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DLN: 93493103003113

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

	ue Service				_	Inspection
A Forthe	2011 ca	lendar year, or tax year beginning 06-01-2011 and ending 05	5-31-2012		D. Front 11	ALGI - ALI
Check if		C Name of organization UNIVERSITY OF SAN FRANCISCO				tification number
Address o	change	Doing Business As		-	94-1156628 E Telephone nur	
Name ch	ange				(415)422-6	
Initial ret —		Number and street (or P O box if mail is not delivered to street address) 2130 FULTON STREET	Room/suite	·	G Gross receipts \$	
Terminat —				_ }	· · ·	· ,
Amended —		City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94117				
Applicatio	on pending					
		F Name and address of principal officer Fr Privett SJ		H(a) Is the affilia	s a group return	for
		2130 Fulton Street San Francisco, CA 94117		amma		
		Sall Flaticisco, CA 54117			affiliates include	
Tax-exe	mpt status	▼ 501(c)(3)	527		p," attach a list (p exemption nun	(see instructions) nber ►
Websit	e: ► www	v usfca edu		(0)		
Form of o	rganization	✓ Corporation Trust Association Other ►	<u> </u>	Vear of for	mation 1930 M	State of legal domicile CA
Part I	_			L real of for	madon 1930 P	state of legal doffficile. Cr
		escribe the organization's mission or most significant activities				
2 3 4 5 6		the knowledge and skills needed to succeed, and the values a				
5 2		is box fthe organization discontinued its operations or di		more than 2	1 1	
δ 3 0 4		of voting members of the governing body (Part VI, line 1a)			3	4 2
5 5		of independent voting members of the governing body (Part VI) nber of individuals employed in calendar year 2011 (Part V, lir			5	5,442
		nber of volunteers (estimate if necessary)	10 Zu) .		6	197
- 1		related business revenue from Part VIII, column (C), line 12			7a	1,689,375
b	Net unrel	ated business taxable income from Form 990-T, line 34 .			7b	
				Prio	r Year	Current Year
g 8		outions and grants (Part VIII, line 1h)			42,851,120	34,795,121
를 9	-	m service revenue (Part VIII, line 2g)			25,330,381	348,253,530
9 10 11 Hay 61 11		ment income (Part VIII, column (A), lines 3, 4, and 7d).. revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1			1,866,128	7,428,284 -95,754
12		evenue—add lines 8 through 11 (must equal Part VIII, column			1,000,120	- 55,754
		<u> </u>		3	80,775,164	390,381,181
13		and similar amounts paid (Part IX, column (A), lines 1-3).			71,389,354	73,945,014
14 15		s paid to or for members (Part IX, column (A), line 4)				0
8 15	5-10)), iiics	1	68,527,377	177,977,672
SE 16a 日 b	Profes	sional fundraising fees (Part IX, column (A), line 11e)			I I	0
품 b		ndraising expenses (Part IX, column (D), line 25) 🕦				
17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			85,586,921	101,995,971
18		expenses Add lines 13-17 (must equal Part IX, column (A), lique less expenses Subtract line 18 from line 12		3	25,503,652 55,271,512	353,918,657 36,462,524
	Kevent	de less expenses Subtract fine 10 nom fine 12		Beginning	of Current	
Secondary 20				Y	ear	End of Year
20		ssets (Part X, line 16)			50,173,403	797,809,390
21 25 25 20 20 20 20 20 20 20 20 20 20 20 20 20		rabilities (Part X, line 26)			93,574,140	291,983,996
端面 22 Part II		sets or fund balances Subtract line 21 from line 20 ature Block		-	93,374,140	505,825,394
Jnder pena	alties of person belief	erjury, I declare that I have examined this return, including accomp f, it is true, correct, and complete. Declaration of preparer (other th		is based on a	all information of	
dere	Charle	es E Cross VP - Bus & Fin				
iei e	Туре	or print name and title				
iere		s k Date	Che	eck if	Preparer's taxpay	er identification number
Paid	Preparer' signature		self em	ployed 🕨 🦵	(see instructions)	
Paid Preparer's	signature	Sharon Zorbach me (or yours Deloitte Tax LLP			(see instructions)	
Paid	signature Firm's na if self-en	Sharon Zorbach me (or yours Deloitte Tax LLP			,	0) 704 (222

May the IRS discuss this return with the preparer shown above? (see instructions)

Par		F Program Ser le O contains a re		lishments Jestion in this Part I	II		৮
PER HOL	Briefly describe the org UNIVERSITY OF SAN F SPECTIVE TO EDUCAT ISING AND OTHER AUX POSE OF the University	RANCISCO IS A E LEADERS WHO	PRIVATE JESU: WILL FASHION	A MORE HUMANE	AND JUST WORLD	THE UNIVERS	ITY PROVIDES
2	Did the organization un the prior Form 990 or 9 If "Yes," describe these	90-EZ?			ear which were not lis · · · · ·		es 🔽 No
3	Did the organization ce services? If "Yes," describe these			nt changes in how it	conducts, any progra · · · · · ·		′es 🔽 No
4	Describe the organizati expenses Section 501 grants and allocations	on's program serv (c)(3) and 501(c)	ice accomplishm (4) organizations	and section 4947 (a)(1) trusts are requ	ired to report th	
4a	(Code STUDENT SERVICES AND L WELL BEING AND TO HIS/H					THE STUDENTS' E	3,573,329) MOTIONAL AND PHYSICAL
4b	(Code EDUCATION THE UNIVERS TRADITION TO approximate				, ,	evenue \$ TO SCHOLARSHIP	312,180,776) AND THE JESUIT CATHOLIC
4c	(Code AUXILIARY SERVICES INCI DINING SERVICES, and STU			including grants of \$ PORTING ACTIVITIES OF	, ,	evenue \$ S THE OPERATION	32,497,192) OF RESIDENCE HALLS,
4d	Other program service	•	chedule O) ncluding grants o	of\$) (Revenue \$		2,233)
4e	Total program service	expenses - \$	311.722.66	7			

