## DLN: 93493104011610

2018

OMB No. 1545-0047

# Form 990

Department of the Treasury Internal R

**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.

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

		nuc scrvice	<u> </u>						
			C Name of organization	ning 06-01-2018 , and ending 05-	31-2019	2.5			
		pplicable: change	University of San Francisco			I DEM	ıployer	' identifi	cation number
	me ch	-				94	-11566	528	
	tial ret	-	Doing business as						
☐ Fina	al returr	n/terminated				E Tal	onhono	number	
		l return	2130 Fulton Stroot	il is not delivered to street address) Room/s	suite				
□ Ар	plicatio	on pending				(4:	15) 42	2-6522	
			City or town, state or province, count San Francisco, CA 941171080	try, and ZIP or foreign postal code					
			, and the second		_	<b>G</b> Gr	oss rece	eipts \$ 80	15,299,070
			<b>F</b> Name and address of principal FR Fitzgerald SJ	officer:	H(a)	Is this a grou	ıp retu	ırn for	
			2130 Fulton Street			subordinates			□Yes 🗹 No
			San Francisco, CA 941171080			Are all subor included?	dinate	S	☐ Yes ☐No
[ Ta:	k-exen	npt status:	<b>✓</b> 501(c)(3)	nsert no.) 4947(a)(1) or 527		If "No," attac	ch a lis	t. (see i	instructions)
) W	ebsit	e:▶ WW	/W.USFCA.EDU		H(c)	Group exem	otion r	umber i	<b>•</b>
<b>K</b> Forr	n of or	ganization	: 🗹 Corporation 🔲 Trust 🔲 Assoc	ciation Other ►	<b>L</b> Year o	of formation: 19	30 <b>I</b>	<b>M</b> State o	of legal domicile: CA
		_							
Pa	rt I		mary						
			scribe the organization's mission or	most significant activities: uit Catholic tradition. The university of	fers under	raraduate ar	aduate	and or	ofessional students
a)				and the values and sensitivity necessa					
<u>≃</u>	-			•	,				
Ĕ	-								
e Ae	_	Clarate Nation	:- b <b>&gt;</b>	continued its operations or disposed of		- 250/ -5:4-			
5				body (Part VI, line 1a)			net ass	sets.   3	43
<b>ಶ</b>	l			the governing body (Part VI, line 1b)				4	42
Activities & Governance	l		•	endar year 2018 (Part V, line 2a)				5	5,562
<b>5</b>	l		, ,	essary)		• •		6	230
AC	l		·	VIII, column (C), line 12				7a	3,363,388
	l			* * * * * * * * * * * * * * * * * * * *				7a 7b	3,363,366
	В	Net unre	lated business taxable income from	Form 990-T, line 34	<del>· · ·</del>	· ·			
					-	Prior Yea			Current Year
ġ	l		tions and grants (Part VIII, line 1h)			•	098,15	_	30,137,06
Ravenue	l	-	service revenue (Part VIII, line 2g)			· · · · · · · · · · · · · · · · · · ·	719,64	_	474,448,248
Ğ.	l		ent income (Part VIII, column (A), li	, , ,		13,	443,85	_	28,203,48
	l		/enue (Part VIII, column (A), lines 5			F2F	76,06		840,65
	_			st equal Part VIII, column (A), line 12)		·	337,72		533,629,449
	l		nd similar amounts paid (Part IX, co			119,	828,76	51	132,317,970
	l		paid to or for members (Part IX, co						
\$	l	-		nefits (Part IX, column (A), lines 5-10)		249,	056,74	12	247,433,91
ens	16a	Professio	onal fundraising fees (Part IX, colum	nn (A), line 11e)			999,29	92	810,269
Expenses	b	Total fund	raising expenses ( $PartIX$ , column (D), li	ne 25) ▶11,009,683					
ш	17	Other ex	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		129,	162,52	27	130,458,569
	18	Total exp	enses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)		499,	047,32	22	511,020,72
	19	Revenue	less expenses. Subtract line 18 fro	m line 12		26,	290,39	98	22,608,728
or Ses					Begi	nning of Curr	ent Ye	ar	End of Year
Net Assets or Fund Balances					<u> </u>				
&S Ba	l		ets (Part X, line 16)			1,061,		_	1,219,365,22
<u> </u>	l		ilities (Part X, line 26)			•	000,33		419,699,419
Zū	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20		802,	687,90	07	799,665,80
	rt II		ature Block						
				ned this return, including accompanyin Declaration of preparer (other than off	-				,
	nowle								
		1							
		Signat	* ure of officer			2020-04-13 Date			
Sign Here		,							
пеге	•		ES CROSS VP FOR BUSINESS & FINANC r print name and title	E					
		17		Dranavar's signature	Dot-		Loz	TN	
n - "		۱۴	rint/Type preparer's name	Preparer's signature	Date	Check $\square$	if PO	I <b>N</b> 10641463	
Paid		F	irm's name PricewaterhouseCoopen	I II D		self-employ Firm's EIN 1		UU8324	
	oare	#I		<u> </u>			- 10-4		
Use	On	ıy 🕞	irm's address ▶ 101 Seaport Boulevard			Phone no. (	617) 53	30-5000	
			Boston, MA 022102150	)					
Mav +	he IP	S discuss	this return with the preparer show	n above? (see instructions)				<b>√</b> v	es 🗆 No
٠, ٠, ٠	11		retain mic propurer show	(555 111561 45610115)					

