

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Paid

Preparer

Use Only

Return of Organization Exempt From Income Tax

OMB No 1545-0047

20**13**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning JUNE 01 2013, and ending **MAY 31** 20 14 C Name of organization UNIVERSITY OF SAN FRANCISCO D Employer identification number Check if applicable Doing Business As 94-1156628 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 2130 FULTON STREET (415)422-6522 Initial return Terminated City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94117-1080 Amended return G Gross receipts \$ FR PRIVETT S J Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? ☐ Yes ☑ No SAME AS C ABOVE H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) 501(c)(3) Tax-exempt status 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 WWW USFCA EDU Website: ▶ H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ CA L Year of formation M State of legal domicile Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROMOTE LEARNING IN THE JESUIT CATHOLIC TRADITION THE UNIVERSITY OFFERS UNDERGRADUATE, GRADUATE AND PROFESSIONAL Governance STUDENTS THE KNOWLEDGE AND SKILLS NEEDED TO SUCCEED, AND (CONTINUED ON SCHEDULE O) Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . 3 47 3 Activities & 4 Number of independent voting members of the governing body (Part VI, line 47 5,7 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5,653 6€ Total number of volunteers (estimate if necessary) 173 Total unrelated business revenue from Part VIII, column (C), line 12 7á. 1,759,942 Net unrelated business taxable income from Form 990-T, line 34 0 ≈7b Current Year Contributions and grants (Part VIII, line 1h) . 23.673.353 8 18,233,544 Program service revenue (Part VIII, line 2g) 373,000,144 9 390.406.578 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 14,563,928 14,950,285 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . -268.375 -134.510 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 410.969.050 423,455,897 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 71,889,812 76,884,958 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 203,880,111 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 192,592,893 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ h 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 110,637,943 118,931,346 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 375, 120,648 399,696,415 19 Revenue less expenses. Subtract line 18 from line 12 35.848.402 23,759,482 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 864,325,619 904,475,519 21 Total liabilities (Part X, line 26) . . 287,236,202 279,343,688 22 Net assets or fund balances. Subtract line 21 from line 20 577,089,417 625, 131, 831 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and comple eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ature of officer Here CHARLES CROSS, VP FOR BUSINESS & FINANCE Type or print name and title Print/Type preparer's name Date

For Paperwork Reduction Act Notice, see the separate instructions.

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

Firm's name ► DELOITTE TAX LLP

Cat No 11282Y

4/7/15

✓ Yes
☐ No Form 990 (2013)

P00966494

86-1065772

(415)783-5568

Firm's EIN ▶

Phone no.

Check | rf

self-employed

JOAN MCMAHON

Firm's address ▶ 555 MISSION STREET 14TH FLOOR, SAN FRANCISCO, CA 94105

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE UNIVERSITY OF SAN FRANCISCO IS A PRIVATE JESUIT UNIVERSITY THAT PROVIDES HIGHER EDUCATION WITH A GLOBAL PERSPECTIVE TO EDUCATE LEADERS WHO WILL FASHION A MORE HUMANE AND JUST WORLD. THE UNIVERSITY
	PROVIDES HOUSING AND OTHER AUXILIARY SERVICES FOR ITS STUDENTS, THESE SERVICES ARE DIRECTLY RELATED TO
	THE EXEMPT PURPOSE OF THE UNIVERSITY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 153,852,327 including grants of \$) (Revenue \$ 346,815,022)
44	EDUCATION THE UNIVERSITY PROVIDES ACADEMIC PROGRAMS, ASSOCIATED RESEARCH, AND SERVICES DEDICATED TO
	SCHOLARSHIP AND THE JESUIT CATHOLIC TRADITION TO APPROXIMATELY 11,511 STUDENTS AND 2,914 FACULTY AND
	STAFF MEMBERS
	······
4b	(Code:) (Expenses \$ 151,558,606 including grants of \$ 76,884,958) (Revenue \$ 4,284,536)
710	STUDENT SERVICES AND LIBRARIES INCLUDES ACTIVITIES OF WHICH THE PRIMARY PURPOSE IS TO CONTRIBUTE TO THE
	STUDENTS' EMOTIONAL AND PHYSICAL WELL BEING AND TO HIS/HER INTELLECTUAL, CULTURAL, SOCIAL DEVELOPMENT,
	AND INTERCOLLEGIATE ATHLETIC PROGRAMS
4c	(Code:) (Expenses \$ 35,737,595 including grants of \$) (Revenue \$ 39,304,735)
	AUXILIARY SERVICES INCLUDES EXPENDITURES FOR THE SELF SUPPORTING ACTIVITIES OF THE UNIVERSITY SUCH AS
	THE OPERATION OF RESIDENCE HALLS, DINING SERVICES, AND STUDENT HEALTH SERVICES

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,895,917 including grants of \$ 0) (Revenue \$ 2,285)
4e	Total program sonuce expenses 344 044 445

arτ	Checklist of Required Schedules		1	
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	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	✓	1
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	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_	✓	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	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		✓
	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		1
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	1	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓	<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	-
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	1	
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		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	1	I

Part	Checklist of Required Schedules (continued)			
04	Did the assessment many than \$5,000 of superty and the second supert		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or 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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	√	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<i>J</i>	✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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	. <u>-</u>	/
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	1	V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	▼	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	7	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
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	-	1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	
. –		For	~ <u>990</u>	(2013)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · ·</u>	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 669		165	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5,653			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	ļ'
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a	✓	
b	If "Yes," enter the name of the foreign country: ► CH, RP, TH			}
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<u>-</u> -		
5a	5 1 , , , , , , , , , , , , , , , , , ,	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		•
	gifts were not tax deductible?	6b		
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 services provided to the payor?	7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			لببا
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/"		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			l
a b	Gross income from members or shareholders			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		لــــا
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	.20		
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?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in School ito O	146		l

5

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule 0. S	See ins	structi	ions.						
Sooti	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · ·	<u>···</u>	<u> </u>	V						
Secu	on A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 47									
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		1						
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?										
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? elect or appoint	4 5 6		√ √ √						
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	l by) members,	7b		1						
8	Did the organization contemporaneously document the meetings held or written actions unthe year by the following:										
a b	The governing body?		8a 8b	√							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule Company of the company of t)	9		1						
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C		_						
40-	Diddle agreement on house level of control to see the section of t			Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	f such chapters,	10a 10b		✓						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	1	 						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	110	_							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12b	1							
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	policy? If "Yes,"	12c	_							
13	Did the organization have a written whistleblower policy?		13	✓							
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by	14	✓							
а	The organization's CEO, Executive Director, or top management official		15a	1	╁						
	Other officers or key employees of the organization		15b		 						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or sim										
	with a taxable entity during the year?		16a		✓						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b								
Secti	on C. Disclosure										
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (Section	n 501(c)(3)s	only)						
19	Own website Another's website Upon request Other (explain in Sc Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of int			, and						
20	State the name, physical address, and telephone number of the person who possesses the b organization: ► CHARLES CROSS, VP FOR B&F, 2130 FULTON STREET, SAN FRANCISCO, CA 94117-10				2-2530						

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

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

- 1a Complete this table for all persons required to be listed. 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ited any curren	t officer, director	, or trustee.
					C)					
(A)	(B)	(40.0		Pos		than a		(D)	(E)	(F)
Name and Title	Average		do not check r ox. unless per			erson is both an		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	ad	rect	or/trust		compensation from	compensation from related	amount of other
	hours for	일	ᇙ	Officer	<u>~</u>	e H	Former	the	organizations	compensation
	related	ligi	🖺	cer	eg	hes	mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted		[훘		Key employee	88		(W-2/1099-MISC)		organization and related
	line)	l in	ᄛ		8	mpe				organizations
		8	Institutional trustee			Highest compensated employee				
	1	 	\vdash			ğ				
(1) MR MALLOY	5									
CHAIRMAN		✓		✓				0	0	. 0
(2) MR SMITH	5]	1							
VICE CHAIRMAN		✓		✓				0	0	0
(3) REV PRIVETT, S J	40									1
PRESIDENT		✓		✓				0	0	0
(4) MR AGGER	5]								
BOARD MEMBER		✓						0	0	0
(5) REV ARCEO, S J	5]								
BOARD MEMBER		✓						0	0	0
(6) MR BARRY	5		1							
BOARD MEMBER		✓						0	0	0
(7) MR BLAINE	5	}								
BOARD MEMBER		✓	$oxed{oxed}$	_	L.			0	0	C
(8) REV BURKE, S J	5									
BOARD MEMBER		✓						0	0	C
(9) REV CHISHOLM, S J	5									
BOARD MEMBER		✓						0	0	C
(10) MR CONWAY	5						ĺ			
BOARD MEMBER		✓						0	0	
(11) REV CORDER, S J	5									
BOARD MEMBER		✓						0	0	C
(12) MR DEWALT	5									_
BOARD MEMBER		✓						0	0	
(13) MR DOLL	5									
BOARD MEMBER		1						0	0	c
(14) MS HAMEL	5									
BOARD MEMBER	1	1 🗸	1	l	I	1	ı	1 0	0	l