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 ? <i>If</i> " <i>Yes," complete Schedule F, Part II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \blacksquare	21		N o
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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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		N o
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$.	•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 473			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return	ı		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4 a	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 or securities account)?	4a	Yes	
b	,			
_	If "Yes," enter the name of the foreign country ▶○ C See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Coo moducations for mining requirements for Form FB F 50 22 1, Report of Foreign Bunk and Financial Medicalities			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
r	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No
_		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	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	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7-		NI a
	file Form 8282?	7 c		No_
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		N o
h	required?	/y		No
	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	ı		
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	ı		
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
J	sources against amounts due or received from them)			
12-	Section 4947(a)(1) non-everynt charitable truete. Is the erganization filing Form 0.00 in liquid Form 1.0413	12a		N o
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the	12đ		No
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		No

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

Se	ction A. Governing Body and Management			
]	Yes	No
1_	Enter the number of veting members of the governing heady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	3		No	
4	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	9		No	
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure	00		.,,
	List the States with which a copy of this Form 990 is required to be filed.			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website 🔽 Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Charles Cross VP for BF 2130 FULTON ST

SAN FRANCISCO, CA 94117 (415) 422-6522

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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of oth compensatio from the organization a related		
		for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Miscy		organiza		
See A	ddıtıonal Data Table														
												+			
												+			
1b	Sub-Total					•		>							
d	Total from continuation sheets Total (add lines 1b and 1c) .	· · · · ·						<u> </u>		4,870,724		+		879,767	
2	Total number of individuals (incl \$100,000 of reportable compen						above) who	receive	d more tha	n				
	Too,000 of reportable compen	sation nom the	Jigailiz	a (10111									T		
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch								or highes	t compens	ated employee	3	Yes Yes	No	
4	For any individual listed on line is organization and related organization and related organization.											4	Yes		
5	Did any person listed on line 1a services rendered to the organiz								_	anızatıon d	or individual for •	5	165	No	
Se	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from	hıghest comper													
	or within the organization's tax y		п перо								ing with				
	or within the organization's tax y									Desc	(B) ription of services	Τ	(C Comper		
343 S	or within the organization's tax y	ear (A)								Desci Construction	(B)		Compe		
343 St SF, CA Swine 260 Te	or within the organization's tax y Nar r Construction Co ansome St Ste 500	ear (A)									(B)		Comper 11	nsation	
343 Si SF, CA Swine 260 To San F MAI Ir 105 Bi San Jo	Nar r Construction Co ansome St Ste 500 A 94104 rton Builders Inc ownsend St rancisco, CA 94107 ndustries Inc onaventura Dr ose, CA 95134	ear (A)								Construction	(B)		Comper 11	,104,493	
343 St SF, CA Swine 260 To San F MAI Ir 105 B San Jo Cahill 425 C	Nar r Construction Co ansome St Ste 500 A 94104 rton Builders Inc ownsend St rancisco, CA 94107 ndustries Inc onaventura Dr	ear (A)								Construction	(B)		Comper 11 4	,104,493 ,517,654	
343 S SF, CA Swine 260 T San F MAI Ir 105 B San J Cahill 425 C San F Able E 868 F	Nar r Construction Co ansome St Ste 500 A 94104 eton Builders Inc ownsend St rancisco, CA 94107 industries Inc onaventura Dr ose, CA 95134 Contractors Inc falifornia St	ear (A)								Construction Construction Construction	(B) iption of services		11 4 1 6	,104,493 ,517,654 ,097,458	

Form 99			f Davidson					Page 9
Part	/	Statement of	n kevenue		(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						
gra	b	Membership du	es 1b					
ts, ≅	C	_	ents 1c	322,502				
<u>#</u>	d		zations 1d					
S. E.	e	Government grant						
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	21,877,775				
and and	h	Total. Add lines	s 1a-1f	▶	34,795,121			
	1			Business Code				
inua	2a	TUITION AND FEES	5	611600	310,699,553	310,699,553		
89 Se	ь	HOUSING AND AUX	(ILIARY	611600	35,654,309	35,654,309		
- P	С	Fitness Center Due	es	713940	1,899,668		1,689,375	210,293
₹	d							
Program Service Revenue	e							
Š Š	f	All other progra	am service revenue					
ž	g	Total. Add lines	s 2a – 2f		348,253,530			
	3		ome (including dividen					
		and other simil	aramounts)	▶	3,833,487			3,833,487
	4	Income from inves	stment of tax-exempt bond	proceeds	0			
	5	Royalties			56,275			56,275
		C	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	-	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)		0			
	_	Gross amount	(ı) Securities 50,628,018	(II) Other 3,121,900				
	7a	from sales of assets other than inventory		3,121,900				
	b	Less cost or other basis and sales expenses	47,062,420	3,092,701				
	c	Gain or (loss)	3,565,598	29,199	3,594,797			3,594,797
	d 8a	Net gain or (los	rom fundraısıng	· · · · · · · · · · · · · · · · · · ·	3,394,797			3,394,797
Other Revenue		events (not inc \$322 of contributions						
u ds			а	142,899				
¥	b		penses b	340,373	-197,474			-197,474
J	c 9a		(loss) from fundraising rom gaming activities	events F	-19/,4/4			-13/,4/4
	"		ie 19					
			a	72,150				
	b		penses b	=-/:	46 440		ı	4
	C		(loss) from gamıng actı 	vities► I	45,445			45,445
	10a	Gross sales of returns and allo						
	b c	=	oods sold b (loss) from sales of inv	entory ►	0			
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	C							
	d	All other reven						
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions .	▶	390,381,181	346,353,862	1,689,375	7,542,823
				<u></u>	. , -	. , -		orm 990 (2011)

