIC		2 0000		2 0000						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х		х							
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х				
6	Did the bond issue qualify for an exception to rebate?	х			х	х					
									Schedule	e K (Form 990	0) 2009

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DLN: 93493102001311

OMB No 1545-0047

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.

Open to Public Inspection

UNIVERSITY OF SAN FRANCISCO								-	dent if icat	ion nu	ımper	
Davi T. Evenes Bonefit Tro	no noti	(c	action E01/	′a\/2\ a	and costion E01	(0)(4)		-11566				
Part I Excess Benefit Tra Complete if the organiza										ne 40b)	
			1.00 0111011									ected?
1 (a) Name of disc	luanned	person			(b) Descr	iption	oftransa	ction		Ţ	Yes	No
										_		
2 Enter the amount of tax impos	ed on th	e organ	nization mana	agers or	disqualified perso	ns dui	ına the v	ear unde	r			
section 4958								. •	\$			
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimburs	ed by th	e organization .			. •	· \$			
Part II Loans to and/or	Erom 1	Intoro	stad Dars	000								
Complete if the organi). Part IV. line 26.	or For	m 990-E	Z. Part V	. line 38a	ì		
								(f)	•			
(a) Name of interested person and		(b) Loan to or from the (c)Original		nal			In	1 ''		1	Writter	
purpose	(-)		principal ar		(d)Balance due	defa	ıult?			agre	agreement?	
	То	From				Yes	No	Yes	No	Yes	,	No
Julie Nice												
2nd Mortgage		Х	(50,000	60,000		No	Yes		Yes	5	
Rex Walters Secured 2nd Mortgage		X	6.	10,000	610,000		No	Yes		Yes		
James Wiser				10,000	010,000		110	103		+		
Secured 2nd Mortgage		Χ	15	53,000	153,000		Νo	Yes		Yes	5	
Margaret Higgins		.,			50.000		١.,					
Secured 2nd Mortgage Michael L Duffy		Х	1:	50,000	50,000		No	Yes		Yes	-	
Secured 2nd Mortgage		Χ	15	50,000	150,000		No	Yes		Yes	,	
Total				► \$	1,023,000							
Part III Grants or Assista							27					
Complete if the orga	anizatio				rm 990, Part IV, en interested pers		27.					
(a) Name of interested pers	son	'			ganization		(c) A m	ount of g	rant or ty	pe of a	ıssısta	nce
					-							
Part IV Business Transac	tions T	nvolv	ina Intere	ested I	Persons							
Complete if the orga						lıne	28a, 28b	o, or 28	c.			
<u>. </u>) Relationshi				•	•		(4	e) Sha	rıng of
(a) Name of interested perso	n		veen interest		(c) A mount of	10	d) Descr	iption of	transactio	on o	_	ation's
, , , , , , , , , , , , , , , , , , , ,			erson and the organization	•	transaction	`				<u> </u>	reven Yes	ues?
			J			+						110
						+						
	_						-	_				

NonCash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization UNIVERSITY OF SAN FRANCISCO

SCHEDULE M

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

94-1156628

řŒ	rt 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 de reven	etermı	nıng	
1	Art—Works of art	· · ·		3				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	18	155,912	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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not required	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	I					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell r	non-cash	32a		Νο
Ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a)) is checked,			

Page 2

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

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 94-1156628

Name: UNIVERSITY OF SAN FRANCISCO

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SCHEDULE 0

(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

DLN: 93493102001311

2009

Open to Public Inspection

Name of the organization UNIVERSITY OF SAN FRANCISCO

Employer identification number

94-1156628

ldentifier	Return Reference	Explanation
I '	Other Organization Documents	While applicable federal tax laws do not mandate that the university's governing documents, conflict of interest policy and financial statements be made available for public inspection, the university makes each of the foregoing available on its wiebsite www usfca edu and upon request

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

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Director of Internal Audit and Tax Compliance is responsible for overseeing tax compliance matters for the University of San Francisco, including the preparation of the University's Form 990, accordingly, under his direction (and with the assistance of the University's external tax advisors at Deloitte and Touche) the University's Form 990 is prepared by a Staff Accountant in the University's Office of Business and Finance Thereafter, the University's Form 990 is reviewed by the Staff Accountant's supervisor, the Accounting Manager for Payroll and Benefits. Upon completion of the Accounting Manager's review, the University's Form 990 is reviewed by the University's Controller and its Associate Vice President for Business and Finance. Subsequently, the University's Vice President for Business and Finance and Director of Internal Audit and Tax Compliance concurrently review the University's Form 990 with the University's external tax advisors (Deloitte and Touche) who review it one final time before the return is provided to the University's Audit Committee of its Board of Trustees, which has been delegated appropriate authority to review the return on behalf of the University's Board of Trustees. Subsequent to its review, the Audit Committee reports back to the full Board of Trustees regarding its oversight of Form 990, and the final draft of the University's Form 990 (including all required schedules) is provided to the entire Board of Trustees so it is able to make any appropriate inquiries regarding the data contained in the University's Form 990 before the return is filed.

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