Part VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	s, ar	nd F	lighe	st C	ompensated E	mployees (contin	ued)		
				(0	C)							
(A)	(B)	١			(F)							
Name and title	Average					than one sout		(D) Reportable	(E) Reportable	E:	stimated	
	hours per					or/trust		compensation	compensation from		nount of	
	week (list any	95	5	0	<u>~</u>	ωт	ת	from	related		other	_
	hours for related	호호	Institutional	Officer	₩.	ᇴ	Former	the organization	organizations (W-2/1099-MISC)		pensation	ori
	organizations	ᇎ	Ē	*	ğ	yes c	!	(W-2/1099-MISC)	(=	org	janization	
	below dotted line)	~ \(\bar{\pi}	<u>a</u>		Key employee] 3					d related anızatıon	
	11110)	Individual trustee or director	trustee		ď	ĕ				org	anzanon	.5
		"	8			Highest compensated employee						
(15) MR HAMILL	5		-			-			_			
BOARD MEMBER	†	1						0	اه ا			0
(16) MS JARRETT SKAFF	5		_	\vdash	\vdash			-				
BOARD MEMBER	†	1						0	اه ا			0
(17) MR KOCHIS	5	Ė							_			
BOARD MEMBER	† -	1						0	ا ا			0
(18) REV KOEPLIN, S J	5	H		\vdash								
BOARD MEMBER	 	1						0	ا ا			0
(19) REV LABRIE, S J	5	 		H					<u> </u>			<u>-</u>
BOARD MEMBER	 	1						0	ا ا			0
(20) MR MAIER	5	Ė										
BOARD MEMBER	† <u>-</u>	1						0	l ol			0
(21) REV MCGARRY, S J	5	ا		\vdash								
BOARD MEMBER	† <u>-</u>	1						0	ا ا			0
(22) MS MCGRATH	5	Ť					1	<u> </u>	1			
BOARD MEMBER	† <u>-</u>	1						1 0	ا ا			0
(23) MS MCKEEVER DONAHUE	5	H										
BOARD MEMBER	† -	1						l 0	اه ا			0
(24) MS MONROE	5						l	-				
BOARD MEMBER	† -	1		-				0	ا ا			0
(25) REV MOYNAHAN, S J	5											
BOARD MEMBER		1						0	l ol			0
1b Sub-total		<u> </u>	<u> </u>				<u> </u>	0	0			0
c Total from continuation sheets to Part	VII. Section	n A					•	5,181,198	0		97	7,653
							•	5,181,198	0			7,653
2 Total number of individuals (including but					ted	ahove	e) w		ore than \$100 00	Ω of		
reportable compensation from the organ						ubo	٠,	no robon od m	010 111011 \$ 100,00	0 01		
											Yes	No
3 Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee.	kev e	emp	olovee, or high	est compensate	d F	1	
employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ındı	ivid	ual				3	1	-
4 For any individual listed on line 1a, is the										_	†	
organization and related organizations											ł	
										4	1	<u> </u>
5 Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m anv	/ un	related organiz	zation or individu		†	
for services rendered to the organization										5	1	1
Section B. Independent Contractors	-	-									-1	, -
Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more than \$10	00,000	of	
compensation from the organization Rej	•		•							-		ах
vear.	-							_		-		

(A) Name and business address	(B) Description of services	(C) Compensation
CAHILL CONTRACTORS INC , 425 CALIFORNIA STREET, SAN FRANCISCO, CA 94104	CONSTRUCTION	16,908,841
ABLE BUILDING MAINTENANCE CO, 868 FOLSOM STREET, SAN FRANCISCO, CA 94107	BUILDING MAINTENANCE	6,047,209
TURNER CONSTRUCTION CO, 343 SANSOME STREET, STE 500, SAN FRANCISCO, CA 94104	CONSTRUCTION	5,777,194
MAI INDUSTRIES, INC , 105 BONAVENTURA DRIVE, SAN JOSE, CA 95134	CONSTRUCTION	2,443,028
EMBANET-COMPASS KNOWLEDGE GROUP 2145 METROCENTER BLVD, STE 400, ORLANDO, FL 32835	ONLINE LEARNING SERVICES	2,203,211
2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who	
		- 000

Part VIII Statement of Revenue

		Check if Schedule O	contains a res	ponse or note to	any line in this	Part VIII		
			,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
e i	b	Membership dues .						
S, C	С	Fundraising events .	1c	411,117		:		
Giff ilar	đ	Related organizations	1d					
imi	е	Government grants (con		3,435,254		}		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gi						
真美		and similar amounts not inc	cluded above 1f	14,387,173				
d d	g	Noncash contributions include	led in lines 1a-1f \$	186,253				
	h	Total. Add lines 1a-1	<u>f</u>		18,233,544			
Program Service Revenue	_			Business Code				
eve	2a	TUITION AND FEES		611600	350,261,277	350,261,277		<u> </u>
e e	ь	HOUSING AND AUXILI		611600	38,111,844	38,111,844		
Š	C	FITNESS CENTER DUE	=S	713940	2,033,457		1,848,656	184,801
Se	d				0			
гаш	e				0			
ē.	f	All other program sen			0	0	0	0
	<u>g</u>	Total. Add lines 2a-2 Investment income	I	>	390,406,578			
	3	and other similar amo			3,448,804		-88,714	3,537,518
	4	Income from investment	•		0,440,804		-00,714	3,337,516
	5				107,661			107,661
		Royalties	(i) Real	(ii) Personal	,			100,100.
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	38,145,504	1,480,815				
	b	Less: cost or other basis						
		and sales expenses	25,742,178					
	C .	Gain or (loss)	12,403,326	·				
	d	Net gain or (loss) .		<u> ▶</u>	11,501,481			11,501,481
Revenue	8a	Gross income from fu	•					
eve		events (not including \$	411,117					
		of contributions reporte	•	400.005				
Other	L	See Part IV, line 18 .						
Ö		Less: direct expenses Net income or (loss) fi			-242,171			-242,171
		Gross income from ga See Part IV, line 19	iming activities		-242,171			-242,171
	ь	Less: direct expenses	· · a					
		Net income or (loss) fi			0	·	-	
		Gross sales of in		T.1.00 1	-			
	,	returns and allowance						
	ь	Less: cost of goods s	old b					
	С	Net income or (loss) fi		entory ►	o			
		Miscellaneous R	evenue	Business Code				
	11a				0			
	b				0			
	С				0			
	d	All other revenue .		L	0	0	0	
		Total Add lines 11a-			0	000 070 10		
	12	Total revenue. See in	istructions	<u> ▶</u>	423,455,897	388,373,121	1,759,942	15,089,290

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 76,884,958 76,884,958 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 3,956,852 1,376,906 2,282,829 297,117 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 351,930 475,519 123,589 Other salaries and wages 107,482,447 129,618,294 17.589.651 4,546,196 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12.355.401 10,313,872 1 482 189 559,340 Other employee benefits 9 47,354,908 39,530,281 5,680,829 2,143,798 10 10,119,137 8,447,115 1,213,920 Payroll taxes 458,102 11 Fees for services (non-employees): Management 1,087,335 160,416 926,919 Legal 945,911 85,593 860,318 488,809 97,747 391.062 Accounting 58,225 58,225 Professional fundraising services. See Part IV, line 17 Investment management fees 323,021 323.021 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . 14,711,550 10,395,393 2,765,198 1,550,959 12 Advertising and promotion 3,227,458 2,373,496 766,719 87,243 13 Office expenses 8,467,648 6,395,309 2,041,307 31,032 2,396,824 14 Information technology 728,918 1,619,501 48,405 15 Royalties 344,976 16 19,698,840 18,842,110 511,754 Occupancy 10,525,578 9,260,426 17 820,624 444,528 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 1,240,353 940,750 270,724 Conferences, conventions, and meetings . 28,879 20 8,474,563 7,084,216 1,390,347 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization . 20.328,776 18.394.091 1,934,685 23 7.939.654 6,697,520 1,242,134 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) **GENERAL EXPENSES** 16,840,311 16.840.311 а h SUBCRIPTION AND DUES 1,549,981 939,783 436,128 174,070 HONORARIA AND AWARDS 420,164 344,867 73,127 2,170 C VEHICLE EXPENSES d 206,345 75,990 129,468 887 All other expenses e O 0 Total functional expenses. Add lines 1 through 24e 44.934,268 25 399,696,415 344.044.445 10,717,702 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Pá	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par		•	· · · ·
- ,			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	_ -	1	
	2	Savings and temporary cash investments	105,770,234	2	131,529,689
	3	Pledges and grants receivable, net	25,366,941	3	16,544,362
ı	4	Accounts receivable, net	9,916,720	4	6,640,148
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	723,000	5	663,000
8	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	19,319,058	7	
š	8	Inventories for sale or use	19,3 19,030	8	23,224,346
`	9	Prepaid expenses and deferred charges	8,930,964	9	8,227,009
-	10a	Land, buildings, and equipment: cost or	0,930,504	9	6,227,009
		other basis. Complete Part VI of Schedule D 10a 633,322,520			
	b	Less: accumulated depreciation 10b 184,016,008	445,629,433	10c	449,306,512
	11	Investments—publicly traded securities	132,571,350	_	139,417,701
	12	Investments—other securities. See Part IV, line 11	0	12	C
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	116,097,919	15	128,922,752
	16	Total assets. Add lines 1 through 15 (must equal line 34)	864,325,619	16	904,475,519
	17	Accounts payable and accrued expenses	44,310,503	17	44,344,007
	18	Grants payable		18	
	19	Deferred revenue	31,740,139	19	32,361,854
	20	Tax-exempt bond liabilities	155,111,572	20	151,208,195
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	····	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	0	22	
ā	23	Secured mortgages and notes payable to unrelated third parties	26,000,000	23	24,500,000
	24	Unsecured notes and loans payable to unrelated third parties	20,000,000	24	24,500,000
ŀ	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	30,073,988		26,929,632
		of Schedule D	35,575,535	25	20,020,002
	26	Total liabilities. Add lines 17 through 25	287,236,202		279,343,688
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
au au	27	Unrestricted net assets	359,510,610	27	386,372,179
Ba	28	Temporarily restricted net assets	85,257,409	$\overline{}$	101,064,564
ᅙ	29	Permanently restricted net assets	132,321,398	29	137,695,088
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
۲	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>ĕ</u>	33	Total net assets or fund balances	577,089,417	33	625,131,831
	34	Total liabilities and net assets/fund balances	864,325,619	34	904,475,519

om 9	90 (2013)		Pa	ige 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	- 4	23,45	5,897
2	Total expenses (must equal Part IX, column (A), line 25)	3	99,69	6,415
3	Revenue less expenses. Subtract line 2 from line 1		23,75	9,482
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		77,08	9,417
5	Net unrealized gains (losses) on investments		24,28	2,932
6	Donated services and use of facilities			
7	Investment expenses	_		
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	6	25,13	1,831
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:	i l		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	✓	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	1	