Part IX Statement of Functional Expenses

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

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

<u>C</u>	heck if Schedule O contains a response to any question in this Part IX	<u> </u>			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	73,945,014	73,945,014		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,579,526	1,759,028	1,536,307	284,191
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	545,040	258,133	286,907	
7	Other salaries and wages	114,275,294	94,739,103	17,538,357	1,997,834
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,798,600	10,270,969	269,811	257,820
9	Other employee benefits	39,933,459	37,982,268	997,766	953,425
10	Payroll taxes	8,845,753	8,413,541	221,017	211,195
11	Fees for services (non-employees)				
а	Management	489,300	123,653	365,647	
b	Legal	1,043,291	67,045	974,596	1,650
С	Accounting	443,472	43,622	399,850	
d	Lobbying	109,935		109,935	
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	392,890		392,890	
g	Other	11,165,806	8,154,382	2,922,749	88,675
12	Advertising and promotion	2,802,029	2,515,928	286,101	
13	Office expenses	9,509,845	6,327,119	2,719,934	462,792
14	Information technology	2,183,195	699,197	1,458,428	25,570
15	Royalties	0			
16	Occupancy	16,581,580	16,216,943	316,551	48,086
17	Travel	9,775,788	8,442,917	938,301	394,570
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	823,026	605,265	211,700	6,061
20	Interest	8,078,821	6,604,720	1,474,101	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,954,404	14,805,166	1,149,238	
23	Insurance	5,573,544	3,583,189	1,990,355	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	HONORARIA & AWARDS	231,748	196,128	23,560	12,060
b	V ehicle Expense	242,025	194,218	46,803	1,004
c	SUBCRIPTION & DUES	1,898,892	1,227,005	612,056	59,831
d	GENERAL EXPENSES	14,696,380	14,548,114	91,280	56,986
е					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	353,918,657	311,722,667	37,334,240	4,861,750
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				200 (25.11)
				F O	m 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 104.404.939 2 112.364.658 3 23,334,526 28,475,239 7.195.006 6.700.792 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 901,934 Schedule L 5 663.000 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 Schedule L 18,470,028 18,465,797 7 8 0 9 8.803.840 9 7.634.727 Prepaid expenses and deferred charges 562,471,865 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 154,456,732 b Less accumulated depreciation 339,457,820 10c 408,015,133 138,155,101 11 116,331,663 11 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 Intangible assets 102,659,603 15 105,948,987 15 750,173,403 797,809,390 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 39,774,637 17 41,365,007 17 Accounts payable and accrued expenses . 18 18 19 28,725,708 19 29,512,864 20 162.594.677 20 159.005.384 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 27,500,000 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 34,600,741 25,504,241 25 D 26 256,599,263 26 291,983,996 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 290,073,332 **27** 303,897,396 Unrestricted net assets 89,296,125 28 78,458,075 28 Temporarily restricted net assets Fund 29 114,204,683 29 123,469,923 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 493.574.140 33 505.825.394 34 Total liabilities and net assets/fund balances 750.173.403 34 797,809,390

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		390.3	381,18
2	Total expenses (must equal Part IX, column (A), line 25)	2			918,65
3	Revenue less expenses Subtract line 2 from line 1	3		36,4	162,52
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		493,5	574,14
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-24,2	211,27
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		505,8	325,394
Pai	TEXII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII	• •	•	୮	
1				Yes	No
-	Accounting method used to prepare the Form 990 Cash Accrual Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued		, 55	
	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 th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization UNIVERSITY OF SAN FRANCISCO

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) 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) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions)) No

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).									
	Facts And Circumstances Test									
	Explanation									

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493103003113

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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

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

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

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

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

Se	ction 501(c)(4), (5), or (6) organizations Complete Part III				
	me of the organization IVERSITY OF SAN FRANCISCO	mployerid	entıfıc	atıon numbe	er
		4-115662	8.		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s	ection 5	27 or	ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities on beh in opposition to candidates for public office in Part IV	alfofor			
2	Political expenditures	>	\$_		
3	Volunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	√ No
4a	Was a correction made?			┌ Yes	✓ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection 5	01(c))(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities 🕨	\$ <u>_</u>		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27 ►	\$_		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7b ►	\$_		
4	Did the filing organization file Form 1120-POL for this year?			☐ Yes	┌ No

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

	fullus 11 llolle, effter -0-	directly delivered to a separate political organization If none, enter -0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

silicadic C (i	om 550 of 550 EE/ E011	ı agc
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 57	68
	(election under section 501(h)).	

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
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	
е	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	O ther activities? If "Yes," describe in Part IV	Yes		109,93
j	Total lines 1c through 1i			109,93
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	
3-	\bullet THE \bullet Complete if the exercises is execute under coefficient $FO4(\circ)(4)$ so stick	=04/	` / = `	

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".

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Identifier	Return Reference	Explanation
Part II-B, Line 1:	Description	The 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.