Form	990 (2018)					Page <b>2</b>
Pa	statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗸
1	Briefly describe the o	rganization's mission:				
EDU	CATE LEADERS WHO W	'ILL FASHION A MORE	HUMANE AND J	UST WORLD. THE UNIV	ES HIGHER EDUCATION WITH A C PERSITY PROVIDES HOUSING AN PPT PURPOSE OF THE UNIVERSIT	D OTHER AUXILIARY
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the					
3	-			changes in how it cond	lucts, any program	☐ Yes 🗹 No
4	Describe the organiza Section 501(c)(3) and	ation's program servic	e accomplishmer ions are required	to report the amount	e largest program services, as me of grants and allocations to other	
4a	(Code:	) (Expenses \$	218,536,719	including grants of \$	132,317,970 ) (Revenue \$	4,293,809 )
	See Additional Data	, , , ,	, ,			, , ,
	(Code:	) (Expenses \$	180,048,102	including grants of \$	0 ) (Revenue \$	430,430,469 )
70	See Additional Data	) (Expenses \$	100,040,102	merdaning grants or \$	o ) (Nevende \$	430,430,403 )
	(Code:	) (Expenses \$	36,206,923	including grants of \$	0 ) (Revenue \$	39,723,469 )
	See Additional Data					
	(Code:	) (Expenses \$	2,863,217	including grants of \$	0 ) (Revenue \$	501 )
					ND TRAINING. Per the instructions for rived from program services.	Part III, Lines 4(a) - (d),
4d	Other program service	ces (Describe in Sched	lule O.)			
	(Expenses \$	2,863,217 ind	cluding grants of	\$	) (Revenue \$	501)
4e	Total program serv	vice expenses 🟲	437,654,9	61		

Pai	tiV Checklist of Required Schedules			rage 3
ı u	direction of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes." complete Schedule C. Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			No No
7	If "Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "S	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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	

	tiV Checklist of Required Schedules (continued)			Page
Pal	Checklist of Required Schedules (continued)		Yes	No
:3	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	NO
4a	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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26	Yes	
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐿	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		No
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	<u>'</u>		
	Check if Schedule O contains a response or note to any line in this Part V			✓

1c

Yes

s return	2a	5,562			
			2b	Yes	
t <b>e.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (s	ee inst	ructions)			
I the organization have unrelated business gross income of \$1,000 or more during the	e year?		3a	Yes	
Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation	n in Sch	hedule O	3b	Yes	
			4a	Yes	
Yes," enter the name of the foreign country: ▶RP , TH , CH		<u>,                                      </u>			
e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	d Finar	ncial Accounts (FBAR).			
1	It least one is reported on line 2a, did the organization file all required federal employ te. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (so I the organization have unrelated business gross income of \$1,000 or more during the Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation any time during the calendar year, did the organization have an interest in, or a signancial account in a foreign country (such as a bank account, securities account, or otherwise, and the foreign country: PRP, TH, CH	It least one is reported on line 2a, did the organization file all required federal employment te. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instant the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instant the organization have unrelated business gross income of \$1,000 or more during the year? Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schant time during the calendar year, did the organization have an interest in, or a signature of ancial account in a foreign country (such as a bank account, securities account, or other fine Yes," enter the name of the foreign country: PRP, TH, CH	It least one is reported on line 2a, did the organization file all required federal employment tax returns?  te.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  I the organization have unrelated business gross income of \$1,000 or more during the year?  Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial account)?	te least one is reported on line 2a, did the organization file all required federal employment tax returns?  te.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  I the organization have unrelated business gross income of \$1,000 or more during the year?	te least one is reported on line 2a, did the organization file all required federal employment tax returns?  te.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  I the organization have unrelated business gross income of \$1,000 or more during the year?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

**9a** Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . . Enter the amount of reserves on hand . . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .

solicit any contributions that were not tax deductible as charitable contributions? . . .