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization					E	Employer ide	entification	number
UNIVERSITY OF SAN FRANCISCO	_							56628
Part I Reason for Public Charity	· · · · · · · · · · · · · · · · · · ·			-			structio	ons.
 The organization is not a private foundation 1 A church, convention of churches 2 A school described in section 17 3 A hospital or a cooperative hospital or a medical research organization 	s, or association of 70(b)(1)(A)(ii). (Attac ital service organiza	churches h Schedi tion desc	s describe ule E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i) (A)(iii).		(iii). Enter the
hospital's name, city, and state.								
5 An organization operated for the section 170(b)(1)(A)(iv). (Complete		ge or uni	versity ov	vned or	operated	by a gov	ernment/	al unit described in
 A federal, state, or local governm An organization that normally reduced described in section 170(b)(1)(A) 	ceives a substantia	l part of					it or fron	the general public
8 A community trust described in s			-	-				
9 An organization that normally receipts from activities related to support from gross investment acquired by the organization after the support of the organization and the support of the organization and the support of the organization activities are support of the organization activities and the support of the organization activities are support of the organization activities are support of the organization activities.	to its exempt function income and unrel	ons-sul ated bus	bject to d siness tax	ertain ex kable inc	ceptions ome (les	s, and (2) ss section	no more	than 331/3% of its
 10 An organization organized and operation organized and purposes of one or more public 509(a)(3). Check the box that determined 	operated exclusive by supported organ scribes the type of s	ely for the izations supportin	e benefit described ig organiz	of, to point of the section of the s	perform to on 509(a	the functi a)(1) or se	ons of, ection 50	9(a)(2) See section
a Type I b Type II e By checking this box, I certify the other than foundation managers or section 509(a)(2).	at the organization	s not co	ntrolled d	rectly or	ındırectl	y by one	or more	
f If the organization received a v organization, check this box .	written determination			hat it is	a Type	I, Type I	l, or Typ	e III supporting
g Since August 17, 2006, has the following persons?	organization accep	ted any	gift or co	ontributio	n from a	ny of the		_
(i) A person who directly or ind (iii) below, the governing body							dın (ıı) a.r 	nd Yes No
(ii) A family member of a person (iii) A 35% controlled entity of a p h Provide the following information	person described in	(ı) or (ıı) a				· · ·		11g(ii) 11g(ii)
(i) Name of supported (ii) EIN (i	iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	the organ	ou notify nization in of your port?	(vi) I: organızat (i) organı: U.:	ion in col zed in the	(vii) Amount of monetary support
		Yes	No	Yes	No	Yes	No	<u> </u>
(A)								
(B)								
(C)								
(D)								
(E)								
Total For Paperwork Reduction Act Notice, see th	ne Instructions for		Cat At	11285F		5.1	adult 4 =	0 Corm 990 or 990-EZI 2013

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support		_				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						0
	on B. Total Support					<u>, </u>	
	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10	_					0
12	Gross receipts from related activities, etc.	-	•			12	0
13	First five years. If the Form 990 is for the	_			-		
O 41	organization, check this box and stop he			<u> </u>	<u> </u>	• • • • •	🕨 📋
	on C. Computation of Public Suppor			d			
14 15	Public support percentage for 2013 (line 6) Public support percentage from 2012 Sch					15	<u>%</u>
16a	331/3% support test—2013. If the organization				1 line 14 is 331		
	box and stop here. The organization qua						. ▶ 🗸
b	33^{1} /s% support test-2012. If the organ check this box and stop here. The organ					15 is 33 ¹ /3%	or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a	and-circumsta	nces" test, che	eck this box an ation qualifies	nd stop here. I	Explain in upported
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizati Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci and-circums	rcumstances" tances" test. T	test, check th	ns box and st	op here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	, 16a, 16b, 17a			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")		I			<u> </u>	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				i		
	to or expended on its behalf				. <u>-</u> .		
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						ļ
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					•	
С	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from	-					
	line 6.)						j
Secti	on B. Total Support	l .		L	<u> </u>	l=	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6				1	, ,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				Į.		
	acquired after June 30, 1975				ļ		
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40	• ,				 		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>		-		 	
. •	and 12)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppor	rt Percentag	je				
15	Public support percentage for 2013 (line					15	%
16	Public support percentage from 2012 Sci			<u>.</u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (17	%
18	Investment income percentage from 2012					18	<u>%</u>
19a	331/3% support tests—2013. If the organ						
	17 is not more than 3312%, check this box					-	_
b	331/s% support tests – 2012. If the organization 18 is not more than 331/s%, check this						—
20	line 18 is not more than 33½%, check this Private foundation. If the organization di						_
20	T TITOLE TOURNAUDITE II LITE OTYATIIZALION U	a not differ a	DUA UN III IE 14	, ıza, uı ızı,	CHECK WIS DOX	and see mistru	ictions 🕨 🔲

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2013

Open to Public Inspection

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

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

f the c	rganization answered "Yes	," to Form 990, Part IV, line 4, or Forr	n 990-EZ, Part VI, i	ine 47 (Lobbying Activities)	, then
• Se	ction 501(c)(3) organizations t	that have filed Form 5768 (election und	er section 501(h)) C	complete Part II-A Do not co	mplete Part II-B.
• Se	ction 501(c)(3) organizations t	that have NOT filed Form 5768 (election	n under section 501	(h)) Complete Part II-B. Do r	not complete Part II-A
f the c	rganization answered "Yes	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
	ction 501(c)(4), (5), or (6) orga	ınızatıons: Complete Part III.			
	of organization			Employer ider	ntification number
UNIVE	RSITY OF SAN FRANCISCO				94-1156628
Part		e organization is exempt unde			organization.
1	Provide a description of t	he organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .			▶ \$	S
3	Volunteer hours				
Part	-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1		excise tax incurred by the organiza			
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 🕨 🖇	5
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt unde			(c)(3).
1		ly expended by the filing organiz			
2		filing organization's funds contrib	~		
	· · · · · · · · · · · · · · · · · · ·	vities		•	
3	•	expenditures. Add lines 1 and 2.		•	
	line 17b			\$	
4	Did the filing organization	i file Form 1120-POL for this year?	?		Yes No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing
		ents. For each organization listed, e			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committee	e (PAC). If addition	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	,,	1.,	, , , -	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
• •					
(2)					
(3)					
• •					
(4)					
-					
(5)					
(6)		}			

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2013

SC4 1	leddie O (1 01111 330 01 330-LZ) 2010					raye z
	art II-A Complete if the organization section 501(h)).					ction under
	Check ► ☐ if the filing organization bel name, address, EIN, expen	ses, and sha	re of excess lobb	ying expenditur	es).	up member's
В	Check ▶ ☐ if the filing organization che			rol" provisions a	pply.	
	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me				organization's totals	group totals
1	1a Total lobbying expenditures to influence					
	b Total lobbying expenditures to influence	a legislative be	ody (direct lobbying	3)		
	c Total lobbying expenditures (add lines 1a	and 1b) .				
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter t columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$500,000	20% of the ar	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess or	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25	% of line 1f)				
	h Subtract line 1g from line 1a If zero or le	ss, enter -0-				
	i Subtract line 1f from line 1c. If zero or les	s, 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?					Yes No
	(Some organizations that ma columns below. S	de a section (See the instru	ctions for lines 2a	not have to com through 2f on pa		•
	Lobbying	Expenditures	During 4-Year A	veraging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		_ <u>-</u> -
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	no	Δι	(b)	•
4000	ption of the lobbying detrity.	.03				
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?	—	1			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?	-	7			
c	Media advertisements?		1			
d	Mailings to members, legislators, or the public?		1			
е	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?		\			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		\			
i	Other activities?	1			5	8,225
j	Total. Add lines 1c through 1i	ļ			5	8,225
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓			
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 .	<u> </u>				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(5\)				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	├	ļ
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	<u> </u>	
Tare	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		ł			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		<u> </u>			
5	and political expenditure next year?	•	4			
Par		•	5	<u> </u>		. ·
Provid Part II	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, Tine 5; Part II-A (affiliated gro-B, line 1 Also, complete this part for any additional information. IEXT PAGE	oup lis	t); Pa	t II-A, I	ine 2;	and
	······································					

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part iV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

20**13**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 94-1156628 UNIVERSITY OF SAN FRANCISCO Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 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 ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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 education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax 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, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements. that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X _

2013 Return

Part	III Organizations Maintaining	Collections of	Art. Historical 1	reasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot				
а	✓ Public exhibition		d ✓ Loan	or exchange prog	grams	
b	✓ Scholarly research		e 🗌 Othe			
С	✓ Preservation for future generations	5		••••••		
4	Provide a description of the organization	tion's collections a	ınd explaın how t	hey further the or	ganızatıon's exem _l	ot purpose in Part
	XIII.					
5	During the year, did the organization assets to be sold to raise funds rather					☐ Yes 🗹 No
Part	IV Escrow and Custodial Arra	ingements.				
	Complete if the organization 990, Part X, line 21.	answered "Yes"	' to Form 990, F	art IV, line 9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee,					_ _
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following to	able:		
_	Decrees belows			<u> </u>		ount
C	Beginning balance			· · · · 10		
d	Additions during the year					
e f	Distributions during the year Ending balance					
2a	Did the organization include an amour					☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa	· ·				
Par		ar Alli. Officer field	en the explanatio	i nas been provid	edili at Ali .	· · ·
	Complete if the organization	answered "Yes"	' to Form 990. F	art IV. line 10.		
	oemploto ii tiro organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	235,069,000	198,436,000			155,711,000
b	Contributions	18,450,000	10,119,000			11,456,000
C	Net investment earnings, gains, and		,,			,,
	losses	29,712,000	33,910,000	-7,100,000	35,593,000	18,726,000
d	Grants or scholarships	5,502,569	4,175,896			
е	Other expenditures for facilities and		•			
	programs	3,503,431	3,220,104	3,202,701	2,664,388	
f	Administrative expenses			1,054,000	1,006,000	5,710,000
g	End of year balance	274,225,000	235,069,000	198,436,000	211,260,000	180,183,000
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held	as	
а	Board designated or quasi-endowmer	nt ▶ 21	. %			
b	Permanent endowment ▶	47 %				
С	Temporarily restricted endowment ▶					
	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	e possession of th	e organization the	at are held and a	Iministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
	If "Yes" to 3a(ii), are the related organi					3b
4	Describe in Part XIII the intended uses		n's endowment to	unds.	<u> </u>	
Part				N= 4 187 12		
	Complete if the organization					••
	Description of property	(a) Cost or oth (investme	1 ' '	1 , ,	Accumulated lepreciation	(d) Book value
1a	Land	. 20	,830,820	31,606,199		52,437,019
b	Buildings			147,759,361	130,858,427	316,900,934
С	Leasehold improvements					0
d	Equipment					0
е	Other	•		133,126,140	53,157,581	79,968,559
Total	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0 Part X column	(B) line 10(c)	▶ I	449 306 512

