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Form **990**

DLN: 93493101002369

OMB No 1545-0047

Return of Organization Exempt From Income Tax 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

Interna	ıl Reve	nue Service	► Information about	Form 990 and its instructions is at <u>ww</u>	/W IRS gov/fo	<u>orm990</u>		Inspection			
A F	or th	e 2017 c	ı alendar year, or tax year beginr	ning 06-01-2017 , and ending 05-	31-2018						
		pplicable	C Name of organization University of San Francisco			D Employe	er identifi	ication number			
	dress me ch	change	oniversity of sun francisco			94-1156	628				
	itial re	_	Doing business as								
		n/terminated				E Telephon	e number				
		d return on pending	2130 Eulton Stroot	Il is not delivered to street address) Room/s	suite		22-6522				
	F		City or town, state or province, count	ry, and ZIP or foreign postal code			<u> </u>				
			San Francisco, CA 941171080			G Gross re	ceipts \$ 74	12,391,845			
			F Name and address of principal FR Fitzgerald SJ	officer	H(a) Is t	this a group ret	urn for				
			2130 Fulton Street			oordinates?		□Yes ☑No			
			San Francisco, CA 941171080			e all subordinat luded?	es	☐ Yes ☐No			
		mpt status	☑ 501(c)(3) □ 501(c)() ◄ (ı	nsert no) 4947(a)(1) or 527	1	No," attach a l		•			
J W	ebsit	te:► WW	W USFCA EDU		n(c) Gro	oup exemption	number	•			
K For	m of o	raanization	✓ Corporation ☐ Trust ☐ Assoc	Other •	L Year of fo	rmation 1930	M State	of legal domicile CA			
		rganization	E Corporation E Trust E Assoc	duoi Duie P							
Pa		Sum									
			scribe the organization's mission or on is to promote learning in the Jes	most significant activities uit Catholic tradition The university of	fers undergra	aduate, gradua	te and pr	ofessional students			
ce				and the values and sensitivity necessa							
Ē	:										
/eII	-										
Ŝ				ontinued its operations or disposed of		5% of its net a					
Activities & Governance	1			body (Part VI, line 1a)		•	3	41 40			
tie	1		· -	the governing body (Part VI, line 1b) endar year 2017 (Part V, line 2a)		•	5	5,666			
₹	1		nber of mulviduals employed in cale	•	6	233					
Ac	1		related business revenue from Part		7a	2,787,529					
	1			Form 990-T, line 34			7b	7b -875,715			
				·		Prior Year		Current Year			
Q,	8	Contribut	tions and grants (Part VIII, line 1h)			28,003,2	242	41,098,156			
Ravenua	9	Program	service revenue (Part VIII, line 2g)	450,458,3	312	470,719,647					
λċ	10	Investme	ent income (Part VIII, column (A), l	nes 3, 4, and 7d)	s 3, 4, and 7d)						
_	1		venue (Part VIII, column (A), lines !			-234,6	34	76,065			
				t equal Part VIII, column (A), line 12)		485,984,0	_	525,337,720			
	1		nd similar amounts paid (Part IX, co	, ,,		104,653,3	373	119,828,761			
	1	•	paid to or for members (Part IX, co			242.475.2	127	0			
Ses	1		otner compensation, employee ber onal fundraising fees (Part IX, colum	refits (Part IX, column (A), lines 5–10)		242,175,3	327	249,056,742			
Expenses	Ι.		raising expenses (Part IX, column (D), lin	, , ,			_	999,292			
滋	1		penses (Part IX, column (A), lines 1	124,794,4	181	1 129,162,527					
	1		penses Add lines 13–17 (must equa	•		471,623,1		499,047,322			
	1		less expenses Subtract line 18 from	, , , , , ,		14,360,8	_	26,290,398			
გ გ					Beginnı	ng of Current Y	_	End of Year			
Net Assets or Fund Balances	30	Tak-1	ata (Dant V. Ing. 4.6)			000 005 0	100	1.001.000.011			
ABSS	1		ets (Part X, line 16)			990,005,0 264,188,3		1,061,688,241 259,000,334			
Z Z	1		802,687,907								
Pai			ts or fund balances Subtract line 2: ature Block			725,816,7	<u> </u>	002,007,507			
Unde	r pen	alties of p	erjury, I declare that I have examır	ned this return, including accompanyin							
know any k	_		ef, it is true, correct, and complete	Declaration of preparer (other than of	icer) is based	d on all informa	ation of v	thich preparer has			
		T.k.									
		Signati	* ure of officer			2019-04-11 Date					
Sign Here		CHARL	ES CROSS VIR FOR RUSINESS & FINANCI	_							
	-		ES CROSS VP FOR BUSINESS & FINANCE r print name and title	<u> </u>							
			rınt/Type preparer's name	Preparer's signature	Date		TIN				
Paid	d	G	Gwen Spencer	Gwen Spencer		Check L If Feelf-employed	00641463	·			
Pre		ات ⊢	irm's name PricewaterhouseCoopers	LLP		Firm's EIN 🕨 13-					
Use	_	1 -	irm's address ► 101 Seaport Boulevard			Phone no (617) S	530-5000				
		_	Boston, MA 022102150								
			this return with the preparer show	•		<u> </u>	✓ Y	es 🗆 No			
For P	aper	work Red	duction Act Notice, see the sepa	rate instructions.	Cat No	11282Y		Form 990 (2017)			

Form	990 (2017)					Page 2						
Par	t IIII Statement	of Program Servi	ce Accomplis	hments								
	Check If Sche	edule O contains a resp	onse or note to a	any line in this Part III		🗹						
1	Briefly describe the	organization's mission										
EDU	CATE LEADERS WHO V	VILL FASHION A MORE	HUMANE AND JU	JST WORLD THE UNIV	S HIGHER EDUCATION WITH A C ERSITY PROVIDES HOUSING AN IPT PURPOSE OF THE UNIVERSIT	D OTHER AUXILIARY						
2	-	, -	ant program serv	vices during the year w	hich were not listed on							
	the prior Form 990 or 990-EZ?											
	•	ese new services on Sc										
3	-	cease conducting, or i	make significant i	changes in how it cond	ucts, any program							
	services ⁷											
	If "Yes," describe the	ese changes on Schedi	ıle O									
4	Section 501(c)(3) ar		ions are required	to report the amount of	largest program services, as me of grants and allocations to other							
4a	(Code See Additional Data) (Expenses \$	207,919,810	including grants of \$	119,828,761) (Revenue \$	3,952,149)						
4b	(Code See Additional Data) (Expenses \$	184,061,146	including grants of \$	0) (Revenue \$	426,040,099)						
4c	(Code See Additional Data) (Expenses \$	35,982,347	including grants of \$	0) (Revenue \$	40,725,322)						
	(Code) (Expenses \$	2,827,540	including grants of \$	0) (Revenue \$	2,077)						
					ND TRAINING Per the instructions for rived from program services	Part III, Lines 4(a) - (d),						
4d		ces (Describe in Sched) (D	2.077.)						
	(Expenses \$		cluding grants of) (Revenue \$	2,077)						
4e	_Total program ser	vice expenses 🟲	430,790,8	43								

or X as applicable

15

Checklist of Required Schedules

Yes

Page 3

No

Nο

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Vac

Yes

Vac

Yes

Yes

No

Form 990 (2017)

5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6

No No Yes Yes

Yes	
Yes	

No
No
No
No
No
No
No
No

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Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
h	Did the organization invest any proceeds of tay-exempt hands beyond a temperaty period exemple?			

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Νo

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Form 990 (2017)

Yes

Yes

Yes

Yes

Nο

No

Nο

No

Νo

No

Nο

Nο

Nο

Nο

Nο

Νo

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 594			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
b	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	Yes	
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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►RP , TH , CH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
٠	If res, to line 3a of 3b, and the organization meronin 6000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
C	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	rt VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		onse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ection A. Governing Body and Management	<u> </u>		
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year	41		
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	40		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	y other 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct su of officers, directors or trustees, or key employees to a management company or other person?	ipervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed? 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?	or more 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder persons other than the governing body?	rs, or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following	year by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at to organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	Revenue Cod		
10-	Did the annual translation beautiful to the state of the	10-	Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file form?	. 11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<u> </u>	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," descri</i> Schedule O how this was done	be in	Yes	
13	Did the organization have a written whistleblower policy?	. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by indepersons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	. 15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's status with respect to such arrangements?			
		16b		
	List the States with which a copy of this Form 990 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 available for public inspection. Indicate how you made these available. Check all that apply)s only)		
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec ▶CHARLES CROSS VP FOR B&F 2130 FULTON STREET SAN FRANCISCO, CA 941171080 (415) 422-6522	ords		

orm 990 (2	017)										Page 7	
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,	
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>	
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees		
ear	e this table for all persons require										-	
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-		
	of the organization's current key		•									
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the		
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-					
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9	
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest		
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee		
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations	
See Additiona	al Data Table											