Organizations that may receive deductible contributions under section 170(c).

**d** If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Gross income from members or shareholders . . . . . . .

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

D	If fes, has it filed a form 990-1 for this year? If No to line 3b, provide an explanation in Schedule O	30	res	L
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).			L
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? `	5a		L
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		ſ

7d

10a 10b

11a

11b

12b

13b

13c

5c

бa

7a

7b

7c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

Yes

Yes

Yes

Nο

Nο

Nο

Nο

No

Form	m 990 (2018)			Page <b>6</b>
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instruction Check if Schedule 0 contains a response or note to any line in this Part VI	tions.	onse to i	lines ✓
_Se	ection A. Governing Body and Management			
1a	a Enter the number of voting members of the governing body at the end of the tax year la	43	Yes	No
	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	42		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit officer, director, trustee, or key employee?	th any other 2		No
3	Did the organization delegate control over management duties customarily performed by or under the director of officers, directors or trustees, or key employees to a management company or other person? .	ect supervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed? . 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
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockly persons other than the governing body?			No
8	the following:			
_	a The governing body?	. 8a	Yes	
b	, , , , , , , , , , , , , , , , , , , ,	8b	Yes	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- \	No
_Se	ection B. Policies (This Section B requests information about policies not required by the Inte	rnai Revenue Coa	Yes	No
102	a Did the organization have local chapters, branches, or affiliates?	. 10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body beform?	ore filing the 11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could conflicts?	give rise to	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of Schedule O how this was done	lescribe 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 in persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndependent		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizati status with respect to such arrangements?			
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	<u>CA</u>			
18	only) available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3)s		
19		of interest		
20	policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books an  CHARLES CROSS VP FOR B&F 2130 FULTON STREET SAN FRANCISCO, CA 941171080 (415) 422-6522			
	F CHARLES CROSS VI TOR BUT 2130 FOLION STREET SAN TRANSISCO, CA 941171000 (413) 422-0322			n (2019)

Form 990 (2	2018)										Page <b>7</b>
Part VII	Compensation of Officers and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees,	, an	d F	lighe	st C	Compensated En	nployees	
<b>1a</b> Completo year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	ition	for th	е са	lendar year ending	with or within the o	rganization's tax
	of the organization's <b>current</b> off ation. Enter -0- in columns (D), (							als	or organizations), re	gardless of amount	
	of the organization's <b>current</b> key										
who receive	organization's five <b>current</b> higher d reportable compensation (Box and any related organizations.										1
of reportable	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rgani	izatio	ons.					
organization	of the organization's <b>former dire</b> , more than \$10,000 of reportab	le compensatio	n from t	he or	ʻgani	izati	on and	any	y related organization	ons.	e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	_
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne b	ox, u in off tor/t	t che inles ficer rust	and a	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
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table										