Schedule D (Form 990) 2013

Part VII	Investments – Other Securities. Complete if the organization answer	ered "Yes" to Form (990 Part IV line 1	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	Sied Tes to Folia	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	I derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.		· · · · <u></u>	
	Complete if the organization answer	ered "Yes" to Form	990. Part IV. line 1	11c. See Form 990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
(1)				
(2)				
(3)	· · ·			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
raitix	Complete if the organization answer	ared "Ves" to Form	000 Part IV line	11d Soo Form 990 Part V June 15
		Description	550, raitiv, iiie	(b) Book value
(1) INVEST	·			128,922,75
(2) ROUND				-:
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
	ımn (b) must equal Form 990, Part X, col.	(B) line 15)	<u></u>	
Part X	Other Liabilities.	1.004		
	Complete if the organization answer	erea "Yes" to Form !	990, Part IV, line	11e or 11f. See Form 990, Part X,
1.	line 25.	(h) Dealisaks		
(1) Federal II	(a) Description of liability	(b) Book value	-	
	-	10.070.6	200	
	AL STUDENT LOANS REFUNDABLE ST RATE SWAP AGREEMENTS	10,970,6	 {	
	TY UNDER SPLIT INTEREST AGREEMENT	14,085,5		
(5)	TOTAL	1,873,4		
(6)				
(7)			\dashv	
(8)			-	
(9)			\dashv	
	(b) must equal Form 990, Part X, col. (B) line 25)	26,929,6	32	

2013 Return

Par	t XI Reconciliation of Revenue per Audited Financial St. Complete if the organization answered "Yes" to Form			Return	l.
1	Total revenue, gains, and other support per audited financial staten		iine iza.	1 4	
		ients		1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما			
a	Net unrealized gains on investments			-{	
b	Donated services and use of facilities			4	
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)		 	4	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			4 i	
b	Other (Describe in Part XIII.)	4b		↓	
	Add lines 4a and 4b	: : -		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part			5	
Part	Reconciliation of Expenses per Audited Financial S			er Retu	m.
	Complete if the organization answered "Yes" to Form				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b]	
C	Other losses	2c]	
d	Other (Describe in Part XIII)	2d	*	7	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-	1	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pai	t I, line 18.) .		5	
Part	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines				
2; Par	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete thi	s part to provi	de any additional in	nformatic	on.
SEEN	NEXT PAGE				

SCHEDULE E (Form 990 or 990-EZ)

Schools

 Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

UNIVERSITY OF SAN FRANCISCO

► Attach to Form 990 or Form 990-EZ.

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

94-1156628

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	/	<u> </u>
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	1	
	THE UNIVERSITY OF SAN FRANCISCO PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH			
	PRINT AND BROADCAST MEDIA TO THE GENERAL PUBLIC BOTH ON AND OFF CAMPUS THROUGHOUT THE YEAR THIS POLICY IS ALSO MADE AVAILABLE ON THE UNIVERSITY'S WEBSITE AT WWW USFCA EDU AND IN THE UNIVERSITY'S GENERAL CATALOG			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially	<u> </u>		
	nondiscriminatory basis?	4b	✓	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	1	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		✓
b	Admissions policies?	5b		✓
С	Employment of faculty or administrative staff?	5c		1
d	Scholarships or other financial assistance?	5d		✓
е	Educational policies?	5e		✓
f	Use of facilities?	5f		✓
g	Athletic programs?	5g		1
h	Other extracurricular activities?	5h		✓
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	1	┢─┤
b	Has the organization's right to such aid ever been revoked or suspended?	6b		1
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	/	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

	f the organization ERSITY OF SAN FRANCISCO				ļ E		dentification number 4-1156628
Part			ies Outside	the United States. Comp	plete if the organiz		
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?						
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of	its grant	ts and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is neede	d.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program serv describe specific service(s) in reg	/ıce, ´ type of	(f) Total expenditures for and investments in region
	CENTRAL AMERICA AND THE CARIBBEAN]		INVESTMENTS			15 100 455
	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	INSTRUCTION	AND	15,139,455
(2)		3	39		RECRUITING		2,905,851
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)			-				
(15)							
(16)							
(17)							
3a	Sub-total	3	39				18,045,306
b	Total from continuation sheets to Part I	0	0				0

18,045,306

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2013

Page 2

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

(1) (2) (3) (4) (6) (6) (7) (6) (7) (7) (8) (10) (12) (13) (14) (15) (15) (16) (16) (16) (16) (16) (16) (16) (16	- [(a) Name of organization	(f) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(2) (3) (4) (6) (6) (7) (6) (7) (7) (8) (10) (11) (12) (13) (14) (15) (15) (16) (16) (16) (16) (16) (16) (16) (16	Ξ									
(3) (4) (5) (6) (6) (6) (7) (8) (9) (11) (12) (13) (14) (15) (16) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(2)									
(4) (5) (6) (7) (7) (7) (13) (14) (15) (16) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(3)									
(6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16)	(4)									
(e) (7) (a) (b) (11) (12) (13) (14) (15) (16) (19)	(2)									
(10) (12) (13) (15) (16) (16) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(9)									į
(9) (10) (10) (11) (12) (12) (13) (14) (15) (15) (16)	ε									
(10) (11) (12) (13) (14) (14) (15) (16)	(8)									
(10) (11) (12) (13) (14) (15) (16)	(6)									
(12) (12) (13) (14) (15) (16)	(10)							=		
(12) (13) (14) (15) (15)	3									
(14)	(12)									
(14)	(13)									
(15)	(14)									:
(16)	(15)									
	(16)									

_		
E E	▲	\blacksquare
exe		
ä		
as t	•	٠
ğ	•	٠
Ĭ	•	•
ŝ	•	•
5		
턀		
Š		
J UÉ	•	٠
ř	•	
e fc	ē	•
ŧ	<u>ett</u>	•
sb	Š	
riţie	aler	
cha	훒	
as (e	
g	(S)	•
žiz	5	·
Ŝ,	n 5	١.
9	ğ	
tar	se	
that	Ď	
Š	Ϋ́	
organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	tee or counsel has provided a section 501(c)(3) equivalency letter	inzations or entities
Enter total number of recipient organ	by the IRS, or for which the grantee or	Enter total number of other organization

Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

				(a) Manner of	ff Amount of		(h) Method of
(a) Type of grant or assistance	иојбан (а)	recipients	cash grant	cash disbursement	non-cash assistance	(g) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							İ
(5)							
(9)							
(2)							
(8)							
(6)		i					
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2013

chedule F (Form 990	2013
-------------	----------	------

Page 4

Part	V	Foreign Forms		_
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	✓ Yes	□ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	□ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing (see Instructions for Form 8621)	✓ Yes	□ No
5	the c	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships. (see Instructions for Form 8865)	✓ Yes	□ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to file Form 5713, International Boycott Report (see Instructions form 5713)	☐ Yes	☑ No

Schedule F (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

	of the organization					Employer identific	
UNIVE	ERSITY OF SAN FRANCISCO	Complete if the		-A:			156628
Par	Form 990-EZ filers are r	not required to	complete	this part.		<u> </u>	ne 17.
1	Indicate whether the organization	on raised funds			_		
а	Mail solicitations		e [ion of non-governm	_	
b	Internet and email solicitation	ns	f	_	ion of government (grants	
C	☐ Phone solicitations		g L	Special	fundraising events		
d	☐ In-person solicitations						
2a	Did the organization have a writer						
	or key employees listed in Form	•	-		•	-	
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) p	ursuant to agreeme	ents under which the	e tundraiser is to be
	compensated at least 40,000 by	r the Organizatio	<i>)</i> 11.				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or entry (turturaiser)		Yes	outions?		col (i)	organization
1			tes	No No	-		
2		:					
3							
4							
5							
6							
7							
8							
9							
10							-
Total		<u> </u>	1		0	0	0
Total 3	List all states in which the orga		stered or lic	ensed to s	l solicit contributions	or has been notifie	ed it is exempt from
	registration or licensing.						

	·····						
	······································					·	

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

		gross receipts greater tha	11 \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CALIFORNIA PRIZE DINNER	USF SWANSON GOLF TOURNAMENT	3	(add col (a) through col (c))
			(event type)	(event type)	(total number)	cor (cj)
Revenue	1	Gross receipts	248,750	114,393	150,279	513,422
ш	2	Less: Contributions	220,590	70,400	120,127	411,117
		Gross income (line 1 minus line 2)	28,160	43,993	30,152	102,305
	4	Cash prizes	10,000	0	0	10,000
	5	Noncash prizes	1,500	13,494	7,153	22,147
sesus	6	Rent/facility costs	86,001	69,219	5,554	160,774
Direct Expenses	7	Food and beverages	27,900	10,521	24,437	62,858
Direc	8	Entertainment	1,000	0	92	1,092
	9	Other direct expenses .	38,960	5,552	43,093	87,605
	10 11	Direct expense summary. Ad Net income summary. Subtra			_	344,476
Рa	rt III				▶	-242,171
·		than \$15,000 on Form 9		163 101 0111 331	o, raitiv, iiile 15, ori	reported more
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
Н	1	Gross revenue				
ses	2	Cash prizes		-		
Expen	3	Noncash prizes				,
Direct Expenses	4	Rent/facility costs				
ַ	5	Other direct expenses .				
_		- Carlot direct experises :	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)	.	-
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<u> ▶</u>	
9	c.	nter the state(s) in which the or	ganization operator as	ming activities:		
_		the organization licensed to of		in each of these states	?	
	a is b if	461-9-1			· · · · · · · · · · · · · · · · · · ·	Tes No

10		/ere any of the organization's g	amıng licenses revoked		ted during the tax year?	

	le G (Form 990 or 990-EZ) 2013 Page
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	formed to administer charitable gaming?
a a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's garming/special events books and
	records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided
	Description of services provided P
	□ Director/officer □ Employee □ Independent contractor
47	Mandatan, distributions
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
	spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
-	additional information (occurrence).