Form 990 (2017) Page 8															
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
	(A) Name and Title Average hours per week (Ii any hou		Position (do not check more than one box, unless person is both an officer and a director/trustee) Reprince to the comparison of the comp							(D) (E) nortable Reportable compensation from related organizations (W-			(F) Estimated amount of other compensation from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	1 2/109	9-MISC)		2/1099-	MISC)	rel	ation and ated izations
See	Additional Data Table														
	Sub-Total	 art VII. Sectio	 пА.	• •			*								
	otal (add lines 1b and 1c)	•		<u></u>			▶		5,	876,493			0		1,038,892
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eıved mo	re than \$	100,	000			
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey er	mplo	oyee,	or hi	ghest cor	mpensate	ed em	ployee o		Yes 3 Yes	
4	For any individual listed on line 1a, is organization and related organization individual										om th	e 			
5	Did any person listed on line 1a receiv	e or accrue cor	nnensai	ion fr	om :	- anv	unrela	ted	organiza	tion or in	dıvidi -	ıal for	·	4 Yes	
	services rendered to the organization												!	5	No
Se	ction B. Independent Contract	ors												'	
1	Complete this table for your five high- from the organization Report comper													ensation	
		(A) and business addre		,								(B) on of serv			(C) pensation
Crown	n Building Maintenance	ina business addre	:55							Building M			rices	Comp	6,331,460
	olsom St														
	rancisco, CA 94107 n O'Dea Inc									Constructi	on				2,783,955
	yview Ave														
	pur, CA 94939 Group Inc									Contracto	r				2,783,568
	linna Street														
	rancisco, CA 94103 Construction Inc									Constructi	on				2,325,512
	naventura Drive														
	ose, CA 95134 a Systems Inc									Technolog	y Con	sulting			1,814,386
	Corline Ct														
	stopol, CA 95473 Total number of independent contractor	s (including but	not lim	ited t	o the	nse	listed	ahov	/e) who r	eceived i	more	than \$1	00 000 6	of .	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 75

Part		I Statement of	Revenue								rage 3
				a respo	onse or note to any	/ line in th	ıs Part VIII				🗆
						Total re		Relat exe fund	I	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	18	a Federated campaig	ns	1a				reve	enue		512-514
nts Ints		b Membership dues		1 b							
Sra not	١,	c Fundraising events		1c	70,903						
S. (d Related organizatio		1d	<u>, , , , , , , , , , , , , , , , , , , </u>						
<u> </u>		e Government grants (co		1e	3,525,049						
S.E		F All other contributions,									
tio S S		and similar amounts n above		1f	37,502,204						
Contributions, Giffs, Grants and Other Similar Amounts	۱,	g Noncash contribution									
<u>ة</u> ك	_ե	Total. Add lines 1a-1	lf		<u> </u>	41,	098,156				
Пe					Busines						
ven	_	Tuition and Fees				611600		13,233	420,313,23	1	
or E		Housing and Auxiliary				611600 713940		05,927	47,226,39	1,079,5 1,977,8	
Service Revenue	٠	Fitness Center Dues				713540	2,1	30,407		1,577,0	122,073
3	d										
Program	e f	All other program se						0		0	0 0
¥og		· -			470,	719,647					
		Total.Add lines 2a-21									
		Investment income (ii similar amounts) .				-	4,472,266	5		-269,812	4,742,078
	4	Income from investm	ent of tax-exe	mpt b	ond proceeds	▶					
	5	Royalties			ı	<u> </u>	12,275	i			12,275
	e-	Cross rents	(ı) Rea		(II) Personal	4					
	oa	Gross rents									
	b	Less rental expenses				7					
	,	: Rental income or		0		0					
	Ì	(loss)									
	c	Net rental income o		•	• • • •						
	7-	Gross amount	(ı) Securit	ies	(II) Other	4					
	/ a	from sales of assets other	225,0	23,501	819,60	05					
		than inventory									
	b	Less cost or other basis and	215.2	70 227	1 501 30						
		sales expenses		70,237							
		Gain or (loss) Net gain or (loss)		53,264		<u>'7</u>	8,971,586				8,971,586
		Gross income from fi			<u> </u>	_	0,371,300	1			0,571,500
Je		(not including \$	70,903								
Other Revenue		contributions reporte See Part IV, line 18		а	 246,390	5					
Rev	b	Less direct expense	s	b	182,600	5					
er	c	: Net income or (loss)	from fundrais	ing ev	ents		63,790)			63,790
oth	9a	Gross income from g See Part IV, line 19		es							
		See Farc IV, IIIIe 15		а	}						
	b	Less direct expense	s	b		7					
	c	: Net income or (loss)	from gaming	activit	ies •	_ 					
	10	Gross sales of invent returns and allowand									
				а	1						
	b	Less cost of goods s	sold	b							
	c	Net income or (loss)		ınvent	ory >						
	4.4	Miscellaneous	Revenue		Business Code	4					
	11	.a									
	b	,									
	C	į									
		All sales					(0	0	0
		All other revenue . Total. Add lines 11a			•	+	(1	U	0	0
							()			
	12	Total revenue. See	instructions	• •	• • • •		525,337,720		467,539,627	2,787,529	13,912,408
											Form 990 (2017)

438,864

2,074,435

644,904

3,851,712

2,907,326

685,003

203,552

2,421,866

1,311,819

512,565

4,062,649

107,486

57,035,429

0

307,924

36.282

356,816

584

1,117

332,500

23,099

1,542

185,231

266

0

16,865

11,221,050

Form **990** (2017)

Part IX Statement of Functional Expenses

f Investment management fees . . .

12 Advertising and promotion 13 Office expenses .

14 Information technology

15 Royalties .

17 Travel .

20 Interest .

23 Insurance .

d

16 Occupancy .

g Other (If line 11g amount exceeds 10% of line 25, column

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O)

a Dues & Subscriptions

b General Expenses

c Honoraria & Awards

e All other expenses

Part Statemen	it of I dilectional Expenses	
Section 501(c)(3) and 50	1(c)(4) organizations must complete all columns	All other organizations must complete colu

Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	119,828,761	119,828,761		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,313,428	3,119,671	3,193,757	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	601,956	378,066	223,890	
7 Other salaries and wages	153,582,135	130,657,406	17,504,229	5,420,500
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,734,000	11,815,085	2,330,469	588,446
9 Other employee benefits	61,267,708	49,130,120	9,690,681	2,446,907
10 Payroll taxes	12,557,515	10,069,778	1,986,216	501,521
11 Fees for services (non-employees)				
a Management	1,822,644	212,806	1,609,838	
b Legal	846,370	85,168	759,044	2,158
c Accounting	607,884	152,760	455,124	
d Lobbying	60,000		60,000	
e Professional fundraising services See Part IV, line 17	999,292			999,292

438,864

19,105,768

2,799,511

5,842,540

1,275,898

20,724,707

10,859,586

903,767

7,571,149

20,092,606

328,167

1,451,297

13,887,324

430,790,843

498,902

21,488,127

3,480,697

10,051,068

4,183,808

20,725,824

11,877,089

1,130,418

7,571,149

22,514,472

1,641,528

2,149,093

17,950,239

499,047,322

623,253

0

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

64,814,203

43,402,748

3,004,584

325,018

25.788.660

8,317,034

484,662,814

209.237.147

222.136.033

52,538,207

29,378,120

105,832,221

49.300.614

21.951,172

259.000,334

454,439,320

162,991,220

185.257.367

802,687,907

1.061.688.241

Form **990** (2017)

1.061.688.241

(B)

End of year

1

2

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10c

11 0 12

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34

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX .

Accounts receivable, net .

Part II of Schedule L

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

II of Schedule L

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . . .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

st-bearing . Savings and temporary cash investments . . .

voluntary employees' beneficiary organizations (see instructions) Complete

Pledges and grants receivable, net . . .

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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)

724,264,645

239.601.831

(A)

Beginning of year

89.501.063

30,354,353

3,684,033

353.630

24.799.794

6.934.045

461,593,921

198.039.710

174,744,531

990,005,080

49,227,168

30,684,066

137,007,541

19.974.044

27.295.496

264,188,315

427.040.518

129.636.588

169.139.659

725,816,765

990.005.080

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

802,687,907

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

7

9

10

1	Total revenue (must equal Part VIII, column (A), line 12)	1	525,337,720
2	Total expenses (must equal Part IX, column (A), line 25)	2	499,047,322
3	Revenue less expenses Subtract line 2 from line 1	3	26,290,398
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	725,816,765
5	Net unrealized gains (losses) on investments	5	50,580,744

Form 990 (2017)

Part XII

Schedule O

Other changes in net assets or fund balances (explain in Schedule O) .

Financial Statements and Reporting

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Donated services and use of facilities . . .

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Investment expenses .

Prior period adjustments . .