Form 990 (2018)				_	<u> </u>		<u> </u>							Page <b>8</b>
(A) Name and Title	(B) Average hours per week (list any hours	Position than o	ion (do	(C) lo no oox, u	c) ot che unles	neck mo	ore	Repo compe fror organiz	( <b>D)</b> ortable ensation m the zation (W	n V-	(E) Reportable compensati from relate organizations 2/1099-MIS	e on ed (W-	Estimamount of compen	ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)				organizat relat organiz	ed
See Additional Data Table					I									
					$oxed{\Box}$									
	<u> </u>	<u> </u>	<u> </u>	igspace	$\perp$	<u> </u>	<u> </u>			_				
	<u> </u>	<del> </del>	<u> </u>	$\perp$	$\downarrow$	<u> </u>	<u> </u>			-				
	<u> </u> '	<del> </del>	—	<u> </u>	$\downarrow$		<u>                                     </u>	<u> </u>		+				
	<u> </u>	<del> </del>	┼	$\vdash$	$\vdash$	_	<u>                                     </u>			+				
		<del> </del>	┼	$\vdash$	$\vdash$	$\vdash$	+			+				
		<del> </del>	+	$\vdash$	+	+	+	<del>                                     </del>		+				
		<del>                                     </del>	+	$\vdash$	+	$\vdash$	+-	<del>                                     </del>		+				
1b Sub-Total		: .	<del>-</del>	<del></del>	.—	<u> </u>	<u>—</u>					<u> </u>		
c Total from continuation sheets to Pad Total (add lines 1b and 1c)						<b>&gt;</b>	_	5,1	855,512		<u> </u>	0		810,131
Total number of individuals (including of reportable compensation from the			e liste	ed a	ıbov	e) who	rece	eived mor	re than	\$100	0,000			
3 Did the organization list any former line 1a? If "Yes," complete Schedule 3				ey e	≞mpl	oyee,	or hi	ghest cor	mpensat	ed e	mployee on	_	Yes	No
<ul> <li>For any individual listed on line 1a, is organization and related organization individual</li></ul>	s the sum of repo	ortable o									the	3		
5 Did any person listed on line 1a receiver services rendered to the organization									tion or i	ndivi	dual for	5	1	No
Section B. Independent Contract			_	_	_	<u> </u>	_							INO
Complete this table for your five high from the organization. Report comper												omper	nsation	
	(A) and business addre		·								(B) otion of services	;	Compe	
Devcon Construction Inc									Construc	tion			1	,983,337
690 Gibraltar Dr Milpitas, CA 950356317									noilli n	`*-:nt				:30 633
Crown Building Maintenance  868 Folsom St									Building	Mann	enance			,478,633
San Francisco, CA 941071123 Cahill Contractors LLC 425 California St				—			—		Construc	tion			6	,067,082
San Francisco, CA 941042102 Sierra-Cedar Inc									Workday Consultai		ementation		1	,766,432
1255 Alderman Dr Alpharetta, GA 300054156									Consum	กเธ			_	_
MAI Construction Inc									Construc	tion			1	,501,488
50 Bonaventura Dr San Jose, CA 951342104	· 0 L	2 15							<u> </u>		*100	- 6		
2 Total number of independent contractor compensation from the organization ▶		, not lim	ited t	:o th	ıose	listed	abov	/e) who r	eceived	mor	e than \$100,	000 ot		
													Form 99	<b>n</b> / 2010\

Part		Statement of	Revenue											rage <b>3</b>
		Check if Schedul	e O contains a	a respo	onse or no	te to any	line in t	his Part VIII						. 🗆
								<b>A)</b> revenue	e: fu	(B) lated or xempt inction	b	(C) nrelated ousiness revenue	excl tax un	(D) Revenue luded from nder sections
	1:	a Federated campaig	ns	1a	Ι				re	evenue			5.	12 - 514
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues		<b>1</b> b	İ									
3ra nou		c Fundraising events		1c	İ	77,968								
S, (		d Related organizatio		1d	<u>l</u>	<u> </u>								
Giff		e Government grants (co		1e	l 4	,165,956								
ıs,		f All other contributions,			<u>                                       </u>	,								
tion or S		and similar amounts no above		1f	25	,893,140								
ig #		g Noncash contribution	ns included											
a de la companya de l			, in the adda	1,:	191,324									
ವಿ ಕ		h Total. Add lines 1a-	·1f			<b>&gt;</b>		30,137,064						
ou.						Business	Code							
ine	2a	Tuition and Fees					611600	425,8	86,358	425,88	6,358			
Service Revenue	b	Housing and Auxiliary					611600	46,5	71,616	44,95	5,207	1,616,4	09	
eo	c	Fitness Center Dues					713940	1,9	90,274			1,842,2	23	148,051
ker vi	d	1												
E 8	e	-		_										
Program		All other program se	rvice revenue						0		0		0	0
δĞ	а	Total. Add lines 2a-2	f		•	474,	448,248							
		Investment income (in			interest a	nd other			Τ		Τ			
		similar amounts) .			micerese, a	•	· <u> </u>	5,446,08	6			-95,244		5,541,330
		Income from investme	ent of tax-exe	mpt b	ond proce	eds 🕨	•							
	5	Royalties			· · ·	• • • • • • • • • • • • • • • • • • •	•	10,33	8		+			10,338
	6a	Gross rents	(i) Rea	l	(11) PE	ersonal	-							
				82,172										
	Ŀ	Less: rental expenses	3	26,241										
		Rental income or	1,0	55,931			0							
		(loss)					_	4 055 00						
	•	d Net rental income of			(::)	<b>&gt;</b>		1,055,93	1		-			1,055,931
	7a	Gross amount	(i) Securit	ies	(11)	Other								
		from sales of assets other	292,8	38,250		818,38	7							
		than inventory												
	Ŀ	Less: cost or other basis and	269.9	47,893		951,34	8							
		sales expenses	•	•		•								
		Gain or (loss)  Net gain or (loss)	·	90,357		-132,96		22,757,39	6					22,757,396
		Gross income from fu				<u> </u>		,,.			+			
e n		(not including \$	77,968	of										
Other Revenue		contributions reporte See Part IV, line 18			}	218,525	;							
Re	Ŀ	Less: direct expense:	s	b		444,139	<u> </u>							
ē	•	Net income or (loss)	from fundrais	ing ev	ents .	. •	_ 	-225,61	4					-225,614
Oth	9a	Gross income from g See Part IV, line 19		es.										
				а	1									
	Ŀ	Less: direct expense	s	b										
	•	Net income or (loss)	from gaming	activit	ties	<b>&gt;</b>								
	10	<b>a</b> Gross sales of invent returns and allowand												
				а	ľ									
	k	Less: cost of goods s	old	b										
	(	Net income or (loss)		invent										
		Miscellaneous	Revenue		Busine	ss Code								
	11	La												
		L.												
	Ł	•												
											1			
	(													
		d All other revenue							0		0	0		0
		e <b>Total.</b> Add lines 11a				•			0		1			
	12	<b>2 Total revenue.</b> See	Instructions.	<u>.</u> .		. •		533,629,44	9	470,841,56	5	3,363,388		29,287,432
														n <b>990</b> (2018)