1

DLN: 93493103003113

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number UNIVERSITY OF SAN FRANCISCO 94-1156628 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during

	the taxable year 📭				
4	Number of states where property subject to conservation easement is located ▶				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Γ	Yes	r,	No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨				
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year				
	▶- \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	Γ	Yes	Г	No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation of the co		;		

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

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

Par	Organizations Maintaining Co	llections of Art,	His	toric	al Trea	sures, or (Othe	r Similar As	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th		_	_			tion	
а	Public exhibition		d	굣	Loan or e	exchange prog	grams	5		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain	n how	they	further th	ne organizatio	n's e	xempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as p	art o	fthe	organızatı	ion's collectio	n?		┌ Yes	✓ No
Par	Part IV, line 9, or reported an an						ed "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for co	ntributior	ns or other as	sets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	ollow	ıng ta	ble					
								Ar	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						┌ Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	,								
Pa	rt V Endowment Funds. Complete	f the organization	ans	<u>were</u>	d "Yes" t	to Form 990	, Pa		1	
		(a)Current Year	(b) Prior Y	rear ((c)Two Years Ba	ck	(d)Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	211,260,000		180,	183,000	155,711,	000			
b	Contributions	3,016,000		2,	868,000	11,456,	.000			
c	Investment earnings or losses	-7,100,000		35,	593,000	18,726,	.000			
d	Grants or scholarships	4,483,299		3,	713,612					
e	Other expenditures for facilities and programs	3,202,701			664,388					
f	Administrative expenses	1,054,000			006,000	5,710,				
g	End of year balance	198,436,000		211,	260,000	180,183,	.000			
2	Provide the estimated percentage of the yea	r end balance held as	S							
а	Board designated or quasi-endowment 🕨	22 000 %								
b	Permanent endowment 🕨 55 000 %									
c	Term endowment ▶ 23 000 %									
За	Are there endowment funds not in the posses	ssion of the organiza	tıon t	hat a	re held an	ıd admınıstere	ed for	the		
	organization by							Γ <u>-</u>	Yes	+
	(i) unrelated organizations			•			• •	3a		No No
ь	(ii) related organizations						•	3a(_	l No
4	Describe in Part XIV the intended uses of th	•								1 100
	t VI Land, Buildings, and Equipme									
	Description of property		,	(a) C	ost or other			(c) Accumulated depreciation	(d) B	ook value
1a	Land				14,202,66	3 31,60	6,199		1	45,808,862
b	Buildings				· · ·	391,42		111,212,57		80,210,319
c	Leasehold improvements									
d	Equipment									
e	Other					125,24	0,111	43,244,15	9	81,995,952

408,015,133

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1) Financial derivatives		Cost of end o	year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line	13.	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X, I	ine 15.	4	
(a) Descr			(b) Book value
(1) Investments			105,948,987
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)		105,948,987
Part X Other Liabilities. See Form 990, Part			200,510,50.
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) / mount		
	1 007 745		
LIABILITY UNDER SPLIT INTEREST AGRMT	1,987,745		
INTEREST RATE SWAP AGREEMENTS	20,768,684		
FEDERAL STUDENT LOANS REFUNDABLE	10,205,548		
ASSET RETIREMENT OBLIGATIONS	1,638,764		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	34,600,741		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	390,381,181
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	353,918,657
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	36,462,524
4	Net unrealized gains (losses) on investments	4	-24,211,270
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-24,211,270
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,251,254
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	366,537,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-24,211,259
3	Subtract line 2e from line 1	3	390,748,259
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
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	4 c	-367,078
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	390,381,181
<u>Par</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	354,286,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	265
3	Subtract line 2e from line 1	3	354,285,735
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	-367,078
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	353,918,657
Pa	rt XIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The University does not maintain any uncertain tax positions, accordingly, the University's audited financial statements did not include a footnote for ASC 740 (formerly FIN 48)
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Rounding \$265
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Rounding \$11
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The endowment fund is used to provide a relatively predictable, stable and consistent investment return sufficient to fund a variety of operational needs, including scholarships and fellowships, faculty chairs, academic programs, libraries, other endowment programs, and general operations
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 The rare book collection is used to enhance teaching, support research, and provide public service

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493103003113

OMB No 1545-0047

2011

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

Schools

Name of the organization UNIVERSITY OF SAN FRANCISCO Employer identification number

IVE	ERSITY OF SAN FRANCISCO 94-115	56628		
Рa	rt I	70028	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its chart other governing instrument, or in a resolution of its governing body?	ter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast me the period of solicitation for students, or during the registration period if it has no solicitation program, in that makes the policy known to all parts of the general community it serves? If "Yes," please describe I please explain If you need more space use Part II	dia during n a way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondisc basis?	4b	Yes	
С	ः Copies of all catalogues, brochures, announcements, and other written communications to the public dea with student admissions, programs, and scholarships?	aling 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
C	Employment of faculty or administrative staff?	5c		No
d	I Scholarships or other financial assistance?	<u>5d</u>		Νo
е	Educational policies?	<u>5e</u>		Νo
f	Use of facilities?	5 <u>f</u>	+	Νo
g	Athletic programs?	<u>5g</u>	+	Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	n Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 thro of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	ugh 4 05	Yes	

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		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 w ebsite at www usfca edu and in the University's general catalog

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493103003113

OMB No 1545-0047

SCHEDULE F (Form 990)

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

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection**

	e of the organization /ERSITY OF SAN FRANCISCO					mployer identif	fication number
14.1	EKSTIT OF SAN FRANCISCO				9	4-1156628	
Pa	rt I General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if	the organiza	ition answered
1	For grantmakers. Does the	organization n	naıntaın record	s to substantiate the	amount of	f the grants o	r
	assistance, the grantees' elig		_	•			rd
	the grants or assistance?						│ Yes │ No
2	For grantmakers. Describe in Pa United States	rt V the organiz	zatıon's procedur	res for monitoring the use	e of grant fu	inds outside the	2
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	program se specifi	listed in (d) is a rvice, describe ic type of s) in region	(f) Total expenditures for region/investments in region
	East Asia & the Pacific	3	41	Program Services	Instruction	ı, Recruit	2,499,722
	Sub-total Total from continuation sheets	3	41			+	2,499,722

41

2,499,722

Pa	Part IV,	line 15, for any	sistance to Orgar y recipient who rece space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composite of the composite	olete if the organiza received more thai	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)
	-								
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities				. ▶	
								Schodulo E	(Form 990) 2011

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	~	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	✓	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	ি	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Additional Supplemental Information		The accounting method used is the Accrual method of accounting