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 94-1156628

Name: University of San Francisco

Form 990 (2017) Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b: EDUCATION THE UNIVERSITY PROVIDES ACADEMIC PROGRAMS, ASSOCIATED RESEARCH, AND SERVICES DEDICATED TO SCHOLARSHIP AND THE JESUIT CATHOLIC TRADITION TO APPROXIMATELY 12,248 STUDENTS AND 2,928 FACULTY AND STAFF MEMBERS

Form 990, Part III, Line 4c: AUXILIARY SERVICES INCLUDES EXPENDITURES FOR THE SELF-SUPPORTING ACTIVITIES OF THE UNIVERSITY SUCH AS THE OPERATION OF RESIDENCE HALLS, DINING SERVICES, STUDENT HEALTH SERVICES, faculty retreats, departmental meetings, and other events

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the compensation from related director/trustee) any hours organization (Wfrom the

employee

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organizations

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line)

Individual trustee or director

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Institutional

Trustee

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

Mr Hamill
Chair
Ms Hamel
Vice Chair
Rev Fitzgerald SJ

President

Board Member

Rev Godfrey SJ

Board Member

Board Member

Board Member

Board Member

Board Member

Board Member

Ms Goldman

Ms Kelly

Dr Kletter

Mr Kochis

Mr Koppes

Dr Doll

and Independent Contractors

ee)		organization (W-
Highest compensated employee	Former	2/1099-MISC)

organizations

(W- 2/1099-

MISC)

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organization and

related

organizations

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the compensation from related

director/trustee)

employee

Former
Highest compensated employee

organization (W-

2/1099-MISC)

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organizations

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Individual trustee or director

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Institutional

Trustee

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

Mr Malloy
Board Member
Rev McGarry SJ
Board Member
Ms McGrath

Board Member

Board Member

Board Member

Board Member

Board Member

Board Member

Ms Ortiz Morfit

Board Member

Rev Pabst SJ

Board Member

Ms Monroe

Mr Nicolai

Mr Noonan

Mr Meyer

Ms McKeever Donahue

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a compensation week (list from the from related

director/trustee)

Officer

employee

Institutional

Individual trustee or director

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Highest compensated employee Former

organization (W-

2/1099-MISC)

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0

organizations

(W- 2/1099-

MISC)

from the

organization and

related

organizations

0

any hours

for related

organizations

below dotted

line)

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

Mr Pitto
Board Member
Mr L Porter
Board Member
Mr T Porter
Board Member

Rev Prietto SJ

Board Member

Board Member

Board Member

Board Member

Mr Sangiacomo

Board Member

Board Member

Rev Siebert SJ

Board Member

Mr Shah

Mr Salguist

Mr Revetria

Mr Rose

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the compensation from related

director/trustee)

employee

Institutional

Trustee

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

Mr Silk
Board Member
Board Melliber
Mr C Smith
Board Member
Rev Sundborg SJ

Board Member

Board Member

Ms Wall Hanson

Board Member

Board Member

Board Member

Board Member

Board Member

Rev Burke SJ

Board Member

Ms Whelan

Mr Allanson

Mr Barry

Mr Blaine

Dr Tempero

and Independent Contractors

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Highest compensated employee

organization (W-

2/1099-MISC)

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organizations

(W- 2/1099-

MISC)

from the

organization and

related

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation

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452,872

367,977

405,747

239,436

254,583

302,520

274,918

from the organization and related organizations

0

71,892

49,969

76,759

56,857

67,972

40,161

72,240

72,770

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

	any hours		lirect	or/tr	ruste	ee)		organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Rev Carroll SJ	5 0	×						0	0	
Board Member		_ ^							0	
Ms Del Santo	5 0	×						0	0	
Board Member		_ ^							0	
Mr Bawa	40 0			Ų				207.607	0	
VP Information Technology				×				297,607	0	

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40 0

40 0

40 0

40 0

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40 0

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and Independent Contractors

Mr Cross

Ms D Davis

Dr Heller

Dr Nel

Ms Ryder

Mr Wilch

Dr Camperi

VP Development

Dean, Arts and Sciences

General Counsel

VP Business & Finance

Provost & VP Academic Affairs

VP Communications & Marketing

VP International Relations

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a from related week (list from the compensation

and Independent Contractors

Mr K Smith

Mr Trasvina

Dr Veitch

Dr Webber

Mr Leon

Basketball Coach

Dean, School of Law

Professor, School of Management

Professor, Former Dean, School of Management

AVP Technology, Former Acting VP Info Tech

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

	any hours	,	dırect	or/t	rust	ee)		organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Dr E Davis	40 0				×			339,541	0	47,014	
Dean, School of Management					^			333,311		17,011	
Dr Hamrick Vice Provost, Institutional Budget, Planning and Effectiveness	40 0				×			340,151	0	40,218	
Mr London	40 0				×			311,891	0	52,312	

				٥			
Dr E Davis	40 0		x		339,541	0	
Dean, School of Management					333,311	0	
Dr Hamrick	40 0						
Vice Provost, Institutional Budget, Planning and Effectiveness			Х		340,151	0	
Mr London	40 0						
Associate VP Facilities Management			Х		311,891	0	

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40 0

40 0

40 0

40 0

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Vice Provost, Institutional Budget, Planning and Effectiveness			Х		340,151	0	40,218
Mr London	40 0		Х		311,891	0	52,312
Associate VP Facilities Management			^		311,031		32,312
Dr Brewster	40 0			V	220 450		F1 161
Professor, School of Management				X	330,159		51,161

Associate VP Facilities Management			Х		311,891	0	52,312
Associate VI Tacilities Management							
Dr Brewster	40 0			Y	330,159	0	51,161
Professor, School of Management				^	330,139		31,101
Mr Sidwell	40 0						

Associate VP Facilities Management							
Dr Brewster	40 0			v	330,159	0	51,161
Professor, School of Management				^	330,139		31,161
Mr Sidwell	40 0						
Director of Athletics				X	327,307	0	68,040

Х

Х

Х

Χ

Χ

514,863

318,509

305,115

154,414

173,228

74,467

46,910

41,490

34,735

50,663

and Independent Contractors (A) Name and Title

Dr Turpin

any hours for related organizations below dotted line)
40 0

......

(B)

trustee



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

Reportable compensation from the organization (W-2/1099-MISC) 165,655

(D)



amount of other compensation from the organization and related organizations

23,262

Estimated

Professor, Former Provost & VP Academic Affairs

efile	e GRA	APHIC prii	nt - DO NOT PROCES	S As Filed Data -			DLN: 9	3493101002369
SCH	ΗED	ULE A	Public	Charity Statu	e and Dul	hlic Sunn	ort	OMB No 1545-0047
For	m 990			organization is a sect				2017
990E	(Z)			4947(a)(1) nonexe ► Attach to Form				2017
Departi	nent of	the Treasury	► Information ab	out Schedule A (Form	990 or 990-EZ		ıctions is at	Open to Public
		ue Service ne organiza	tion	<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection attion number
Iniver	sity of S	San Francisco					94-1156628	
Pai	tΙ	Reason	for Public Charity Sta	atus (All organization	s must comple	te this part.) S		
he o	rganız		private foundation becau					
1		A church, c	onvention of churches, or	association of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	✓	A school de	scribed in section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital o	or a cooperative hospital s	ervice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4			esearch organization oper and state	rated in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the ben (iv). (Complete Part II)	-				bed in section 170
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(<i>f</i>	\)(v).	
7		section 17	ation that normally receive (0(b)(1)(A)(vi). (Comple	ete Part II)		-	init or from the gener	al public described in
8			ty trust described in sect i					
9			ural research organization rant college of agriculture					ege or university or a
10		from activit	ation that normally receive ties related to its exempt for income and unrelated but see section 509(a)(2).	functions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11			ation organized and opera		r public safety S	See section 509	(a)(4).	
2		more public	ation organized and operative supported organization	is described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A so	through 12d that describ supporting organization op n(s) the power to regularl Part IV, Sections A and	perated, supervised, or copy appoint or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	nization vested in the sar				
С			unctionally integrated. organization(s) (see instru					ited with, its
d		functionally	on-functionally integra integrated The organiza i) You must complete F	tion generally must satis	fy a distribution	requirement and		
e			box if the organization red or Type III non-functiona			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organization	าร				
g	Provid	de the follow	ing information about the	supported organization(т :			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			,					
Total			tion Act Notice, see the		Cat No 11285		 Schedule A (Form 9	

supported organization

instructions

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fa	ails to qualify un	der the tests list	ed below, pleas	e complete Part	III.)		,
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	18,233,544	29,932,352	49,730,532	28,003,242	41	,098,156	166,997,82
2	include any "unusual grant ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
4	the organization without charge Total. Add lines 1 through 3	18,233,544	29,932,352	49,730,532	28,003,242	41	,098,156	166,997,82
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)							42,835,48
5	Public support. Subtract line 5 from line 4							124,162,34
S	Section B. Total Support	L	L	L	L			
	Calendar year	(a)2013	(b) 2014	(c)2015	(d) 2016	(e)20	017	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	18,233,544	29,932,352	49,730,532	28,003,242	41	,098,156	166,997,82
8	_	3,645,179	4,153,252	3,624,502	3,248,780		,754,353	19,426,06
9	Net income from unrelated business activities, whether or not the business is regularly carried on	211,865	279,686	66,676	0		0	558,22
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0		0	
11	, ,							186,982,11
12	Gross receipts from related activities,	etc (see instructio	ons)	•	•	12		2,131,194,22
13	First five years. If the Form 990 is fo	-			•	•	· · · · <u>-</u>	nızatıon,
_	check this box and stop here Section C. Computation of Publi	c Support Perc					<u> ▶ ⊔</u>	
	Public support percentage for 2017 (II			olumn (f))		14		66 40 %
	Public support percentage for 2016 Sc			01411111 (17)		15		70 31 %
	33 1/3% support test—2017. If the			on line 13, and line	e 14 is 33 1/3% or		eck this b	
	and stop here. The organization qual 33 1/3% support test—2016. If the	ifies as a publicly s	supported organiza	tion				▶ ☑
L7a	box and stop here. The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2017. If the orgon meets the "facts	ganization did not o -and-circumstance	check a box on line s" test, check this	box and stop he	re. Expla	ın	▶□
Ŀ	organization 10%-facts-and-circumstances te: 15 is 10% or more, and if the organi: Explain in Part VI how the organization	zation meets the "f	acts-and-circumst	ances" test, check	this box and stop	here.		▶ □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	In Section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
l	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·		
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