Form 990 (2018) Page **10 Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 132,317,970 132,317,970 Grants and other assistance to domestic individuals. See Part IV, line 22 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 6,462,466 3,187,400 3,275,066 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as 203,179 203,179 defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 160,364,773 126,708,314 28,582,730 5,073,729 7 Other salaries and wages 15,331,585 14,381,875 252,936 696,774 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . 52,442,660 49,194,117 865,184 2,383,359 9 Other employee benefits . **10** Payroll taxes . . 12,629,250 11,846,935 208,354 573,961 11 Fees for services (non-employees): 1,498,306 60,266 1,438,040 a Management . 1,169,651 82,054 1,077,747 9,850 **b** Legal 618,501 35,005 583,496 c Accounting 50,000 50,000 **d** Lobbying . . . . 810,269 810,269 e Professional fundraising services. See Part IV, line 17 501 898 f Investment management fees . . . 501,898 q Other (If line 11g amount exceeds 10% of line 25, column 23,296,039 17,556,864 5,453,646 285,529 (A) amount, list line 11g expenses on Schedule O) 3,544,777 2.853.195 601,589 89.993 12 Advertising and promotion 13 Office expenses 10,787,077 6,194,370 4,387,977 204,730 14 Information technology 10,954,338 2,541,128 8,413,210 15 Royalties . 20,485,992 19,927,134 558,858 **16** Occupancy 700,255 414.717 12,103,984 10 989 012 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 213,319 33,156 1,011,365 764.890 19 Conferences, conventions, and meetings 6,327,500 6,327,500 20 Interest . 21 Payments to affiliates . . 22,095,555 19,381,122 2,714,433 22 Depreciation, depletion, and amortization 2,517,851 746,835 1,767,316 3,700 23 Insurance 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 expenses on Schedule O.) 10,038,414 10,038,414 a General Expenses

2,917,598

539,723

511,020,721

0

b Dues & Subscriptions

c Honoraria & Awards

e All other expenses

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).

d

1,949,657

367,725

437,654,961

0

645,390

64,633

62,356,077

322,551

107,365

11,009,683

Form 990 (2018)

n

b Less: accumulated depreciation

Intangible assets . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

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

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Investments—publicly traded securities .