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493103003113

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

lame of the organization				Employer id	dentification number
NIVERSITY OF SAN FRANCIS	500			94-11566	28
Part I Fundraising Act	ivities. Complete	e if the organiz	ation answered "Yes"	to Form 990, Part	IV, line 17.
 Indicate whether the organ Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least 	licitations a written or oral agre Form 990, Part VII t paid individuals or	ement with any i or entity in coni entities (fundrai:	Solicitation of no Solicitation of no Solicitation of go Special fundraisi ndividual (including office nection with professional sers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustee fundraising services?	Yes No No fundraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(or retained by)
otal	organization is regis	tered or licensed	I to solicit funds or has b	een notified it is exen	npt from registration or

Pai	t II	Fundraising Events. Commore than \$15,000 on Form						
		· ·	(a) Event #1 CA Prz Dinner (event type)	(b) Event #2 Golf Contest (event type)	(c) O ther Events 4 (total number)	(d) Total Events (Add col (a) through col (c))		
₽ E	1	Gross receipts	250,200	106,319	106,160	462,679		
Reveilue	2	Less Charitable contributions	222,200	42,150	58,122	322,472		
	3	Gross income (line 1 minus line 2)	28,000	64,169	48,038	140,207		
	4	Cash prizes	10,000			10,000		
ဟ	5	Non-cash prizes		12,191	10,908	23,099		
) NSe	6	Rent/facility costs	77,873	50,553	22,205	150,631		
Expenses	7	Food and beverages	47,871	L	38,543	86,414		
Direct	8	Entertainment	500		2,124	2,624		
ā	9	Other direct expenses .	37,847	2,066	26,349	66,262		
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)		(339,030)		
	11	Net income summary Combine I	nes 3 and 10 ın column ((d)		-198,823		
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
<u> </u>	1	Gross revenue			72,150	72,150		
မွာ	2	Cash prizes						
Direct Expenses	3	Non-cash prizes			20,582	20,582		
ă Б	4	Rent/facility costs						
툴_	5	Other direct expenses			6,123	6,123		
	6	Volunteer labor	┌ Yes	✓ Yes	▼ Yes 92 000 % No			
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		(26,705)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in col	umn (d)	🕨	45,445		
9		er the state(s) in which the organize						
a b		he organization licensed to operate No," Explain		h of these states?		· F _{Yes} ▼ _{No}		
J	The	University has been advised by le		=		y under Cal Pen		
10a	Wer	e any of the organization's gaming	licenses revoked, suspei	nded or terminated during		⊢ _{Yes}		
b								

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

DLN: 93493103003113

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

Inspection

INTUED CITY OF CAN EDANGICO						Linployer identificati	on namber
JNIVERSITY OF SAN FRANCISCO	1					94-1156628	
Part I General Informati	ion on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	award the grants or as	sıstance? .			the grants or assist	ance, and	F Yes Γ I
Form 990, Part IV, li	ne 21 for any recip	ient that received r	rganizations in the nore than \$5,000. Ch needed	eck this box if no one	recipient receive	ed more than \$5,000	. 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)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
						1	

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	(c)A mount of		(e)Method of valuation (book,	(f)Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
(1) USF Financial Aid	4189	65,460,864			
(2) Smart Grant	1	2,000			
(3) Pell Grants	1743	6,832,332			
(4) FSEOG Program	154	483,218			
(5) Federal Work-Study Program	695	1,166,600			

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

Identifier	Return Reference	Explanation
Grantmaker's Description		THE UNIVERSITY OF SAN FRANCISCO OFFERS STUDENT FINANCIAL AID IN THE FORM OF SCHOLARSHIPS,
of How Grants are Used		GRANTS, LOANS, AND EMPLOYMENT OPPORTUNITIES FINANCIAL AID IS PROVIDED BY THE UNIVERSITY OF SAN
		FRANCISCO, FEDERAL AND STATE GOVERNMENTS, SOCIAL, FRATERNAL, PROFESSIONAL, AND COMMUNITY
		ORGANIZATIONS, EMPLOYERS, BOTH PRESENT AND PROSPECTIVE, and FRIENDS AND GRADUATES OF THE
		UNIVERSITY OF SAN FRANCISCO GRANTS 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

DLN: 93493103003113

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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

94-1156628

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate 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			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
			165	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
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

Identifier	Return Reference	Explanation
Sch J, Part III, Additional Information	A dditional Information	Schedule J, First Class Travel The University's written Travel and Entertainment Policy does not permit first class travel for business trips, absent prior approval by the University President. The Vice President for International Relations received approval from the University President to fly first class for business trips, no other trustee, officer, director, key employee, or highest compensated employee incurred first class travel expenses which were paid for by the University Schedule J, Tax Gross-Up Payments. The VP for International Relations is on assignment in a foreign country on behalf of the University. Pursuant to a tax equalization agreement, this individual is responsible for his tax liability as if he had remained working in the U.S. Any additional taxes resulting from his foreign assignment are being paid by the University and grossed-up, this amount was reported as taxable income on the individual's Form W-2 and is included on Schedule J, Part II, Column B(III) Schedule J, Housing Allowance A housing allowance is being provided to the VP for International Relations in connection with his assignment in a foreign country on behalf of the University in order to account for a higher cost of living in the foreign country. This amount was reported as taxable income on the individual's Form W-2 and is included on Schedule J, Part II, Column B(III).
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2011