5

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

temporary reduction (see instructions)

Income tax imposed in prior year

instructions)

4

Enter greater of line 2 or line 3

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

2 3 4

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

7

8

1

5

6

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions	ıch the organization is respons	sive (provide	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

ich the organization is respons	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	(i)	(1) Underdistributions

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: 17005876 **Software Version:** 2017v2.2

EIN: 94-1156628

Name: University of San Francisco

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,
	Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C

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

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493101002369

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Inspection

•	Section 501(c) (other than section 5	601(c)(3)) organizations Complete Parts	I-A and C below	Do not complete Part I-B	
	Section 527 organizations Complet				
		n Form 990, Part IV, Line 4, or Form 9			
		t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur			
		n Form 990, Part IV, Line 5 (Proxy Tax			
	oxy Tax) (see separate instruction		-, (,	, ,
	Section 501(c)(4), (5), or (6) organiz	zations Complete Part III			
	ime of the organization iversity of San Francisco			Employer ide	ntification number
OIII	iversity of San Francisco			94-1156628	
Par	rt I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is		ization.
1		ization's direct and indirect political can			
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	· ·			'
Par		nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	•	<u> </u>
- 2	·	ax incurred by organization managers u			¢
3		tion 4955 tax, did it file Form 4720 for t		r	* — — — — — — — — — — — — — — — — — — —
э 4а	Was a correction made?	tion 4555 tax, ala it me form 4720 for t	ins year		☐ Yes ☐ No☐ Yes ☐ No
ь	If "Yes," describe in Part IV				□ les □ llo
		nization is exempt under sectio	n 501(c). exce	ept section 501(c)(3	١.
1	<u> </u>	ed by the filing organization for section			\$
2	· ·	anization's funds contributed to other o	•		Ψ
_	function activities	anizacion's funds contributed to other o	rgamzadons for se	► Parameter Property	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amount that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
L					
2					
3					
1					
5					
5					
or F	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C	(Form 990 or 990-EZ) 2017

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Sche	edule C (Form 990 or 990-EZ) 2017			P	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT form 5768 (election under section 501(h)).	iled		·	
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)()	(b)	
ctiv		Yes	No	Amou	ınt
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?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
С	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes			60,000
j	Total Add lines 1c through 1i				60,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r section)	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Paranswered "Yes.")(6)
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			

c Total 2c

3

4

5

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

3

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Return Reference Explanation

Schedule C, Part II-B, Line 1 DETAILED THE UNIVERSITY OF SAN FRANCISCO CONTRACTS WITH New Deal Advisers TO PROVIDE CONSULTING

DESCRIPTION OF THE LOBBYING SERVICES IN ITS CAPACITY AS A CONSULTANT, New Deal Advisers ASSISTS THE UNIVERSITY IN **ACTIVITY**

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

Schedule C, Part II-B, Line 1 DETAILED THE UNIVERSITY OF SAN FRANCISCO CONTRACTS WITH New Deal Advisers TO PROVIDE CONSULTING DESCRIPTION OF THE LOBBYING SERVICES IN ITS CAPACITY AS A CONSULTANT, New Deal Advisers ASSISTS THE UNIVERSITY IN

ACTIVITY 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 Schedule C (Form 990 or 990EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

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

DLN: 93493101002369 OMB No 1545-0047

Open to Public

(Form 990)

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** University of San Francisco 94-1156628 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of 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 conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 Year Total number of conservation easements 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 historic structure listed in the National Register 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 ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)(i) and section 170(h)(4)(B)(II)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on 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 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Pai	t IIII	Organizations Maintaining	Collections o	f Art, Hi	storical T	reas	ures, or Other	Similar Assets	(continued)
3		the organization's acquisition, access (check all that apply)	sion, and other	records, c	heck any of	the f	ollowing that are a	significant use of i	ts collection
а	✓	Public exhibition			d 🗸	Loa	n or exchange prog	rams	
b	✓	Scholarly research			e 🗌	Oth	er		
С	\checkmark	Preservation for future generations							
4	Provi Part :	de a description of the organization's XIII	collections and	explain ho	ow they furt	her tl	ne organization's ex	kempt purpose in	
5		g the year, did the organization solic s to be sold to raise funds rather tha						ılar	es 🗹 No
Pa	rt IV	Escrow and Custodial Arran Complete if the organization a X, line 21.	gements. nswered "Yes'	" on Form	n 990, Part	IV,	line 9, or reporte		
1a		e organization an agent, trustee, cust ded on Form 990, Part X?	odian or other	ıntermedia	ry for contri	butio	ns or other assets I	not 🗌 Y	es 🗆 No
b	If "Y€	es," explain the arrangement in Part :	XIII and comple	ete the follo	owing table			Amount	t
c	Begir	nning balance					1c		
d	Addıt	ions during the year					1d		
е	Dıstrı	butions during the year					1e		
f	Endır	ng balance					1f		
2 a	Dıd tl	he organization include an amount or	n Form 990, Par	t X, line 2:	1, for escrov	v or c	ustodial account lia	ıbılıty? 🔲 Y	es 🗆 No
b	If "Ye	es," explain the arrangement in Part (XIII Check here	e if the exp	lanation has	s bee	n provided in Part)		
Pa	rt V	Endowment Funds. Complet							··· – —
			(a)Curren		(b)Prior yea		(c)Two years back	(d)Three years back	(e)Four years back
1 a	Beginn	ing of year balance	342	,101,000	297,548	3,000	311,614,000	274,225,000	235,069,000
b	Contrib	outions	6	,370,000	20,349	9,000	6,264,000	24,608,000	18,450,000
С	Net inv	estment earnings, gains, and losses	55	,077,000	35,543	3,000	-9,243,000	22,719,000	29,712,000
d	Grants	or scholarships	7.	,452,708	6,458	3,160	6,416,267	5,717,508	5,502,569
е		expenditures for facilities ograms	5	,503,292	4,880	0,840	4,670,733	4,220,492	3,503,431
f	Admını	strative expenses		0		0	0	()
g	End of	year balance	390	,592,000	342,10	1,000	297,548,000	311,614,000	274,225,000
2 a		de the estimated percentage of the c d designated or quasi-endowment >	urrent year end 26 %	balance (l	line 1g, colu	mn (a)) held as		
b		anent endowment ► 42 %							
С		oorarily restricted endowment >	32 %						
_		percentages on lines 2a, 2b, and 2c s							
3a		here endowment funds not in the pos nization by	ssession of the o	organizatio	n that are h	eld a	nd administered foi	r the	Yes No
	-	nrelated organizations						[3	Ba(i) No
b		elated organizations	tions listed as r	equired on	 Schedule R				Ba(ii) No
4		ribe in Part XIII the intended uses of		•					
Pa	rt VI	Land, Buildings, and Equipr	nent.						
		Complete if the organization a		" on Form	n 990, Part	ΙV,	line 11a. See For	m 990, Part X, I	ne 10.
	Descri		r other basis stment)	(b) Cost or	r other basıs (other)	(c) Accumulated d	epreciation	(d) Book value
1a	Land		32,349,648		50,0	59,71	3		82,409,361
b	Buildin	gs			511,2	17,07	1	178,402,174	332,814,900
		nold improvements							
		nent							
					130,6	38,210		61,199,657	69,438,553
		lines 1a through 1e (Column (d) mus	st equal Form 9	90, Part X,				>	484,662,814

See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
A)		
B)		
C)		
D)		
E)		
F)		
G)		
н)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related.	•	
Complete if the organization answered 'Yes' on Form 990	, Part IV, line Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation
	Book value	(c) Method of Valuation Cost or end-of-year market value
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on F		N. J. 11 C. E. 200 P. IV. J. 15
(a) Description	orm 990, Part I	(b) Book value
1) Investments 2)		222,136,03
3)		
4)		
5)		
5) 6)		
5) 6) 7)		
5) 6) 7) 8)		
5) 6) 7) 8) 9)		222 136 03
5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	
5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	· · · · · · · · · · · · · · · · · · ·	990, Part IV, line 11e or 11f.
6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes		990, Part IV, line 11e or 11f.
5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes Federal Student Loans Refundable		990, Part IV, line 11e or 11f.
6) 7) 8) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes ederal Student Loans Refundable interest Rate Swap Agreements liability Under Split Interest Agreement		990, Part IV, line 11e or 11f. value 9,859,732
6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes Tederal Student Loans Refundable Interest Rate Swap Agreements Liability Under Split Interest Agreement 4)		990, Part IV, line 11e or 11f. value 9,859,732 10,155,615
6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes Federal Student Loans Refundable Interest Rate Swap Agreements Liability Under Split Interest Agreement 4)		990, Part IV, line 11e or 11f. value 9,859,732 10,155,615
5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes Federal Student Loans Refundable Interest Rate Swap Agreements Liability Under Split Interest Agreement 4) 5) 6)		990, Part IV, line 11e or 11f. value 9,859,732 10,155,615
See Form 990, Part X, line 25.		990, Part IV, line 11e or 11f. value 9,859,732 10,155,615
6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes Federal Student Loans Refundable Interest Rate Swap Agreements Liability Under Split Interest Agreement 4) 5) 6) 7)		990, Part IV, line 11e or 11f. value 9,859,732 10,155,615
5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes Federal Student Loans Refundable Interest Rate Swap Agreements Liability Under Split Interest Agreement 4) 5) 6) 7)		990, Part IV, line 11e or 11f. value 9,859,732 10,155,615

Part XI

2

а

b

c d

e 3

d

е

b

5

Part XIII

See Additional Data Table

3

4

Schedule D (Form 990) 2017

Page 4

50,579,435

405,691,565

119,646,155

525,337,720

833

379,401,167

119,646,155

499.047.322

Schedule D (Form 990) 2017

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 119,646,155 b Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

2c

2d

4a 4b

Explanation

50,580,744

-1.309

833

119,646,155

2e

3

4c

5

2e

3

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 379,402,000 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b

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

b c

Add lines 2a through 2d . .