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2013

20 13	Open to Public Inspection

Department of the Treasury Internal Revenue Service			mation about Sche	▼ Attach to	 Attach to Form 990. Attach to Form 990. 	► Attach to Form 990. Information about Schadule I (Form 990) and its instructions is at www ire nov/form990.	060	Open to Fublic Inspection
Name of the organization								Employer identification number
UNIVERSITY OF SAN FRANCISCO	FRANCISCO							94-1156628
Part General	Information	General Information on Grants and Assistance	Assistance			j		
1 Does the organ the selection c	nization mainta riteria used to	Does the organization maintain records to substantia the selection criteria used to award the grants or ass	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility fo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	tance, and
2 Describe in Pai	rt IV the organi	Describe in Part IV the organization's procedures for	es for monitoring	monitoring the use of grant funds in the United States.	nds in the United	States.		
Part II Grants a Part IV, I	and Other As ine 21, for an	ssistance to Go y recipient that	vernments and received more the	Organizations i an \$5,000. Part	in the United Si Il can be duplic	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizatior Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	the organization a space is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)		•						
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total num 3 Enter total num	ber of section ber of other or	501(c)(3) and gov ganizations listed	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ions listed in the li	ne 1 table			A • · · ·
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2013)

2013 Return University of San Francisco - 941156628

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)
Part III Grants ar

(a) Type of grant or assistance	And Missippor of	(c) Amount of	(d) Amount of	should be be be the state of th	,
	(b) Number of recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(f) Description of non-cash assistance
1 USF FINANCIAL AID	4,689	68,297,958			
2 FSEOG PROGRAM	185	632,000			
3 PELL GRANTS	1,744	7,114,000			
4 FEDERAL WORK-STUDY PROGRAM	425	841,000			
5					
Φ					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, columr	ι (b), and any other addit	ional information.
SEE NEXT PAGE					
					Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990. See separate instructions.
Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF SAN FRANCISCO

Questions Regarding Compensation

Employer identification number

94-1156628

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Form		
	☑ First-class or charter travel		Ì	
	☐ Travel for companions ☐ Payments for business use of personal residence	•		
	☑ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding pay	mont		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part		\vdash	
	explain	1	✓	
		1.5		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in			
	1a?	. 2	1	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	by a		
	✓ Compensation committee ✓ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study	-		
		ee		
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		4a	<u> </u>	1
b		4b		1
С		4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	O-b			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	-	. 5a		
b	•			1
	If "Yes" to line 5a or 5b, describe in Part III.			
•	For percent listed in Form 000, Part VIII. Section A line to did the assessment of the section o			
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		✓
b	Any related organization?	. 6b		✓
	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		ļ
	payments not described in lines 5 and 6? If "Yes," describe in Part III	. 7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subjet to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," det			
	In Part III	SCRIDE 8		1
		 •	<u> </u>	-
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describ	ed in		LJ
	Regulations section 53.4958-6(c)?	. 9		

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

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

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

2. /\ ///\ 2		to Construction Of	W 2 and/or 1000 MISC semponsories	Composition C				
		(a) Dieakuowii U	_	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) base compensation	(ii) bonus & incentive compensation	(iii) Orner reportable compensation	compensation	Senems	(OLIXa)	reported as deferred in prior Form 990
MR CROSS,	=	368,010		3,620	28,326	27,026	426,982	0
VP BOS & FIN	Ξ	0	0	0	0	0	0	0
MS DAVIS,	Θ	315,785	0	4,682	28,326	39,718	388,511	0
2 GENEHAL COUNSEL	(ii)	0		0	0	0	0	0
MR LEON,	(i)	148,836	0	105	14,642	25,293	188,876	0
3 ACTING VP INFO LECH	(ii)	0		0	0	0	0	0
MR MACMILLAN,	(1)	223,546	10,000	296'8	25,383	29,221	297,117	0
4 VP COMM & MKIG	€	0	0	0	0	0	0	0
DR NEL,	8	298,777		199,841	24,566	27,198	550,382	0
5 VP INIL HELATIONS	€	0	0	0	0	0	0	0
DR TURPIN,	())	334,494	2,00	066'9	28,326	10,398	381,608	0
6 PHOVOSI AND VP	(E)	0	0	0	0	0	0	0
MR WILCH,	(1)	230,385	0	4,226	26,419	35,655	296,685	0
7 VP DEVELOPMENT	(II)	0		0	0	0	0	0
DR CAMPERI,] (j)	220,441	0	464	25,448	39,217	285,600	0
8 DEAN, ARIS AND SCIENCES	(E)	0		0	0	0	0	0
DR JOHNSON,] ())	166'522	0	2,263	21,617	17,299	267,170	0
9 VICE PROVOSI, ACADEMICS	€	0		0	0	0	0	0
DR KARAMAN,	8	209'602	0	289	23,304	15,431	248,946	0
10 VICE THOYOUT, BODGE!	(E)	0	0	0	0	0	0	0
MR LONDON,	€	269,220	0	6,519	28,326	28,483	332,548	0
11 ASSISTANT VE PACIEITIES	(E)	0	0	0	0	0	0	0
DEAN SCHOOL OF MANAGEMENT	8	228,096	0	930	25,683	19,046	273,755	0
12	<u> </u>	0	0	0	0	0	0	0
MH BHAND, PROFESSOR, FORMER DEAN LAW	(6)	270,765	0	3,454	14,182	29,084	317,485	0
13 SCHOOL	€	0		0	0	0	0	0
MH DAVIS. ASSOC DEAN, ACADEMIC AFFAIRS LAW	<u> </u>	243,273	0	227	22,664	43,798	309,962	0
14 SCHOOL	€	0	0	0	0	0	0	0
MH MICON, PROFESSOR, FORMER ASSOC DEAN	<u> </u>	255,677	0	066'6	28,326	11,722	305,115	0
15 LAW SCHOOL	€	0	0	0	0	0	0	0
MH SIDWELL,	€	509'628	0	48,909	23,775	35,263	317,576	0
16 ATTENTO CITED OTTO	Ξ	0	!	0	0	0	0	0

Schedule J (Form 990) 2013

SCHEDULE K (Form 990) UNIVERSITY OF SAN FRANCISCO

Name of the organization Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number 94-1156628

(i) Pooled financing No Yes No Yes No £ ŝ (h) On behalf of ` Δ ۵ Yes Yes (g) Defeased Yes 0 571,075 76,727 29,838,379 40,000,000 욷 ĝ **SUR REND OF BONDS & CAP EXP** ပ (f) Description of purpose Yes Yes CAPITAL EXPENDITURES SAPITAL EXPENDITURES 0 80,100,322 820,962 5,000,000 ŝ £ œ 8 Yes Yes 80,100,322 40,000,000 27,500,000 (e) Issue price 318,770 26,904,386 27,500,000 111,844 ş ŝ ⋖ (d) Date issued Yes Yes 8/18/2005 2/16/2011 5/28/2003 Does the organization maintain adequate books and records to support the 1301757W6 (c) CUSIP# 130178YZ3 130175A85 Was the organization a partner in a partnership, or a member of an LLC, Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 52-1705592 (b) Issuer EIN 94-6001347 94-6001347 which owned property financed by tax-exempt bonds? . Has the final allocation of proceeds been made? . Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Year of substantial completion . Proceeds in refunding escrows. Other spent proceeds . . . Gross proceeds in reserve funds Issuance costs from proceeds . Private Business Use final allocation of proceeds? Amount of bonds retired Other unspent proceeds a) Issuer name Total proceeds of issue Bond Issues CA EDUC FAC AUTH CA EDUC FAC AUTH CA EDUC FAC AUTH **Proceeds** Part III Parti Part II က ⋖ ပ 2 4 S 9 œ 0 8 10 12 13 F 7 15 16 17

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3/24/2015 5:36:00 PM

bond-financed property? .

N

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

20

Schedule K (Form 990) 2013 2013 Return University of San Francisco - 941156628

Cat No 50193E

		٧		a				
3a Are there any management or service contracts that may result in private	Yes	2	Yes	S.	Yes	S.	Yes	2
business use of bond-financed property?		,		,		,		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		`		`		`		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		% 0		0 %		% 0		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶		%0		%0		% 0		%
6 Total of lines 4 and 5		%0		%0		%0		%
7 Does the bond issue meet the private security or payment test?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	>		>		`		<u>:</u>	
Part IV Arbitrage								
		Ą		В	၁			۵
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No.	Yes	S N	Yes	8	Yes	ટ
Penalty in Lieu of Arbitrage Rebate?		>		•		>		
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	`			`>	>			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	`			>	>			
b Name of provider	B OF A				BOFA			
	30 1		0		29 4			
d Was the hedge superintegrated?		1				>		

Part IV Arbitrage (Continued)								
	٧		1	В)	၁		٥
	Yes	N _o	Sə	No	Yes	oN	Yes	N _O
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .	`			>		<i>></i>		
	AIG							
Term of GIC	2							
	`							
		`		`		>		
requirements of section 148?		>	>		`			
Party Procedures 10 Undertake Corrective Action						(
	∀		-	מ	- 1			
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available	Yes	ON.	Yes	ON CONTRACT	Yes	ON	Yes	No.
under applicable regulations for the solution of the solutions of the strong of Schedule K (see instructions)	y on session	lipetions (Schedu	n des) X e	structions			
SEE NEXT PAGE	200000	200000	2000	1 225) 31 21				
							! !	
					:			
					:			
	!						Schedule K (F	Schedule K (Form 990) 2013

52

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

	- y	1
UNIVERSIT	Y OF SAN FRANCISCO	94-1156628
Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b	, or Form 990-EZ, Part V, line 40b.