Software ID: 11000144

Software Version: 2011v1.5

EIN: 94-1156628

Name: UNIVERSITY OF SAN FRANCISCO

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Ms Davis	(I) (II)	285,003		6,811	27,264	34,613	353,691	
Mr Walters	(ı) (ıı)		15,000	310	27,264	35,362	405,884	
Mr Mıcon	(I) (II)			7,726	27,264	10,915	296,767	
Mr Macmillan	(I) (II)	225,524		8,372	25,506	25,029	284,431	
Mr London	(I) (II)	240,952		5,633	26,157	25,179	297,921	
Mr Lathrope	(I) (II)	245,011		1,354	27,264	6,852	280,481	
Mr Gallagher	(I) (II)	215,131	10,000	288	23,885	13,133	262,437	
Mr Duffy	(I) (II)			1,727	27,264	10,807	306,167	
Mr Cross	(I) (II)	301,634	10,000	4,333	27,264	26,320	369,551	
Mr Costello	(I) (II)	267,554		436	17,845	10,174	296,009	
Mr Brand	(I) (II)	287,831		3,612	27,264	26,638	345,345	
Mr Atterbury	(I) (II)	197,744		648	19,659	35,616	253,667	
Dr Wiser	(I) (II)			3,514	20,589	25,363	258,133	
Dr Webber	(I) (II)			230	14,664	15,533	202,142	
Dr Turpın	(I) (II)			552	27,264	24,563	316,617	
Dr Nel	(I) (II)	333,595		77,735	23,149	35,249	469,728	
Dr Johnson	(I) (II)	184,568		1,077	20,414	15,261	221,320	
Dr Higgins	(1)			2,284	9,126	5,543	132,865	

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

(A) Name		(B) Breakdown of	V-2 and/or 1099-MISC compensation		(C) Deferred	= =	(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
Dr Camperı ((ı) (ıı)	183,758		159	21,359	38,018	243,294	
IDr Aceves I.	(ı) (ıı)	128,756		6,151	9,835	9,299	154,041	

Schedule K

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

DLN: 93493103003113

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

UNIVERSITY OF SAN FRANCISCO

Employer identification number 04-1156628

										9	4-115	6628			
Pä	art I Bond Issues	_				_									
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f) [Description	of Purpose	(g) De	feased	Beh	On alf of uer		Pool incing
										Yes	No	Yes	No	Yes	No
A	CA Educ Fac Auth	52-1705592	130178YZ3	02-16-2011	80,100	,322	Cur rfn	d of bonds	& cap exp		x		X		x
В	CA Educ Fac Auth	94-6001347	1301757W6	08-18-2005	27,500	,000 C	Capital	l Expenditu	res		Х		X		х
c _	CA Educ Fac Auth	94-6001347	130175A85	05-28-2003	40,000	,000 C	Capital	l expenditui	res		Х		Х		х
Pa	rt II Proceeds		I	l										<u> </u>	1
					,	A			В		С			D	
1	A mount of bonds retired														
2	A mount of bonds defeased														
3	Total proceeds of issue					80,100	,322		27,500,000		40,0	000,000	<u> </u>		
4	Gross proceeds in reserve														
5	Capitalized interest from p														
6	Proceeds in refunding escr														
7	Issuance costs from proce	eds				820	,962		318,770		Į	571,07!	5		
8	Credit enhancement from p								111,844			76,72	7		
9	Working capital expenditur	es from proceeds													
10	Capital expenditures from	proceeds				5,000	,000		26,904,386		29,8	338,379	9		
11	O ther spent proceeds														
12	Other unspent proceeds														
13	Year of substantial comple	tion			2.0	11		20	800		2006				
					Yes	No)	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as p	part of a current refur	nding issue?		X				X	Х					
15	Were the bonds issued as p	part of an advance re	funding issue?			Х		Χ				Χ			
16	Has the final allocation of p	proceeds been made	>			Х		Х		Х					
17	Does the organization mair allocation of proceeds?	ntaın adequate books	and records to su	pport the final	Х			Х		Х					
Pa	t IIII Private Busines	s Use									'			'	
						A			В		Ç			D	
					1 54			3.4	1 6.		1		1 50	1	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

Χ

Χ

SCHE	dule K (Form 990) 2011								Page ∠
Par	Private Business Use (Continued)								-
			Α		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		×		х		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?						х		
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		Х			

Part IV Arbitrage

سحد	Aiblinge								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		Х		×		×		
2	Is the bond issue a variable rate issue?		Х	X		X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
			Х	X		X			
b	Name of provider			B of A		B of A			
С	Term of hedge				30 1000		29 4000		
d	Was the hedge superintegrated?				×		Х		
е	Was a hedge terminated?				х		Х		
4a	Were gross proceeds invested in a GIC?		Х	Х			Х		
b	Name of provider			AIG	•				
С	Term of GIC				2 0000				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			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			

Part V **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Part VI **Supplemental Information**

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

Identifier Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493103003113

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							E	npioyer id	ient it ica	tion numbe	: F
ONIVERSITY OF SAN TRANSESCO							9,	4-11566	28		
Part I Excess Benefit Train Complete if the organization							organı	zations d	nly).	no 40h	
1 (a) Name of disq			Yes on Form	1990, P	(b) Desc				Part V, II		(c) rected?
										Yes	No
2 Enter the amount of tax impos	ed on t	he orgai	nization mana	gers or	disqualified perso	ns duri	na the v	ear unde		<u> </u>	
section 4958								•	\$		
3 Enter the amount of tax, If any	, on line	e 2, abo	ve, reımburse	d by th	e organization .			🕨	\$		
Part III Loans to and/or	From	Intere	sted Perso	ons.							
Complete if the organi					, Part IV, line 26,	or Forn	n 990-E	Z, Part V	, lıne 38	a	
	(b) Lo	oan to				(a) I	l n	(f)		(g)Writt	on
(a) Name of interested person and		m the zation?	(c) 0 rigi		(d)Balance due		default? by board or a		agreeme		
purpose		1	principal ar	mount				commit	1		1
/1 \ D \ W- t	То	From				Yes	No	Yes	No	Yes	No
(1) Rex Walters Secured Mortgage		X	51	10,000	510,000		No	Yes		Yes	
(2) James Wiser					·						
Secured Mortgage	<u> </u>	X	15	53,000	153,000		No	Yes		Yes	
							-		+	+	
Total				> \$	663,000				•		
Part III Grants or Assistan Complete if the orga						lino 2	7				
-					en interested per					_	
(a) Name of interested pers	on	`			ganization		(c) A m	ount of g	ant or ty	pe of assis	stance