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

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 ightharpoonup and

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

Form 990 (2018)

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11** 

523,873,730

212,132,836

334.284.527

53.199.003

32.344.331

261,666,432

47.816.770

24.672.883

419.699.419

460.804.095

147,751,832

191.109.876

799,665,803

1,219,365,222

Form **990** (2018)

1.219.365.222

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing		1	
2 Savings and temporary cash investments	64,814,203	2	78,798,206

4	1	l	
3 Pledges and grants receivable, net	43,402,748	3	37,620,883
4 Accounts receivable, net	3,004,584	4	3,938,299
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	325,018	5	296,664
6 Leans and other receivables from other disqualified persons (as defined under			

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 25.788.660 Notes and loans receivable, net 8 Inventories for sale or use .

10b

20.976.189 Prepaid expenses and deferred charges 8.317.034 9 7.443.888 10a Land, buildings, and equipment: cost or other 10a 770,838,144 basis. Complete Part VI of Schedule D

246,964,414

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

1.061.688.241

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

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

### **Additional Data**

**Software ID:** 18007697

Software Version: 2018v3.1

**EIN:** 94-1156628

Name: University of San Francisco

Form 990 (2018) 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 12,037 STUDENTS AND 2,871 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 from related compensation director/trustee) any hours organization (Worganizations from the

Officer

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Institutional

Truste

Key employee

Individual trustee or director

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

Rev Fitzgerald SJ
President
Mr Hamill
Chair
Mr Nicolai
Vice Chair

Mr Allanson

Mr Blaine

Mr Boland

Mr Buell Board Member

Board Member

Board Member

Board Member

Rev Burke SJ Board Member

Rev Carroll SJ

Board Member

Ms Del Santo

Board Member

and Independent Contractors



Former

2/1099-MISC)

(W- 2/1099-

MISC)

organization and

related

organizations

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

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related organizations

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

	any nours	۱ ۲	ırect	or/tr	uste	ee)		organization (W-	, c
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(
Dr Doll	5.0								
	•••••	Х						0	
Board Member	0.0								
Ms Falk Goldman	5.0								
		Х						0	
Board Member	0.0								
Rev Godfrey SJ	5.0								
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and Independent Contractors

Board Member

Rev McGarry SJ

Board Member

Ms Hamel

Ms Kelly

Dr Kletter

Mr Kochis

Mr Koppes

Mr Malloy

(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 from related compensation director/trustee) organizations any hours organization (Wfrom the

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Truste

Key employee

Individual trustee or director

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Highest compensated employee

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organization and

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

Ms McGrath
Board Member
Ms McKeever Donahue
Board Member
Mr Meyer
Board Member

Dr Miner

Board Member

Board Member

Board Member

Most Rev Murry SJ Board Member

Ms Monroe

Ms Movlan

Mr Noonan Board Member

Ms Ortiz Morfit

Board Member

Rev Pabst SJ

Board Member

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 related from the compensation director/trustee) any hours organization (Worganizations from the

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Institutional

Truste

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2/1099-MISC)

(W- 2/1099-

MISC)

organization and

related

organizations

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

Mr Revetria

Mr Rose Board Member

Mr Salquist

Mr Shah

Board Member

Mr Sangiacomo Board Member

Board Member

Rev Siebert SJ

Board Member

Board Member

and Independent Contractors

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

63,260

46,575

64,822

0

0

0

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

	any hours		lirect	rust	•	'	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Mr Silk	5.0	Х					0	0	0
Board Member	0.0	l					0	0	0
Mr C Smith	5.0	х					0	0	0
Board Member	0.0						0	٥	0
Rev Sundborg SJ	5.0	l						0	
Board Member	0.0	X						0	0

and Independent Contractors

VP, Information Technology and Chief Information

Officer

Mr Cross

Ms D Davis

General Counsel

VP, Business and Finance

			a de la composition della comp		nted			
Mr Silk	5.0	×				0	0	
Board Member	0.0	l						
Mr C Smith	5.0	x					0	
Board Member	0.0						0	
Rev Sundborg SJ	5.0	x					0	
Board Member	0.0						0	
Dr Tempero	5.0	l						
Board Member	0.0	×				0	0	
	5.0							

MI C SHIICH		<sub>v</sub>			n	l o	
Board Member	0.0	_ ^			0		
Rev Sundborg SJ	5.0	l			_		
Board Member	0.0	X			0	0	
Dr Tempero	5.0	l					
Board Member	0.0	X			0	0	
Ms Wall Hanson	5.0	1					
Board Member	0.0	X			0	0	
	5.0						

Nev Sundborg 55		X			0	o	0
Board Member	0.0				,		
Dr Tempero	5.0						_
Board Member	0.0	Х			0	0	0
Ms Wall Hanson	5.0						
Board Member	0.0	Х			0	0	0
Ms Whelan	5.0						
Board Member	0.0	Х			0	0	0