Return Reference

Other (Describe in Part XIII)

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Net unrealized gains (losses) on investments

Donated services and use of facilities

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005876 Software Version: 2017v2.2

EIN: 94-1156628

Name: University of San Francisco

Supplemental Information

Return Reference

		Explanation

Schedule D, Part III, Line 1a Collections of art - financial statement footnote

nts of financial position

v's inception, were previously recognized as assets in the University's statements of fina ncial position, as of the University's fiscal year ended May 31, 2017, the University has elected under SFAS 116 (ASC 958) not to report the collections in the University's stateme

The University's collections are made up of rare books, artworks, and artifacts of histori cal significance that are held for educational, research, and curatorial purposes. The col lections, which have been acquired through purchases and contributions since the Universit

Supplemental Information	
Return Reference	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, ARTWORK S, AND ARTIFACTS OF HISTORICAL SIGNIFICANCE, WHICH ARE MADE AVAILABLE TO THE UNIVERSITY CO MMUNITY, ITS AFFILIATES, ACADEMIC SCHOLARS AND THE GENERAL PUBLIC THE COLLECTIONS ARE USE D TO ENHANCE TEACHING, SUPPORT RESEARCH, AND PROVIDE PUBLIC SERVICE

Constant and a second Profession at last

Supplemental Information	
Return Reference	Explanation
1 '	THE University'S ENDOWMENT PROVIDES A RELATIVELY PREDICTABLE, STABLE AND CONSISTENT INVEST MENT RETURN SUFFICIENT TO FUND A VARIETY OF OPERATIONAL NEEDS, INCLUDING SCHOLARSHIPS AND FELLOWSHIPS, FACULTY CHAIRS, ACADEMIC PROGRAMS, LIBRARIES, OTHER ENDOWMENT PROGRAMS, AND GENERAL OPERATIONS

_ _ _

Supplemental Information	
Return Reference	Explanation
	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)

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Rounding1309

upplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not n audited financial statements	Financial Aid To Students - 119828761 Fundraising Direct Expenses182606

Su

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Rounding - 833

upplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not n audited financial statements	Financial Aid To Students - 119828761 Fundraising Direct Expenses182606

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493101002369 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** University of San Francisco 94-1156628 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Schedule E (Form 990 or 990EZ) (2017)	Page 2
Part II Supplemental Information. Provide the any other additional information (see instruction)	explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide ons)
Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	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
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	The university receives title IV funding as well as grants from various government agencies

Schedule F (Form 990 or 990-FZ) (2017)

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SCHEDULE F (Form 990)	State	ment of	Activities (Outside the Uni	ited S	tates	OMB No 1545-0047
(Form 990)	► Comple	ete if the organ		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 1	.5, or 16.	2017
Department of the Treasury Internal Revenue Service	► Informat	ion about Sche		and its instructions is at wi	vw.irs.gov	//form990.	Open to Public Inspection
Name of the organization						Employer iden	tification number
University of San Francisco						94-1156628	
General In Form 990, P			s Outside the U	Jnited States. Comple	te If the	organization a	nswered "Yes" to
1 For grantmakers.	Does the org	janization ma	aintain records to	substantiate the amount	of its gr	ants and	
•	_	•	he grants or assis	stance, and the selection	criteria	used	
to award the grants	or assistanc	e [?]					🗌 Yes 🗌 No
2 For grantmakers. outside the United S		Part V the org	ganization's proce	dures for monitoring the	use of it	ts grants and ot	her assistance
3 Activites per Region	(The following	g Part I, line 3	table can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program spe	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
See Add'l Data							
2- Cub total			3 30				22 700 F63
3a Sub-total b Total from continuation Part I	on sheets to		3 30				32,790,563 0
	and 3b)		3 30				32,790,563

Part III can be du Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
							appraisal, other
		+ +					
		1					

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	☑ No

Schedule F	(Form 990) 2017	Page 5
Part V	amounts of investments vs. expe	by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; enditures per region); Part II, line 1 (accounting method); Part III (accounting) (estimated number of recipients), as applicable. Also complete this part to provide instructions).
	Return Reference	Explanation

THE ACCOUNTING METHOD USED IS THE ACCRUAL METHOD OF ACCOUNTING

Schedule F, Part I ACCOUNTING METHOD

Additional Data

Central America and the

Caribbean

Software ID: 17005876 **Software Version:** 2017v2.2 **EIN:** 94-1156628

Name: University of San Francisco

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	3	30	, ,	INSTRUCTION AND RECRUITING	1,775,859

Investments

31,014,704

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

DLN: 93493101002369

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** University of San Francisco 94-1156628 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply

✓ Mail solicitations ✓ Solicitation of non-government grants

✓ Internet and email solicitations ✓ Solicitation of government grants

Phone solicitations Special fundraising events

✓ In-person solicitations

2a

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

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

custody or

(iii) Did (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) or entity (fundraiser) fundraiser have from activity (or retained by)

		custody or control of contributions?			fundraiser listed in col (i)	organization
		Yes	No			_
Community Counselling Service Co LLC 527 Madison Avenue 5th Floor	Fundraising consulting		No	25,657,287	457,100	25,200,187
New York, NY 10022	D					
	Phonathon and Consulting		No	239,920	525,692	-285,772
Des Moines, IA 503030718						
GıveCampus Inc 903 G St SE	Crowdfunding Platform		No	95,927	16,500	79,427
Washington, DC 20003						
Total			>	25,993,134	999,292	24,993,842
				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c)Other events (a)Event #1 (d) Total events **USF Swanson Golf** Dons Tip-Off Gala (add col (a) through **Tournament** (total number) (event type) col (c)) (event type) Revenue 1 Gross receipts. 201,033 110,450 5,816 317,299 2 Less Contributions. 69,853 1,050 70,903 3 Gross income (line 1 minus 131,180 110,450 4,766 line 2) 246,396 4 Cash prizes 5 Noncash prizes 24,373 293 24,666 Direct Expenses Rent/facility costs 49.715 49,715 7 Food and beverages 31,697 1,135 182 33,014 8 Entertainment Other direct expenses 4,165 71,021 25 75,211 10 Direct expense summary Add lines 4 through 9 in column (d) 182,606 11 Net income summary Subtract line 10 from line 3, column (d) . 63,790 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes____ Yes Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
11	Does the organization conduct gaming	activities with nonmemb	ers?		□Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming		r a member of a partnership or other enti	ty	Yes		
13	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the or	ganization's gaming/special events books	and records			
	Name •						
15a	Address Does the organization have a contract revenue?		whom the organization receives gaming		□Yes		
b	If "Yes," enter the amount of gaming ramount of gaming revenue retained by		organization > \$	and the	⊔ Yes	□ NO	
С	If "Yes," enter name and address of the	e third party					
	Name ▶						
	Address ▶						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17 a	Mandatory distributions Is the organization required under state retain the state gaming license?	e law to make charitable	distributions from the gaming proceeds t	0	□Yes	Пис	
b	· ·		ributed to other exempt organizations or s	pent	L les		
	in the organization's own exempt activ	<u> </u>	•	L		- d D- d	
Pai			nations required by Part I, line 2b, co pplicable. Also provide any additiona				s).
	Return Reference		Explanation				
Sche	dule G, Part I, Line 2b Gross Receipts	reflects the amount rais	n Activity in Part I, Line 2(b), Col (iv) for ed from a phonathon event, however, the r other consulting activities, such as dono	Amount Paid	d to the Fun		n Col

efile GRAPHIC print - DO NOT PROCESS DLN: 93493101002369 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** University of San Francisco 94-1156628 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **✓** Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (if applicable) (book, FMV, appraisal, noncash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

(2) Federal Work-Study Program 699 1.413.000 (3) Pell Grants 1926 8.683.000 (4) TEACH Grants 55 201.000 (5) USF Financial Aid 7825 108,910,761

(5) (6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

THE UNIVERSITY OF SAN FRANCISCO is not a grantmaking organization per se in that its fundamental mission and purpose for tax-exempt status relates to education However, in the course of its mission-related activities, the University does make payments that meet the definition of "grantmaking" as defined by the instructions to Schedule I of Form 990 These payments fall into two categories (1) Student Financial Aid - the University OFFERS STUDENT FINANCIAL AID IN THE FORM OF

Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds SCHOLARSHIPS, GRANTS, LOANS, AND EMPLOYMENT OPPORTUNITIES FINANCIAL AID IS PROVIDED BY THE UNIVERSITY, 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 The University's Financial Aid is awarded to students who demonstrate eligibility based on financial need, compete in intercollegiate athletics, demonstrate academic merit, or commit time and skills after graduation to the U.S. Armed Forces. Students and their parents complete extensive application

materials, submit tax returns and other documents to support their claim for financial assistance. The Office of Financial Aid determines students' eligibility for needbased aid Various academic departments determine eligibility for merit-based aid, (2) Charitable Contributions - charitable contributions are made in accordance with University policy and all applicable laws and regulations Schedule I (Form 990) 2017