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	organı	iaring of zation's nues?
	organization			organiz rever Yes	No
(1) Dennis Miller	See Part V	86,451	Employment		No
(2) Robert Elias	See Part V	159,405	Employment		No
(3) Anna Cross	See Part V	46,243	Employment		Νo
(4) Alexandra Amatı-Camperı	See Part V	108,850	Employment		No

Supplemental Information

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

Identifier	Return Reference	Explanation
		SCHEDULE L, PART IV, Column (b) - DISCLOSURE (1) Alexandra Amati-Camperi - Family member of key employee(2) Anna Cross - Family member of officer(3) Robert Elias - Family member of officer(4) Dennis Miller - Family member of officer

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493103003113

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization UNIVERSITY OF SAN FRANCISCO

Employer identification number

					94-1156628			
Pa	rt I Types of Property	ı		T				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contributio	etermı	_	
1	Art—Works of art			- 3				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	24	266,895	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,	l x	2	122,765	FM\/			
4.0	or trust interests			122,703	1 1 1 V			
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
26	O ther ▶()							
	O ther ►()							
28	O ther ► ()				1			
29	Number of Forms 8283 received				29			
	for which the organization compl	etea Form	5265, Part IV, Donee ACKI	iowiedgement			Yes	No
302	During the year, did the organiza	ition receiv	e by contribution any prope	arty reported in Part I lines	1-28 that it		res	NO
Joa	must hold for at least three year							
	for exempt purposes for the enti			on, and winch is not require	u to be useu			No.
	• • •					30a		No
ъ 31	If "Yes," describe the arrangem Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
		•		·				
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues	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) 2011

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DLN: 93493103003113

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization UNIVERSITY OF SAN FRANCISCO Employer identification number

94-1156628

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Compensation Committee of the Board of Trustees is responsible for all matters of executive compensation. The Compensation Committee is comprised solely of independent trustees, none of whom have a conflict of interest with respect to the compensation arrangement, the Compensation Committee is accountable for setting reasonable compensation packages for officers and key employees (including the University President). The Compensation 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 Compensation Committee (in coordination with the University's Human Resources Department) also reviews comparable compensation and benefits information to 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 taxexempt) for similar job responsibilities. Key deliberations of the Compensation Committee are documented in minutes which are approved at the next Compensation 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, and 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 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 reports any actual or potential conflicts to the University Pesident and the Audit Committee of the Board of Trustees. The completed questionnaires for officers and executive leadership or key employees are reviewed by the Director of Internal Audit and Tax Compliance. 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

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 (who reports to the University President and Audit Committee of the Board of Trustees) is responsible for overseeing all 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 the Tax Analyst in the University's Office of Internal Audit and Tax Compliance Thereafter, the University's Form 990 is reviewed by the Tax Analyst's supervisor, the Tax Manager Next, 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 thereto) 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

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					

Identifier	Return Reference	Explanation
		Client Note 2 - Form 8858, Schedule HUSF Educational Consulting (China) Co , Ltd and USF Manila, Inc are wholly owned disregarded entities of the University of San Francisco, a nonprofit educational corporation defined under Section 501(c)(3) of the Internal Revenue Code All income from such entities is related to the exempt purpose of the University of San Francisco and is exempt from taxation under Section 501(a) of the Internal Revenue Code

ldentifier	Return Reference	Explanation
		Client Note 1 - SCHEDULE J-2, PAGE 2, PART VIIDISCLOSURE ON FORMER OFFICERS AND KEY EMPLOYEESDr Aceves is the former Vice Provost Dr. Aceves left his position with the University of San Francisco and is now employed at another institution of higher education Dr. Higgins left her position with the University of San Francisco and is now employed at another institution of higher education Dr. Wiser is the former Provost and Academic Vice President. After retiring from his former position, Dr. Wiser returned to faculty status where he serves as a Professor in the Department of Politics in the College of Arts and Science.

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DLN: 93493103003113

SCHEDULE R (Form 990)

UNIVERSITY OF SAN FRANCISCO

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

Employer identification number

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

				94-115	6628		
Part I Identification of Disregarded Entities (Comple	te ıf the organızatıo	n answered "Yes"	on Form 990,	Part IV, line 33	.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) USF Manıla Inc c/o USF 2130 Fulton Street San Francisco, CA 941171080 98-1046690	Instruction			19,272	University of San Francisco		
(2) USF Educational Consulting China Co c/o USF 2130 Fulton Street San Francisco, CA 941171080 98-1046669	Recruiting, Fundraising		1,412	161,026	University of San Francisco		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		f the organization	answered "Ye	s" on Form 990	, Part IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta		Section 5 conti	g) 12(b)(13 rolled ization
						Yes	No
						+	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 50	135Y		Schedule R (Form 990)	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No	
												i

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

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

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No
	lote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO
	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No
	a one, grant, or eapture contribution from related organization(5)					
	oans or loan guarantees to or for related organization(s)			1d 1e	_	No No
e L	oans or loan guarantees by related organization(s)			16	+	110
f S	ale of assets to related organization(s)			1f		No
	curchase of assets from related organization(s)			1g		No
	exchange of assets with related organization(s)			1h		No
	Lease of facilities, equipment, or other assets to related organization(s)					No
	ouse of facilities, equipment, of earlier describes to foliated organization(e)					
j L	j Lease of facilities, equipment, or other assets from related organization(s)					
_	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No
m S	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					
n S	haring of paid employees with related organization(s)			1n		No
o F	teimbursement paid to related organization(s) for expenses			10		No
p F	Reimbursement paid by related organization(s) for expenses			1 p		No
q	Other transfer of cash or property to related organization(s)			1 q		No
r C	ther transfer of cash or property from related organization(s)			1r		No
2 I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	cion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt
1) 2)						
2)						
3)						
4)						
5)						
6)		1		I		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: 11000144 **Software Version:** 2011v1.5