4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Con	rected?
'	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)	•				
(2)					
(3)					
(4)					
(5)					
(6)					
2		red by the organization managers or disqua			
3		on line 2, above, reimbursed by the organizat			-

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?	by bo	oroved ard or ottee?	(i) Wi	
			То	From			Yes	No	Yes	No	Yes	No
(1) REX WALTERS	EMPLOYEE	MORTGAGE		✓	510,000	510,000		✓	✓		✓	
(2) JAMES WISER	EMPLOYEE	MORTGAGE		✓	153,000	153,000		✓	✓		✓	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)				1								
(10)												
Total						\$ 663,000						

Part III **Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2013

Part IV	Business Transactions Invo Complete if the organization a	lving Interested Persons. answered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	reve	aring of zation's nues?
/4\ 01	EE STATEMENT	-			Yes	No
	EE STATEMENT	<u>.</u>			+-	├-
(2) (3) (4) (5) (6) (7) (8)	*****					
(4)			<u>.</u>			1
(5)						1
(6)						
<u>(7)</u>						$oxed{oxed}$
(8)						<u> </u>
(9) (10)					_	<u> </u>
Part V	Supplemental Information		<u> </u>	<u> </u>	!	<u> </u>
	Provide additional information	n for responses to questions	on Schedule L (see	instructions).		
			*			
			·			
			·			

••••						
						•••••
•						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization \blacktriangleright Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

irs.gov/form990. Inspection
Employer identification number

UNIVE	RSITY OF SAN FRANCISCO				L	94-11566	28		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method o			
1	Art-Works of art								
2	Art-Historical treasures								
3	Art-Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property					LIABIZET VA			
9	Securities—Publicly traded	✓	20		186,253	MARKET VA	LUE		
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC,								
40	or trust interests								
12	Securities—Miscellaneous					1			
13	Qualified conservation contribution—Historic			•					
	structures								
14	Qualified conservation								
• •	contribution—Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies				_				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens					_			
24	Archeological artifacts								
25	Other ► ()				_				
26	Other ► ()	ļ							
27	Other ▶ (- -					
<u>28</u> 29	Other ► () Number of Forms 8283 received	by the or	ganization during the tax i	year for contribu	itions for	T			
23	which the organization completed					29			
	p.		., ,	-9		23		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in P	art L lines	1 - 28. that			
	it must hold for at least three year								
	used for exempt purposes for the						30a		1
b	If "Yes," describe the arrangement	nt in Part II.							
31	Does the organization have a		tance policy that require	es the review	of any no	n-standard			
	contributions?						31	1	
32a	Does the organization hire or us	e third part	ties or related organization	ns to solicit, pro	cess, or se	ell noncash			
	contributions?						32a		✓_
b	If "Yes," describe in Part II.								
33	If the organization did not report a describe in Part II.	n amount in	column (c) for a type of pro	operty for which	column (a)	is checked,			

Schedule O (Form 990) Department of 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 990-EZ or to provide arry additional information

OMB No 1545-0047 Open to Public Inspection

Name of the Organization
UNIVERSITY OF SAN FRANCISCO

Employer Identification Number 94-1156628

Return Reference	Identifier	Explanation
FORM 990, PART	BRIEF MISSION	(CONTINUED FROM FORM 990, PART I, LINE 1)
I, LINE 1		THE VALUES AND SENSITIVITY NECESSARY TO BE MEN AND WOMEN FOR OTHERS
FORM 990, PART	DESCRIPTION OF OTHER PROGRAM	(EXPENSES \$ 2,895,917 INCLUDING GRANTS OF \$)(REVENUE \$ 2,285)
III, LINE 4D	SERVICES	SPONSORED RESEARCH INCLUDES EXPENDITURES FOR RESEARCH AND TRAINING
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	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 TAX LLP) 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 ASSOCIATE DIRECTOR OF TAX COMPLIANCE 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 TAX LLP) 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 FIULL 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
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	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 HESHE (1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES FOR MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ARE REVIEWED BY THE DIRECTOR OF INTERNAL AUDIT AND TAX COMPLIANCE THEREAFTER, THE UNIVERSITY'S GENERAL COUNSEL AND DIRECTOR OF INTERNAL AUDIT AND TAX COMPLIANCE REVIEW THE COMPLETED OF INTERNAL AUDIT AND TAX COMPLIANCE REVIEW THE COMPLETED OF INTERNAL AUDIT AND TAX COMPLIANCE REVIEW THE COMPLETED OF INTERNAL AUDIT AND TAX COMPLIANCE REVIEW THE COMPLETED OF INTERNAL AUDIT AND TAX COMPLIANCE REVIEW THE COMPLETED OF INTERNAL AUDIT AND TAX COMPLIANCE REVIEW THE COMPLETED OF INTERNAL AUDIT AND TAX COMPLIANCE REPORTS ANY ACTUAL OR POTENTIAL CONFLICTS TO THE UNIVERSITY PRESIDENT AND THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ARE REVIEWED BY THE DIRECTOR OF INTERNAL AUDIT AND TAX COMPLIANCE REPORTS ANY ACTUAL OR POTENTIAL CONFLICTS TO THE UNIVERSITY PRESIDENT AND THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES THE COMPLETED OF THE STEED AFTER THE UNIVERSITY PRESIDENT AND THE AUDIT COMPLIANCE REP
FORM 990, PART VI, SEC B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF SAN FRANCISCO

Partl

Related Organizations and Unrelated Partnerships

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

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Publi	Inspection	
		ŀ

OMB No 1545-0047 2013 Employer identification number 94-1156628

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) USF EDUCATIONAL CONSULTING (CHINA) CO (98-1046669) C/O USF, 2130 FULTON STREET, SAN FRANCISCO, CA 94117-1080	RECRUITING, FUNDRAISING CH	Ð	11,375	286,244	286,244 PHANCISCO
(2) USF MANILA, INC (98-1046690) C/O USF, 2130 FULTON STREET, SAN FRANCISCO, CA 94117-1080	INSTRUCTION	RP	-4,701	76,118	76,118 ERANCISCO
(3)					
(4)					
(5)					
(9)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
						Yes	٧ ٧
(1) EMPLOYEE-CONTRIBUTION VEBA TRUST (04-7024784) BENEFIT PLAN	BENEFIT PLAN	C	501(C)(9)		UNIVERSITY OF SAN	,	
(2) EMPLOYER-CONTRIBUTION VEBA TRUST (04-7024785) BENEFIT PLAN	BENEFIT PLAN	C P	501(0)(0)		UNIVERSITY OF SAN		
(3)			(c)(c)(c)			•	
(4)							
(5)							
(9)							
ω							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0.	Cat N	Cat No 50135Y		Schedule R (Form 990) 2013	(Form 990)	2013

2013 Return University of San Francisco - 941156628

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

מספמפסט וו וומק	because it liad one of more related organizations it eated as a partitionally during the tax year	gaintain	מל אם מש שייום יו	بالمات طيبات الترايا	g the tay ye							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(p) (h) Share of end-of- Disproportionate year assets allocations?	(h) Of- Disproportiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes No	0	
(1)					<u> </u>							
(2)												
(3)												:
(4)												
(5)												
(9)												
(2)												
Part IV Identification of Fine 34 because it	Identification of Related Organizations I	ons Taxable lated organiz	axable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.	tion or Trust (as a corporation	Complete if to on or trust di	he organizat rring the tax	on ansv year.	vered "Y	es" on For	m 990, F	art IV,	
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Incle Direct controlling country)		(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income		(g) Share of end-of-year assets ow	(h) Percentage Sownership	(I) Section 512(b)(13) controlled entity?	2(b)(13) led ?
											Yes	2
(1)												
(2)												
(6)												
(4)												
(5)												

2013 Return University of San Francisco - 941156628

(9)

(Z)

Page 3

Schedule R (Form 990) 2013

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	S No	٥
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	sactions with one or more	related organiz	ations listed in Part	is II–IV?		_	
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	entity				1a	`	
Gift, grant, or capital contribution to related organization(s)		•			9	`	
Gift, grant, or capital contribution from related organization(s)					10	>	
Loans or loan guarantees to or for related organization(s)					1d	^	L
Loans or loan guarantees by related organization(s)					1e	>	L
	· · · · · · · ·	· ·	•	• • •	2	1	
Dividends from related organization(s)		•			+	>	
Sale of assets to related organization(s)		•			- Di	>	
Purchase of assets from related organization(s)		•			£		L
Exchange of assets with related organization(s)					F		L
Lease of facilities, equipment, or other assets to related organization(s)	•	•	• •		; =		L
בממס כן ימסווייסין פאסיףייסין כן מיוסן מססייס יס מייסייס כן פאסייס יס יס פאסייס יס	· · · · · · · · · · · · · · · · · · ·	•	•	•	•	-	
Lease of facilities equipment or other assets from related organization(s)		•			*	+	⅂
Performance of services or membership or fundraising solicitations for related organization(s)	ed organization(s)				=		
Performance of services or membership or fundraising solicitations by related organization(s)	ed organization(s)	•			Ę		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ganization(s)				1n	_	I. I
Sharing of paid employees with related organization(s)					10	`	
Reimbursement paid to related organization(s) for expenses					1p	>	
Reimbursement paid by related organization(s) for expenses					19	>	
						-	
Other transfer of cash or property to related organization(s)					-	>	、 ,
Other transfer of cash or property from related organization(s)					18	`	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on on who must complete	this line, includ	ing covered relation	nships and transact	tion thresh	olds.	
(a) Name of related organization	Tr.	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	1) ing amount in	volved	
							- 1
				Schodulo	D (Eom 00	8	19

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

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.