Page 2

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9310	1002	369	
Sch	edule J	Co	ompensati	on Information	MO	B No	1545-0	0047	
(For	n 990)		Compensa anization answ	rustees, Key Employees, and High ted Employees ered "Yes" on Form 990, Part IV, to Form 990.	line 23.	2017			
•	tment of the Treasury	▶ Information at	out Schedule J	(Form 990) and its instructions i	s at C		o Pul		
	al Revenue Service ne of the organiz	lation	<u>www.irs.</u>	gov/form990.	Employer identificat		ectio Imber		
	versity of San Franci				94-1156628				
Pa	rt I Questi	ons Regarding Compensa	tion		34-1130028				
							Yes	No	
1a				the following to or for a person listed y relevant information regarding thes				_	
	First-class	s or charter travel		Housing allowance or residence for I	personal use				
	_	companions	님	Payments for business use of person					
		nification and gross-up payment	s	Health or social club dues or initiation					
	☐ Discretion	nary spending account	V	Personal services (e g , maid, chauf	reur, cner)				
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding paym plete Part III to explain	ent or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line	152	2	Yes		
	directors, truste	es, officers, including the CEO/E	xecutive Director	, regarding the items thetked in line	· La·				
3	organization's C	EO/Executive Director Check al	I that apply Don	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	✓ Compens	ation committee	✓	Written employment contract					
		ent compensation consultant	▽	Compensation survey or study					
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Sed	ction A, line 1a, with respect to the fi	ling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No	
b		r receive payment from, a suppl		fied retirement plan?		4b		No	
c	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	licable amounts for each item in Part	III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Sectio ontingent on the revenues of		the organization pay or accrue any					
а	The organization	n?				5a		No	
b	Any related orga					5b		No	
	·	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	n?				6a		No	
b	Any related orga					6b		No	
_	·	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Sectio escribed in lines 5 and 6? If "Yes		the organization provide any nonfixed rt III	i	7	Yes		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No	
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	action Act Notice, see the Ins	tructions for Fo	rm 990. Cat No 5	0053T Schedule J	(Form	990)	2017	

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 on 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 (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1)(0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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		1	Schedule J (Fo	orm 990) 2017

Schedule J (Form 990) 2017	hedule J (Form 990) 2017									
Part III Supplemental Inform										
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference	Explanation									
	The VP for International Relations was provided with tax preparation services while on assignment in a foreign country on behalf of the University. This amount was reported as taxable income on the individual's IRS Form W-2 and is included on Schedule J, Part II, Column B(III)									
payments	THE UNIVERSITY HAS A PERFORMANCE-BASED BONUS PROGRAM TO RECOGNIZE EXTRAORDINARY ACHIEVEMENT PRIOR TO PAYMENT, ALL PERFORMANCE-BASED BONUSES DETAILED HEREIN ARE APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES WHO HAS BEEN DELEGATED APPROPRIATE AUTHORITY BY THE FULL BOARD OF TRUSTEES TO ACT ON ITS BEHALF WITH RESPECT TO ALL MATTERS OF EXECUTIVE									

COMPENSATION REFER TO SCHEDULE J, PART II, COLUMN B(II) FOR A LIST OF THOSE WHO RECEIVED A BONUS IN CALENDAR 2017

Schedule 1 (Form 990) 2017

Software ID: 17005876 **Software Version:** 2017v2.2

EIN: 94-1156628

Name: University of San Francisco

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

	: J,		irectors, Trustees, K				Г	T
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on
			compensation	compensation				prior Form 990
1Mr Bawa	(1)	296,899	0	708	29,856	42,036	369,499	0
VP Information Technology	(11)	0	0	0	0	0	0	0
1 Mr Cross	(1)	437,762	0	15,110	29,856	20,113	502,841	0
VP Business & Finance	(11)	0	0	0	0	0	0	0
2 Ms D Davis	(1)	355,099	0	12,878	29,856	46,903	444,736	0
General Counsel	(11)	0	0	0	0	0	0	0
3 Dr Heller	(1)	379,508	0	26,239	29,856	27,001	462,604	0
Provost & VP Academic Affairs	(11)	0	0	0	0	0	0	0
4 Dr Nel	(1)	234,289	0	5,147	26,653	41,319	307,408	0
VP International Relations	(11)	0	0	0	0	0	0	0
5Ms Ryder	(1)	226,174	0	28,409	24,771	15,390	294,744	0
VP Communications & Marketing	(11)	0	0	0	0	0	0	0
6Mr Wilch	(1)	266,242	10,000	26,278	29,856	42,384	374,760	0
VP Development	(II)	0						
7 Dr Camperı	(1)	273,713	0	1,205	29,856	42,914	347,688	0
Dean, Arts and Sciences	(II)	0						
8 Dr E Davis	(ı)	337,327	0	2,214	29,856	17,158	386,555	0
Dean, School of	(II)	0						
Management 9 Dr Hamrick	(1)	339,868	0	283	29,856	10,362	380,369	0
Vice Provost, Institutional	(11)							
Budget, Planning and Effectiveness	(,	-	0	O	U	U		
10 Mr London	(1)	298,702	0	13,189	29,856	22,456	364,203	0
Associate VP Facilities Management	(11)	0	0	0	0	0	0	0
11Dr Brewster	(1)	170,466	0	159,693	18,453	32,708	381,320	0
Professor, School of Management	(11)	0	0	0	0	0	0	0
12Mr Sidwell	(1)	241,208	11,500	74,599	27,434	40,606	395,347	0
Director of Athletics	(11)	0	0	0	0	0	0	0
13Mr K Smith	(1)	479,472	25,000	10,391	29,856	44,611	589,330	0
Basketball Coach	(II)	0		0	0	0		0
14Mr Trasvina	(1)	317,118	0	1,391	29,856	17,054	365,419	0
Dean, School of Law	(11)	0	0	0	0	0	0	0
15Dr Veitch	(1)	303,803	0	1,312	23,629	17,861	346,605	0
Professor, School of	(II)	0		0	0	0		
Management 16Dr Webber	(1)	153,580	0	834	16,341	18,394	189,149	0
Professor, Former Dean,	(II)	n			10,541			
School of Management 17Mr Leon	(1)	173,015	0	213	18,962	31,701	223,891	0
AVP Technology, Former	ll			213	10,902	31,/01	223,891	
Acting VP Info Tech 18Dr Turpin	(II)	155,572	0	0	0	0	0	0
Professor, Former Provost &	``	135,572	0	10,083	16,341	6,921	188,917	
VP Academic Affairs	(11)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 9	934931	L0100	2369			
Schedule K	C	onlomontal l	Information o	n Taw F		-4 D	a ::a al a				OMB	No 154	5-0047	·			
(Form 990)			Information of tweed "Yes" to Form					crintions			1	11	7				
	Complete ii tiid		s, and any additional i	nformation			ovide de	scriptions,				4U I	. /				
Department of the Treasury Internal Revenue Service	▶Information	n about Schedule I	Attach to Form 990 K (Form 990) and its		s is at w	ww.ir	s.aov/for	m990.		Open to Public Inspection							
Name of the organization									Emplo	yer ıden		n numbe					
University of San Francisco									94-11	56628							
Part I Bond Issues																	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)) Descripti	on of purpose	(g) De	feased		On	(i) Pool financing				
											alf of uer	Tinar	ncing				
									Yes	No	Yes	No	Yes	No			
A California Educational Facilities Authority	52-1705592		04-03-2017	75,0	00,000	Current Refunding of Bonds			X		×		×				
B California Educational Facilities	57-1705592		12-01-2017	31,3	10,000	Current	t Refundin	g of Bonds		Х		X		×			
Authority																	
Part II Proceeds														<u> </u>			
11000000					Α		ı	3	-				D				
1 Amount of bonds retired												-					
2 Amount of bonds legally defease	ed																
3 Total proceeds of issue					75,000	0,000		31,310,000									
4 Gross proceeds in reserve funds																	
5 Capitalized interest from proceed																	
6 Proceeds in refunding escrows .																	
7 Issuance costs from proceeds .				402,715 355,311													
8 Credit enhancement from proce																	
9 Working capital expenditures from																	
10 Capital expenditures from proce																	
11 Other spent proceeds																	
Other unspent proceedsYear of substantial completion .																	
13 Year of substantial completion .			• •	Yes	017 No		Yes	17 No	Yes	No		Yes	1	No			
14 Were the bonds issued as part of	of a current refunding	ussue?		X	140	<u> </u>	X	140	163	110		163		140			
15 Were the bonds issued as part of				^	X			X									
				X	 ^						_		+				
				X			×										
proceeds?	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?						X										
Part IIII Private Business Us											•						
					Ą			3	C				D				
Was the organization a partner	in a nartnership or a	member of an IIC	which owned property	Yes	No		Yes	No	Yes	No		Yes		No			
financed by tax-exempt bonds?	<u> </u>	<u> </u>			Х			X									
2 Are there any lease arrangemen	nts that may result in	private business use	e of bond-financed		Х			Х									
property?		Ca	t No. 50					Ç.	chedul	e K (For	m 990	1) 2017					

9

Part IV

Arbitrage

property?........

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet? Exception to rebate?

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

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 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

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Page 2

No

D

C

Χ

0 %

C

No

Yes

Schedule K (Form 990) 2017

Χ

Х

Yes

		Yes	No	Yes	No	Yes	No	Ye
}a	Are there any management or service contracts that may result in private 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?							