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Fr Privett SJ President	40 00	Х		х				0	0	0	
Mr Yepez Board Member	5 0 0	Х						0	0	0	
Ms Win Board Member	5 0 0	Х						0	0	0	
Mr White Board Member	5 00	×						0	0	0	
Fr Weiler SJ	5 00	Х						0	0	0	
Board Member Ms Wall Hanson	5 00	X						0	0	0	
Board Member Mr Vısbal								0	0	0	
Board Member Ms Troxel	5 0 0	Х						_	_		
Board Member	5 0 0	Х						0	0	0	
Dr Tempero Board Member	5 00	Х						0	0	0	
Fr Sundborg SJ Board Member	5 0 0	х						0	0	0	
Fr Stoeger SJ Board Member	5 0 0	Х						0	0	0	
Fr Siebert SJ Board Member	5 0 0	Х						0	0	0	
Fr Scirghi SJ Board Member	5 00	Х						0	0	0	
Mr Salquist	5 00	X						0	0	0	
Board Member Mr Rose								0	0	0	
Board Member Mr Read	5 0 0								_		
Board Member	5 0 0	Х						0	0	0	
Fr Ravızza SJ Board Member	5 0 0	Х						0	0	0	
Fr Prietto SJ Board Member	5 0 0	Х						0	0	0	
Mr Porter Board Member	5 0 0	Х						0	0	0	
Mr Pasha III Board Member	5 00	Х						0	0	0	
Fr Pabst SJ	5 00	X						0	0	0	
Board Member Fr O 'Callaghan SJ	5 00							0	0	0	
Board Member Mr Noonan	5 0 0							0		0	
Board Member Mr Nicolai									_		
Board Member	5 00	Х						0	0	0	
Fr Moynahan SJ Board Member	5 00	Х						0	0	0	

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		
Ms Monroe Board Member	5 0 0	×						0	0	0	
Mr McNicholas Board Member	5 0 0	Х						0	0	0	
Ms McGrath Board Member	5 0 0	×						0	0	0	
Fr Manuel SJ Board Member	5 00	Х						0	0	0	
Ms Malveaux Board Member	5 00	Х						0	0	0	
Mr Maier Board Member	5 0 0	Х						0	0	0	
Fr LaBrie SJ Board Member	5 00	Х						0	0	0	
Fr Koeplin SJ Board Member	5 00	х						0	0	0	
Mr Johnson Board Member	5 00	Х						0	0	0	
Mr Jerves Board Member	5 00	Х						0	0	0	
Hon Jenkins Board Member	5 0 0	Х						0	0	0	
Ms Jarrett Skaff Board Member	5 0 0	Х						0	0	0	
Mr Hamıll Board Member	5 00	Х						0	0	0	
Ms Hamel Board Member	5 0 0	Х						0	0	0	
Ms Guilbault Board Member	5 00	Х						0	0	0	
Dr Gıraudo Board Member	5 00	Х						0	0	0	
Ms Cunicelli Board Member	5 00	Х						0	0	0	
Mr Conway Board Member	5 00	Х						0	0	0	
Mr Cıocca Board Member	5 0 0	х						0	0	0	
Mr Chiuchiarelli Board Member	5 00	х						0	0	0	
Fr Chisholm SJ Board Member	5 0 0	Х						0	0	0	
Dr Butler Board Member	5 00	Х						0	0	0	
Fr Brackley SJ Board Member	5 00	Х						0	0	0	
Mr Bonocore Board Member	5 00	Х						0	0	0	
Mr Blaine Board Member	5 00	Х						0	0	0	

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Mr Bechellı Board Member	5 0 0	Х						0	0	0		
Mr Barry Board Member	5 0 0	Х						0	0	0		
Mr Agger Board Member	5 0 0	Х						0	0	0		
Mr Smith Vice Chairman	5 0 0	Х						0	0	0		
Mr Malloy Chairman	5 0 0	Х						0	0	0		
Dr Turpin Provost & V P	40 00			х				264,790	0	51,827		
Dr Nel VP Int Relation	40 00			х				411,330	0	58,398		
Mr Macmillan VP Comm & Mktg	40 00			х				233,896	0	50,535		
Mr Gallagher VP Info Tech	40 00			х				225,419	0	37,018		
Ms Davis General Counsel	40 00			х				291,814	0	61,877		
Mr Cross VP Bus & Fin	40 00			Х				315,967	0	53,584		
Mr Atterbury Interim VP Adv	40 00			х				198,392	0	55,275		
Dr Webber Interım Dean School of Mgt	40 00				х			171,945	0	30,197		
Mr London Assistant VP Facilities	40 00				х			246,585	0	51,336		
Dr Johnson Vice Provost Academic	40 00				х			185,645	0	35,675		
Mr Duffy Dean School of Management	40 00				х			268,096	0	38,071		
Dr Camperi Dean Arts & Sciences	40 00				х			183,917	0	59,377		
Mr Brand Dean Law School	40 00					х		291,443	0	53,902		
Mr Costello Dır Hosp Mgt	40 00					х		267,990	0	28,019		
Mr Lathrope PROFESSOR - LAW	40 00					х		246,365	0	34,116		
Mr Micon Assoc Dean Law	40 00					Х		258,588	0	38,179		
Mr Walters Basketball Coach	40 00					Х		343,258	0	62,626		
Dr Wiser Former Provost & VP	40 00						х	212,181	0	45,952		
Dr Higgins Former VP University Life	40 00						×	118,196	0	14,669		
Dr Aceves Former Vice Provost	40 00						×	134,907	0	19,134		