S										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(i) te Code V – UBI		(k) Percentage
		(state or foreign country)	unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-or-year assets	allocations?	of Schedule K-1 (Form 1065)	managing partner?	
			sections 512-514)	Yes No			Yes No	T_	Yes No	
(1)					•					
(2)										
(3)										
(4)										
(5)										
(9)										
(۵)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2013

2013 Return University of San Francisco - 941156628

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

(A) Name and Title	(B) Average hours per week (list any hours for related			C) Po				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(26) MR NICOLAI	5	1						О	0	
BOARD MEMBER		_						0	0	
(27) MR NOONAN	5	1						o	0	n
BOARD MEMBER		_							Ü	
(28) REV O'CALLAGHAN, S J	5	1						o	0	O
BOARD MEMBER		_						-		
(29) MS ORTIZ MORFIT	5	./						o	o	O
BOARD MEMBER		_						-	0	
(30) REV PABST, S J	5	1						o	0	0
BOARD MEMBER		_						0		
(31) MR PASHA, III	5	/						o	0	0
BOARD MEMBER		*						U	0	0
(32) MR PITTO	5	1						o	0	n
BOARD MEMBER		*						0		· · · · · · · · · · · · · · · · · · ·
(33) MR PORTER	5	/						o	0	0
BOARD MEMBER		<u> </u>						0	0	
(34) REV PRIETTO, S J	5	/						o	o	o
BOARD MEMBER	***************************************	<u> </u>							0	
(35) MR READ	5	1						o	0	a
BOARD MEMBER		<u> </u>						· ·		
(36) MR REVETRIA	5	/						0	0	
BOARD MEMBER		Ľ					<u> </u>			
(37) MR ROSE	5	1						o	0	,
BOARD MEMBER		<u> </u>								
(38) MR SALQUIST	5	1						o	0	C
BOARD MEMBER		<u> </u>								
(39) REV SIEBERT, S J	5	1						0	o	c
BOARD MEMBER		ľ								
(40) REV STOEGER, S J	5	/						o	o	C
BOARD MEMBER		<u> </u>								-
(41) REV SUNDBORG, S J	5	1		Ì				0	o	d
BOARD MEMBER		<u> </u>								
(42) DR TEMPERO	5	/						o	o	c
BOARD MEMBER		<u> </u>				L				
(43) MR VISBAL	5	1						0	o	
BOARD MEMBER		Ľ	<u> </u>		<u> </u>	<u> </u>		ļ		
(44) MS WALL HANSON	5	1						0	o	
BOARD MEMBER		<u> </u>			<u> </u>		ļ		<u> </u>	

5

(45) MS WHELAN

BOARD MEMBER

13

0

0

0

(A) Name and Title	(B) Average hours per week		(Ch		OSITIOI that ap			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(46) MR WHITE	5	1						0	0	0
BOARD MEMBER		*						U		
(47) MR YEPEZ	5	1		1				اه	0	٥
BOARD MEMBER		<u> </u>								
(48) MR BAWA	40			,				16.701	0	1 000
VP INFO TECH	***************************************			'				16,791		1,883
(49) MR CROSS	40			,				074 000		55.050
VP BUS & FIN				/				371,630	0	55,352
(50) MS DAVIS	40							202.427		
GENERAL COUNSEL				✓				320,467	0	68,044
(51) MR LEON	40			,						
ACTING VP INFO TECH				✓				148,941	0	39,935
(52) MR MACMILLAN	40			,						
VP COMM & MKTG				✓				242,513	0	54,604
(53) DR NEL	40									
VP INTL RELATIONS				✓				498,618	0	51,764
(54) DR TURPIN	40									
PROVOST AND VP				✓				342,884	0	38,724
(55) MR WILCH	40									
VP DEVELOPMENT	***************************************			1				234,611	0	62,074
(56) DR CAMPERI	40									
DEAN, ARTS AND SCIENCES	***************************************				✓		1	220,935	0	64,665
(57) DR JOHNSON	40				,					
VICE PROVOST, ACADEMICS					✓			228,254	0	38,916
(58) DR KARAMAN	40									
VICE PROVOST, BUDGET					1			210,211	0	38,735
(59) MR LONDON	40								·* · · · · · · · · · · · · · · · · · ·	
ASSISTANT VP FACILITIES					✓			275,739	0	56,809
(60) DR WEBBER	40				١.					
DEAN, SCHOOL OF MANAGEMENT					✓			229,026	0	44,729
(61) MR BRAND	40				 				· · · · · · · · · · · · · · · · · · ·	
PROFESSOR, FORMER DEAN LAW SCHOOL						1		274,219	0	43,266
(62) MR DAVIS	40								-	
ASSOC DEAN, ACADEMIC AFFAIRS LAW SCHOOL				İ		1		243,500	0	66,462
(63) MR MICON	40									
PROFESSOR, FORMER ASSOC DEAN LAW SCHOOL						1		265,067	0	40,048
(64) MR SIDWELL	40					1		050 500		50,000
ATHLETIC DIRECTOR						Ľ	L	258,538	0	59,038
(65) MR WALTERS	40					1		409.450		67.004
BASKETBALL COACH				<u> </u>		_		408,459	0	67,881

(A) Name and Title	(B) Average hours per week		(Che	C) Po	SITION that ap	ן ply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(Ist any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (w-2/1099-MISC)	from related organizations (W ² 21099-MISC)	compensation from the organization and related organizations
(66) MR DUFFY	40									
PROFESSOR, FORMER DEAN SCHOOL OF MANAGEMENT							1	152,234	0	26,504
(67) MR GALLAGHER	40						,	106,170	0	17,419
FORMER VP INFO TECH							•	106,170	U	17,419
(68) DR WISER	40						,	122 201		40.801
PROFESSOR, FORMER PROVOST							•	132,391	0	40,801

Part IV

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

Return Reference	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I	THE UNIVERSITY OF SAN FRANCISCO CONTRACTS WITH PLATINUM ADVISORS, LLC TO PROVIDE CONSULTING SERVICES IN ITS CAPACITY AS A CONSULTANT, PLATINUM ADVISORS ASSISTS THE UNIVERSITY IN PURSUING ITS BUSINESS AND GOVERNMENT AFFAIRS OBJECTIVES BY PLANNING FOR ORGANIZATIONAL AND INSTITUTIONAL DEVELOPMENT AND FUNDING OBJECTIVES, DEVELOPING AND IMPLEMENTING STRATEGIC PLANS, AND EXPANDING ITS GOVERNMENT OUTREACH ACTIVITIES

Part XIII

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

Return Reference	Identifier	Explanation
SCHEDULE D, PART III, LINE 4	COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	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
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT FUND IS USED TO PROVIDE A RELATIVELY PREDICTABLE, STABLE AND CONSISTENT INVESTMENT RETURNS SUFFICIENT TO FUND A VARIETY OF OPERATIONAL NEEDS, INCLUDING SCHOLARSHIPS AND FELLOWSHIPS, FACULTY CHAIRS, ACADEMIC PROGRAMS, LIBRARIES, OTHER ENDOWMENT PROGRAMS, AND GENERAL OPERATIONS
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) 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 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).

Return Reference	Identifier	Explanation
SCHEDULE E, PART I, LINE 6A	FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	THE UNIVERSITY RECEIVES TITLE FOUR FUNDING AS WELL AS GRANTS FROM VARIOUS GOVERNMENT AGENCIES

Part V

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

Return Reference	Identifler	Explanation
SCHEDULE F, PART I	ACCOUNTING METHOD	THE ACCOUNTING METHOD USED IS THE ACCRUAL METHOD OF ACCOUNTING
SCHEDULE F, PART I, LINE 3	METHOD TO ACCOUNT FOR EXPENDITURES ON ORG 'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL

Part IV

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

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE UNIVERSITY OF SAN FRANCISCO OFFERS STUDENT FINANCIAL AID IN THE FORM OF SCHOLARSHIPS, GRANTS, LOANS, AND EMPLOYMENT OPPORTUNITIES FINANCIAL AID IS PROVIDED BY THE UNIVERSITY OF SAN FRANCISCO, FEDERAL AND STATE 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

(a)			(g)		(c)	(p)	(e)	(
Name and Title		Breakdown of W.	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	Retirement and	Nontaxable	nns	Compensation
		(I) Base Compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
(17) MR WALTERS,	€	390,944	005'2	10,015	28,326	39,555	476,340	0
BASKETBALL COACH	(E)	0	0	0	0	0	0	0
(18) MR DUFFY,	(1)	152,234	0	0	15,640	10,864	178,738	0
MANAGEMENT	(3)	0	0	0	0	0	0	0
(19) MR GALLAGHER,	€	106,170	0	0	656'8	8,460	123,589	0
FÖRMER VP INFO TECH	€	0	0	0	0	0	0	0
(20) DR WISER,	€	132,391	0	0	13,962	26,839	173,192	0
PROFESSOR, FORMER PROVOST	€	0	0	0	0	Ö	0	0

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

Return Reference	ldentifier	Explanation
SCHEDULE J. PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL	ABSENT PRIOR APPROVAL BY THE UNIVERSITY PRESIDENT, THE UNIVERSITY'S WRITTEN TRAVEL AND ENTERTAINMENT POLICY DOES NOT PERMIT FIRST CLASS TRAVEL FOR BUSINESS TRIPS THE VP FOR INTERNATIONAL RELATIONS RECEIVED APPROVAL FROM THE UNIVERSITY PRESIDENT TO FLY FIRST CLASS FOR A LIMITED NUMBER OF INTERNATIONAL BUSINESS TRIPS, NO OTHER TRUSTEE, OFFICER, KEY EMPLOYEE OR HIGHEST COMPENSATED EMPLOYEE INCURRED FIRST CLASS TRAVEL EXPENSES WHICH WERE PAID FOR BY THE UNIVERSITY
SCHEDULE J, PART I, LINE 1A	TAX INDEMNIFICATION AND 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, PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	A HOUSING ALLOWANCE IS BEING PROVIDED TO THE VP FOR INTERNATIONAL RELATIONS IN CONNECTION WITH HIS ASSIGNMENT IN A FOREIGN COUNTY 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)
SCHEDULE J, PART I, LINE 1A	PERSONAL SERVICES	A CAR AND DRIVER WAS PROVIDED TO THE VP FOR INTERNATIONAL RELATIONS IN CONNECTION WITH HIS ASSIGNMENT IN A FOREIGN COUNTRY ON BEHALF OF THE UNIVERSITY THE VALUE OF THE OCCASIONAL PERSONAL USE OF THE CAR AND DRIVER 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, PART II	COMPENSATION	THE VP FOR INFORMATION TECHNOLOGY WAS HIRED BY THE UNIVERSITY ON DECEMBER 9, 2013 AS A RESULT, THE COMPENSATION LISTED REFLECTS ONLY A PARTIAL MONTH OF SERVICE
SCHEDULE J. PART II	COMPENSATION	THE ACTING VP FOR INFORMATION TECHNOLOGY WAS HIRED BY THE UNIVERSITY ON JUNE 1, 2013 AS A RESULT, THE COMPENSATION LISTED REFLECTS ONLY A PARTIAL YEAR OF SERVICE