Α

No

Χ

Χ

1850 %

Х

Χ

Yes

Χ

Х

Bank of America

Х

0 %

Χ

No

Χ

Х

Χ

Х

Х

Χ

Yes

Χ

Are there any research agreements that may result in private business use of bond-financed 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?

la FORM 8038-T WOULD OTHERWISE BE REOUIRED

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

FORM 8030-T

		3	
No	Yes	No	
Х		Х	

Х

Х

Х

Yes

No

Yes

Yes

D



Page 3

No

	D	
Yes	D	No
Yes	D	No
Yes	D	No

		D	
No	Yes		No

		^		
		4	I	3
	Yes	No	Yes	N
am	×		×	
to	questions	on Schedul	e K (see ins	structi

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement progra if self-remediation is not available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses tions). Return Reference Explanation THE UNIVERSITY HAS DETERMINED THAT NONE OF THE BOND ISSUES SHOWN IN LINES A or B OF PART I (AND Schedule K, Part IV, Line 1

COLUMNS A and B OF THIS PART IV) HAVE GENERATED AN ARBITRAGE REBATE LIABILITY, FOR WHICH the filing of

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DL	N: 93	349310	1002	369
Schedule L (Form 990 or 990)-EZ) ► Comple	te if the orga	anization a 28b, or 2	ns with Ir answered "Yes 8c, or Form 99 ch to Form 99	s" on Form 99 00-EZ, Part V,	90, Part IV, li , line 38a or 4	nes 2	5a, 2	25b, 20		20		
Department of the Tre	asurv	ormation ab		ule L (Form 99 www.irs.gov	90 or 990-EZ		uctio	ns is	at		Open to	o Pub	lic
Internal Revenue Serv Name of the org University of San F	janization								yer ide 6628	entifica	ation nu	mber	
	ess Benefit Trai						ganıza	itions	only)	ne 40h			
	Name of disquali			Relationship be				(c) D	escript ansacti	on of		Correc s	ted? No
	mount of tax incur mount of tax, if an	, ,		_		_ ,	r unde	r sec	tion •	\$			
Cor	ans to and/or Implete if the organiserted an amount o	ızatıon answe	red "Yes" o	n Form 990-EZ	, Part V, line 3	8a, or Form 99	90, Par	t IV,	line 26	, or ıf	the orga	nızatıo	n
(a) Name of	(b) Relationship with organization	(c) Purpose	(d) Loan		(e)Original principal amount	(f) Balance due	(g) defa		Approv boar	ved by		Writter	
			То	From	1		Yes	No	Yes	No	Yes	No	
(1) Elizabeth Davis	Employee	Mortgage		X	80,000	80,000		No	Yes		Yes		
(2) Donald Heller	Employee	Mortgage		Х	150,000	122,500		No	Yes		Yes		
(3) Peter Wilch	Employee	Mortgage		Х	150,000	122,518		No	Yes		Yes		
Total					\$	325,018							
	ints or Assistar					line 27.							
(a) Name of Inte) Relationship erested perso organizat	n and the	(c) Amount	of assistance	(d) Type o	of assi	stanc	e	(e) Pu	rpose of	assista	ince
For Danerwork De	duction Act Notice.	see the Instru	ctions for Fo	rm 990 or 990-1	F 7 (-	at No. 50056A		د ۔ ا	h a d 1.1 c . '	/Far	. 000 0*	000 EZ	2017

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Robert Elias	Family Member of Former Officer	200,053	Employment		No
(2) Alexandra Amatı	Family Member of Key Employee	177,111	Employment		No
(3) Dennis Miller	Family Member of Officer	133,800	Employment		No
(4) Ten Eleven Ventures LLC	Controlled Entity of a Family Member of a Trustee	594,889	Investment		No
Part V Supplemental Information Provide additional information and information	nation ation for responses to questions on	Schedule L (see instruction	ons)	·	
Return Reference		Explanati	on		
Schedule L, Part IV REVIEW BY THE COMPENSATION COMMITTEE OF THE			TEES IS RESPONSIBLE FOR ALL M. TTEE IS COMPRISED SOLELY OF IN		

Provide additional informa	nation tion for responses to questions on Schedule L (see instructions)
Return Reference	Explanation
BOARD OF TRUSTEES	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 ANY COMPENSATION ARRANGEMENT, THE COMPENSATION COMMITTEE IS ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR OFFICERS, Disqualified individuals (DEFINED UNDER SECTION 4958 OF INTERNAL REVENUE CODE OF 1986, AS AMENDED), AND KEY EMPLOYEES (INCLUDING THE UNIVERSITY PRESIDENT) BECAUSE THE INDIVIDUALS LISTED IN SCHEDULE L, PART IV ARE FAMILY MEMBERS OF DISQUALIFIED INDIVIDUALS, THE COMPENSATION COMMITTEE IS ALSO ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THESE INDIVIDUALS 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 THESE INDIVIDUALS THE COMPENSATION COMMITTEE (IN COORDINA' WITH THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT) ALSO REVIEWS COMPARABLE COMPENSATION BENEFITS INFORMATION TO ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF THESE INDIVIDUALS APPROPRIATE COMPARABILITY DA

meetings are maintained by the Office of the President

ABLE DINATION TY DATA

ENSATION 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 Contemporaneous written

The son of a Member of the Board of Trustees is the Founder and Managing General Partner of Ten Eleven

Ventures, LLC, a venture capital fund in which the University has invested. All decisions to invest in this Venture Capital Fund were made in accordance with the University's Conflict of Interest Policy, which includes the following procedures (1) the conflicting interest is fully disclosed to the Board of Trustees, (2) the interested person responds to factual questions related to the substance of the transaction or arrangement being considered, after which he shall leave the meeting, (3) the person with the conflict of interest is excluded from the discussion and approval of any proposed transaction, (4) alternatives to the proposed transaction are investigated, competitive bids or comparable valuations are obtained, (5) any conflicting issues arising during the course of a Board of Trustees' meeting which cannot be resolved are referred to the Executive Committee of the Board of Trustees, and (6) the transaction or action must be approved by a majority of disinterested persons. Contemporaneous written minutes of all Board of Trustee

minutes of all Board of Trustee meetings are maintained by the Office of the President

Schedule L (Form 990 or 990-EZ) 2017

Schedule L. Part IV Business Transaction with Interested Person

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349310	1002	2369
	EDULE M			loncash Contri	hutions		OMB No :	L545-0	047
(For	m 990)		ľ	ioncasii contin	butions		20	1 -	7
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 29	9 or 30.	20	1/	•
		► Attach to Form	990.						
Depart	ment of the Treasury	▶Information abo	ut Schedu	lle M (Form 990) and its i	nstructions is at <u>www.ir</u> s	.gov/form990	Open t	o Put	olic
Interna	il Revenue Service						Insp		
	e of the organizat sity of San Francisc					Employer identif	ication n	umbe	r
Onive	sity of Sulf Francisc	0				94-1156628			
Pa	rt I Types	of Property							
	<u> </u>		(a)	(b)	(c)		(d)		
			Check If	Number of contributions or	Noncash contribution		of determi		
			applicable	items contributed	amounts reported on Form 990, Part VIII, line	noncash con	tribution a	imoun	ts
					1g				
1	Art—Works of ar	t							
	Art—Historical tr								
	Art—Fractional in								
	Books and public								
5	Clothing and hou goods								
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope	erty	X	1		Market value			
9	Securities—Public	•	X	33	365,428	Market value			
10	Securities—Close	•							
11	Securities—Partr or trust interest								
12	Securities—Misce								
13	Qualified conserv								
	contribution—Hi								
14	structures . Qualified conserv								
14	contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Cor	mmercial							
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20 21	Drugs and medical Taxidermy	ai supplies .							
	Historical artifact	• • • •							
	Scientific specim								
	Archeological art								
25	Other ▶ ()							
	Other ▶ (
	Other ► (ļ			
	Other ▶ (· · · · · · · · · · · · · · · · · · ·	<u>L</u>			 			
29		,	_	ation during the tax year for 3, Part IV, Donee Acknowled		29			0
	Tor Willell the org	janizacion completed	101111 020	o, Fait IV, Donee Acknowledg	gement			Yes	No
30a	During the year	. did the organization	n receive by	y contribution any property r	eported in Part I. lines 1 th	rough 28, that it		163	140
	must hold for at	least three years fr	om the date	e of the initial contribution, a	and which is not required to		ot		
	purposes for the	e entire holding perio	od?				30a		No
b	If "Yes," describ	e the arrangement i	n Part II						
31	•	_		olicy that requires the review	v of any nonstandard contri	hutions?	31	Yes	1
	-	_		, ,	,		-	162	\vdash
32a		zation hire or use th		or related organizations to so	DIICIT, process, or sell nonca	sn 	32a		No
b	If "Yes," describ								1 140
	•		amount in	column (c) for a type of pro	perty for which column (a)	s checked,			
•	describe in Part			, , , , , , , , , , , , , , , , , , ,	. ,	,			
For D	anarwark Paductie	on Act Notice, see the	Instruction	os for Form 990	Cat No. 512271	Schadu	le M (Form	. 0001	(2017)