Part VI

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

Return Reference	Identifier	Explanation				
	BOND ISSUES	THE ISSUE PRICE OF THE BONDS ISSUED ON AUGUST 18, 2005 DIFFERS FROM THE ISSUE PRICE PROVIDED ON FORM 8038, SINCE THE SERIES AND BONDS WERE REFUNDED BY THE FEBRUARY 16, 2011 BOND ISSUE				
	HAS THE ISSUER FILED FORM 8030-T	DISCLOSURE THE UNIVERSITY HAS DETERMINED THAT NONE OF THE BOND ISSUES SHOWN IN LINES A, B, C OF PART I (COLUMNS AND A, B, C OF THIS PART IV) HAS GENERATED AN ARBITRAGE REBATE LIABILITY, FOR WHICH A FORM 8038-T WOULD OTHERWISE BE REQUIRED TO BE FILED				

Part IV Business Transactions Involving Interested Persons (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	(e) Sharing of organization's revenues?	
				Yes	No	
(1) ROBERT ELIAS	FAMILY MEMBER OF OFFICER	165,641	EMPLOYMENT		✓	
(2) ALEXANDRA AMATI-CAMPERI	FAMILY MEMBER OF KEY EMPLOYEE	140,524	EMPLOYMENT		✓	
(3) DENNIS MILLER	FAMILY MEMBER OF OFFICER	105,884	EMPLOYMENT		1	
(4) ANNA CROSS	FAMILY MEMBER OF OFFICER	52,780	EMPLOYMENT		1	

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.

Return Reference	Identifier	Explanation
SCHEDULE M, PART I	EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED COLUMN B REFLECTS THE NUMBER OF CONTRIBUTIONS

Return Reference	Identifier	Explanation
		ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THE UNIVERSITY'S CEO - 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 THE UNIVERSITY PRESIDENT 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 PACKAGE OF THE UNIVERSITY PRESIDENT APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM INDEPENDENT EXPERTS, INCLUDING TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAX-EXEMPT) FOR SIMILAR JOB RESPONSIBILITIES KEY DELIBERATIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT COMPENSATION COMMITTEE MEETING WHEREAS THE UNIVERSITY PRESIDENT IS A JESUIT PRIEST WHO HAS TAKEN A VOW OF POVERTY, ALL OF HIS EARNINGS ARE PAID DIRECTLY TO THE SOCIETY OF JESUS (THE JESUIT ORDER)
FORM 990, PART VI, SEC B, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER 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 TAX-EXEMPT) FOR SIMILAR JOB RESPONSIBILITIES KEY DELIBERATIONS (BT THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT COMPENSATION COMMITTEE
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 VOLUNT ARILY MAKES EACH OF THE FOREGOING AVAILABLE ON ITS WEBSITE WWW USFCA EDU AND UPON REQUEST

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
 ► Information about Form 8868 and its instructions is at www.irs.gov/lerm8868.

OMB No. 1545-1709

If you are	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only	y Part II (on page 2 o	f this	form).	_
Do not con	<i>nplete Part II unle</i> ss you have already been g	granted an	automatic 3-month	extension on a previo	usly f	iled For	n 8868.
a corporation 8868 to received Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the f Transfers Associated With Certain Personal s). For more details on the electronic filing of the	al (not auto forms listed I Benefit C	omatic) 3-month extend in Part II Contracts, which me	ension of time. You co with the exception o ust be sent to the li	an ele f For RS in	ectronica m 8870, n paper	ally file Form Information format (see
Part I	Automatic 3-Month Extension of Time	. Only sul	omit original (no co	ppies needed).	-		_
	ion required to file Form 990-T and reques	sting an a	utomatic 6-month	extension—check thi	s bo	x and c	omplete
Part I only							▶ □
	rporations (including 1120-C filers), partnersh						
	ne tax returns.	•		·			
				Enter filer's Identifyin	g nun	nber, see	instructions
Type or	Name of exempt organization or other filer, see in	estructions.		Employer identification			
print	UNIVERSITY OF SAN FRANCISCO		•	94-	11566	28	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSM))	
due date for	e date for 2130 FULTON STREET						
filing your City, town or post office, state, and ZIP code For a foreign address, see instructions.							
instructions.	SAN FRANCISCO, CA 94117-1080						
Enter the R	eturn code for the return that this application i	s for (file a	separate application	n for each return) .			. 01
Application	n	Return	Application				Return
Is For		Code	ls For				Code
Form 990	or Form 990-EZ	01	Form 990-T (corpo	ration)			07
Form 990-	BL	Form 1041-A				08	
Form 4720 (individual) 03 Form 4720 (other than individual)							09
Form 990-PF			Form 5227	, , , , , , , , , , , , , , , , , , ,			10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
Telephone	s are in the care of ► CHARLES CROSS, VP F e No. ► (415)422-6522 Inization does not have an office or place of both	Fi	ha I Initad Ctatas	(415)422-2530			▶□
 If this is for 	or a Group Return, enter the organization's four	ır digit Grou	up Exemption Numb	er (GEN)		If th	
for the whol	le group, check this box \ldots \blacktriangleright \square . If i	it is for part	of the group, check	k this box	▶ [and at	tach
	e names and EINs of all members the extensi						
until for tl	uest an automatic 3-month (6 months for a co January 15 , 20 15 , to file the exen ne organization's return for:					. The ext	ension is
▶∟.	calendar year 20 or						
▶ 🗸	tax year beginning June 01	, 20	13 , and ending	May 31		, 20	14 .
2 if the	e tax year entered in line 1 is for less than 12 n	nonths, che	ck reason: Initia			•••••	•••••
	hange in accounting period						
	s application is for Forms 990-BL, 990-PF, 990 efundable credits. See instructions.	0-T, 4720,	or 6069, enter the te	entative tax, less any	За	\$	
b If th	is application is for Forms 990-PF, 990-T,	4720, or 6	069, enter any refu	undable credits and			
estin	nated tax payments made. Include any prior ye	ear overpa	yment allowed as a	credit.	ЗЬ	s	
c Bala EFTI	nce due. Subtract line 3b from line 3a. Includes (Electronic Federal Tax Payment System).	e your pay: See instruc	ment with this form, tions.	it required, by using	3с	\$	
Caution. If you	ou are going to make an electronic funds withdrawa	i (direct deb	it) with this Form 8868.	see Form 8453-EO and			for payment

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

2013 Return

1

Form 8860	B (Rev. 1-2014)						Page 2
	are filing for an Additional (Not Automatic) 3-Mo						▶ 🗸
	only complete Part II if you have already been gran				filed	Form 8868.	
	are filing for an Automatic 3-Month Extension, c						
Part I	Additional (Not Automatic) 3-Month Ex	ctension o					
				Enter filer's identifying			uctions
Туре о	Name of exempt organization or other filer, see in	structions.		Employer Identification			
print	UNIVERSITY OF SAN FRANCISCO		- 		15662		
File by the		ox, see instru	ictions.	Social security number	(2214)		
due date ! filing your		a faralas as	drace and legitudion				
return. Se	9	a lureign at	301233, 5 00 11511000015	•			
Instruction	ns. 3AN FRANCISCO, CA 94111-1000						
Enter th	ne Return code for the return that this application is	s for (file a	separate application	for each return) .		· · ·	0 1
Applic	ation	Return	Application		_	R	eturn
ls For		Code	Is For				Code
Form 9	990 or Form 990-EZ	01				1	
Form 9	990-BL	02	Form 1041-A				08
Form 4	4720 (Individual)	03	Form 4720 (other th	nan individual)			09
Form 9	990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				11
Form 9	990-T (trust other than above)	06	Form 8870				12
• The b Telep • If the • If this for the list with 4 5 6	Do not complete Part II if you were not already gradeooks are in the care of ► CHARLES CROSS, VP FOR those No. ► (415)422-6522 organization does not have an office or place of bills for a Group Return, enter the organization's four whole group, check this box ► . If the names and EINs of all members the extension of the request an additional 3-month extension of time for calendar year, or other tax year beginning if the tax year entered in line 5 is for less than 12 reached in Change in accounting period State in detail why you need the extension ADD RETURN.	R B&F Fax I usiness in ur digit Gro it is for par n is for. until ng J months, ch	No. ► the United States, ch up Exemption Number t of the group, check April 15 une 01 , 20 13 eck reason: ☐ Initial	(415)422-2530 seck this box	May n		► □
	nonrefundable credits. See instructions.				8a	\$	
	If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any pricamount paid previously with Form 8868.	or year ove	erpayment allowed a	as a credit and any	8b	\$	
	Balance due. Subtract line 8b from line 8a. Include you (Electronic Federal Tax Payment System). See instruc-		nt with this form, if requ	aired, by using EFTPS	8c	\$	
Under (Signature and Verifica	s form, Inc	luding accompanying	schedules and stateme	nts, a	and to the be	st of my
Signatur	dge and belief it is true, correct, and complete, and that	I am authori	Zed to prepare this form	n.	ite ►	/ 2 / /O orm 8868 (Re	(14