Schedule M (Form 990) (2017)	Page 2
	cion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
	Securities - Publicly traded - The University is reporting the number of contributions Intellectual property - The University is reporting the number of contributions
	Schedule M (Form 990) (2017)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	: 93493101002369
SCHEDUL (Form 990 or EZ)	2017 Open to Public Inspection		
Name of the org University of San F		94-1156628	ification number
Return Reference	Explanation		
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 2,827,540 including grants of \$ 0)(Revenue \$ 2,077) Other Proposed and EXPENDITURES FOR RESEARCH AND TRAINING. Per the instruction and grants reported on Part VIII, line 1, are not considered revenue derived	ons for Part III, Lines 4(a) - (d), cl	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE Associate Vice President for Tax Compliance and Internal Audit (the "AVP," WHO REPORTS TO THE University's Vice President for business and Finance) IS RESPONSIBLE FOR OVERSEEING ALL TAX COMPLIANCE MATTERS FOR THE UNIVERSITY OF SAN FRANCISCO, INCLUDING THE PREPARATION OF THE UNIVERSITY'S IRS FORM 990, ACCORDINGLY, UNDER HIS DIRECTION (AND WITH THE ASSISTANCE OF THE UNIVERSITY'S EXTERNAL TAX ADVISORS AT PRICEWATERHOUSECOOPERS LLP), THE UNIVERSITY'S IRS FORM 990 IS PREPARED BY THE SENIOR TAX ACCOUNTANT IN THE UNIVERSITY'S OFFICE OF TAX COMPLIANCE and Internal Audit THEREAFTER, THE UNIVERSITY'S IRS FORM 990 IS REVIEWED BY THE SENIOR TAX ACCOUNTANT'S SUPERVISOR, THE DIRECTOR OF TAX COMPLIANCE NEXT, THE UNIVERSITY'S VICE PRESIDENT FOR BUSINESS AND FINANCE AND the AVP CONCURRENTLY REVIEW THE UNIVERSITY'S IRS FORM 990 WITH THE UNIVERSITY'S EXTERNAL TAX ADVISORS (PRICEWATERHOUSECOOPERS LLP) WHO REVIEW IT ONE FINAL TIME BEFORE THE FULL IRS FORM 990 (EXCLUDING INFORMATION OF DONORS WHO, AS A CONDITION OF THEIR GIFT AGREEMENTS, WISHED TO REMAIN ANONYMOUS) 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 BOARD OF TRUSTEES SUBSEQUENT TO ITS REVIEW, THE AUDIT COMMITTEE REPORTS BACK TO THE FULL BOARD OF TRUSTEES REGARDING ITS OVERSIGHT OF IRS FORM 990, AND THE FINAL DRAFT OF THE UNIVERSITY'S IRS FORM 990 (INCLUDING ALL REQUIRED SCHEDULES THERETO BUT EXCLUDING THE INFORMATION OF THE ANONYMOUS DONORS) 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 IRS FORM 990 BEFORE THE RETURN IS FILED

Return Reference	Explanation
Form 990, Part VI, 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 FAMIL Y AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENT IAL CONFLICT, IS DISTRIBUTED TO ALL NECESSARY PARTIES (I E., BOARD MEMBERS, OFFICERS AND E XECUTIVE LEADERSHIP, AND KEY EMPLOYEES) COVERED PERSONS ARE REQUIRED TO DISCLOSE ACTUAL O R POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS AT SEMENTIAL TO SIGN A STATEMENT AFFI RMING THAT HE/SHE (1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (2) HAS RE AD 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 COM PLETED QUESTIONNAIRES FOR MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ARE REVIEWED BY TH E ASSOCIATE VICE PRESIDIONIAL COMPLETED QUESTIONNAIRES FOR AMY P ERSONS WITH ACTUAL OR POTENTIAL CONFLICTS, AND THESE INDIVIDUALS ARE NOTHIFIED VIA WRITTEN COMMUNICATION MOREOVER, THE AVP REPORTS ANY ACTUAL OR POTENTIAL CONFLICTS TO THE VICE PRESIDENT, WHEN THE AVP REPORTS ANY ACTUAL OR POTENTIAL CONFLICTS (AS well as the University President, where appropriate) THE COMPLETED QUESTIONNAIRES FOR DETENTIAL CONFLICTS AND TRUSTEES (AS well as the University President, where appropriate) THE COMPLETED QUESTIONNAIRES FOR OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES ARE REVIEWED BY THE AVP REPORTS ANY ACTUAL OR POTENTIAL CONFLICTS OF THE BOARD OF TRUSTEES (AS well as the University President, where appropriate) THE COMPLETED QUESTIONNAIRES FOR OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES ARE REVIEWED BY THE AVP THEREAFTER, THE UNIVERSITY'S GENERAL COUNSEL AND THE AVP APPORTS ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS TO THE VICE PRESONS W

Return Reference Form 990, ION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS

Part VI, Line
12c Conflict
of interest
policy

Return Reference	Explanation
Form 990, Part VI, 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 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 CONTEMPORANEOUS WRITTEN minutes of all Board of Trustee meetings are maintained by the Office of the President 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)

Return Reference	Explanation
Form 990, Part VI, 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 ANY COMPENSATION ARRANGEMENT, THE COMPENSATION COMMITTEE IS ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR OFFICERS, Disqualified individuals (DEFINED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED), AND KEY EMPLOYEES (INCLUDING THE UNIVERSITY PRESIDENT) THE COMPENSATION COMMITTEE DEVELOPS, CONSISTENT WITH THE UNIVERSITY'S VISION, MISSION, AND VALUES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEE (IN COORDINATION WITH THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT) ALSO REVIEWS COMPARABLE COMPENSATION AND BENEFITS INFORMATION TO ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EMPLOYEES APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM INDEPENDENT EXPERTS, INCLUDING TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAXEXEMPT) FOR SIMILAR JOB RESPONSIBILITIES KEY DELIBERATIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUS WRITTED IN MINUTES WHICH ARE APPROVED AT THE NEXT COMPENSATION COMMITTEE MEETING CONTEMPORANEOUS WRITTEN MINUTES WHICH ARE APPROVED AT THE NEXT COMPENSATION COMMITTEE

Return Reference	Explanation
Form 990, Part VI, 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 VOLUNTARILY MAKES EACH OF THE FOREGOING AVAILABLE ON ITS WEBSITE WWW USFCA EDU AND UPON REQUEST

D - 4....

Reference	Explanation
Form 990,	On December 21, 2017, the University advanced refunded a portion of the CEFA Series 2011 revenue bonds with a tax-exempt

Euplanation

Part IX, Line
24b
Advanced
Refunding of
Debt

loan agreement The par amount of refunded bonds was \$26,820,000 The University has recognized a loss on advanced refunding of debt of \$4,009,000 as of May 31, 2018 See Note 7 of the University's Consolidated Financial Statements

RESPECTIVELY

Return

Reference	
Form 990,	NOTES AND LOANS RECEIVABLE, NET - AS DETAILED IN Note 1 of THE UNIVERSITY'S AUDITED FINANCIAL
Part X, Line 7	STATEMENTS, OTHER RECEIVABLES CONSIST OF FEDERAL DIRECT LOANS THAT WERE DISBURSED TO STUDENTS
	BUT HAVE NOT BEEN RECEIVED FROM THE U.S. DEPARTMENT OF EDUCATION, GRANTS RECEIVABLE, RENT
	RECEIVABLE, EMPLOYEE NOTES RECEIVABLE AND OTHER MISCELLANEOUS RECEIVABLES THE UNIVERSITY
	\mid BELIEVES THESE AMOUNTS ARE FULLY COLLECTIBLE \mid THE MOST SIGNIFICANT PORTION OF OTHER RECEIVABLES IS \mid
	THE FEDERAL DIRECT LOAN AMOUNT, TOTALING \$11,792,000 AND \$11,269,000 AS OF MAY 31, 2018 AND 2017,

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Section	The University hereby elects to capitalize repair and maintenance costs under Treas Reg Sec 1 263(a)-3(n) The costs were
1 263(a)-3(n)	incurred during the taxable year in the University's trade or business, and the University treats such costs as capital expenditures
Capitalization	on its books and records
Election	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

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

Employer identification number

94-1156628

2017 Open to Public

Inspection

DLN: 93493101002369 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

University of San Francisco

Part I

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

(e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity (1) USF EDUCATIONAL CONSULTING (CHINA) CO RECRUITING, FUNDRAISING СН 34,562 589,256 UNIVERSITY OF SAN FRANCISCO C/O USF 2130 FULTON STREET SAN FRANCISCO, CA 941171080 98-1046669 (2) USF MANILA INC INSTRUCTION RP -186 3,899 UNIVERSITY OF SAN FRANCISCO C/O USF 2130 FULTON STREET SAN FRANCISCO, CA 941171080 98-1046690 (3) Star Route Farms LLC CA 1,079,533 11,300,324 University of San Francisco Farming 95 Olema Bolinas Rd Bolinas, CA 94924 82-1997210 (4) Druid Hall LLC Real Estate CA 0 0 University of San Francisco 95 Olema Bolinas Rd Bolinas, CA 94924 82-2592223

	<u> </u>						
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	anızatıon answered	"Yes" on Form 990	, Part IV, line 34 be	cause it had one or	more	
(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	Section (13) co ent	g) n 512(b) ontrolled tity?
						Yes	No
						-	
For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Cat No 5013	35Y		Schedule R (Form	990) 20	017

(a) Name, address, and EIN of related organization			(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		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	(k) Percenta owners
								Yes	No		Yes	No	
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Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5) cont entity
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14, 35b, or 36.	Page :
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	ear allocations		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017