Ms Wall Hanson	5.0						0	0	0
Board Member	0.0	^					U		0
Ms Whelan	5.0								
Board Member	0.0	Х					0	0	0
Ms Wu	5.0								
		V	i l		- 1		0	l n	<b>Ι</b>

Х

329,530

473,600

407,973

Board Member	0.0	^			0	Ü	
Ms Whelan	5.0	<b>&gt;</b>			0	0	
Board Member	0.0	^			0	J	
Ms Wu	5.0	x			0	0	

Board Member	0.0	^			O		
Ms Wu	5.0				0	0	
Board Member	0.0	Λ			<b>,</b>		
Mr Bawa	40.0						

0.0

40.0

0.0 40.0

0.0

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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 compensation compensation amount of other hours per

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

and Independent Contractors

Dean, School of Management

Associate VP, Facilities Management

Professor, School of Management

Professor, School of Management

Vice Provost, Institutional Budget, Planning and

Dr Hamrick

Analytics

Mr London

Dr Boedecker

Dr Goldgehn

	week (list any hours		oth ai direct			and a	1	from the organization (W-	from related organizations	compensation from the organization and	
	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)	related organizations	
Dr Heller	40.0								_		
Provost & VP, Academic Affairs	0.0			Х				416,413	0	51,431	
Ms Ryder	40.0			х				256,485	0	39,447	
VP, Marketing and Communications	0.0										
Mr Wilch	40.0			Х				303,131	0	62,999	
VP, Development	0.0			'`				000,101		52,333	
Dr Wooding Baker	40.0				x			293,853	0	44,839	

	0.0				 			
Mr Wilch	40.0		V			303,131	0	
VP, Development	0.0		_^			303,131	0	
Dr Wooding Baker	40.0			X		293,853	0	
Dean, School of Nursing and Health Professions	0.0			^		293,633		
Dr Camperi	40.0							
				х		287.815	l o	

0.0

40.0

0.0

40.0

0.0 40.0

0.0 40.0

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VI, Development	0.0						
Dr Wooding Baker	40.0	Ţ					
Dean, School of Nursing and Health Professions	0.0		×		293,853	0	44,839
Dr Camperi	40.0		v		287,815	0	64,024
Dean, College of Arts and Sciences	0.0		^		287,813	0	64,024

DI Wooding Baker			χl		293,853	ſ	44,839
Dean, School of Nursing and Health Professions	0.0		^		255,055		44,003
Dr Camperi	40.0						
·	•••••		x		287,815	0	64,024
Dean, College of Arts and Sciences	0.0						
Dr E Davis	40.0						
			x		337,223	0	45,094

Χ

Χ

Χ

Χ

365,146

307,490

313,938

350,525

0

0

0

40,430

46,334

25,429

19,187

(C) (A) (B) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation

and Independent Contractors

Professor, School of Management

Professor, Former Dean, School of Management

Dr Webber

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

	week (list any hours			n off	icer uste	and a		from the organization (W-	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Mr Sidwell	40.0					х		331,165	0	62,640
Director of Athletics	0.0					^		331,103		02,040
Mr K Smith	40.0					\ \ \		614.000		67.640
Head Men's Basketball Coach	0.0					Х		614,090	0	67,648
Dr Veitch	40.0									

298,033

169,102

31,895

34,077

......

......

0.0 40.0

0.0

erne c	SKAPHIC	Print - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493104011610
СНЕ	EDULE A	<b>\</b>	Public (	Charity Statu	s and Pub	olic Supp	ort -	OMB No. 1545-0047
orm 0EZ)	990 or )	Cor		rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) c empt charitable	organization or trust.	I	2018
	nt of the Treasu	y	► Go to	www.irs.gov/Forms				Open to Public Inspection
me o	evenue Service of the organ of San Franci						Employer identific	<u> </u>
versity							94-1156628	
art !				<b>us</b> (All organization : it is: (For lines 1 thro			See instructions.	
: orga		•		sociation of churches	<b>.</b>	,	(Δ)(i).	
: 5			,	1)(A)(ii). (Attach Sch			(,(-,-	
				vice organization descr	,	, ,	iii).	
_		·	·	ed in conjunction with			•	nter the hospital's
_	name, d	ity, and state:						
		nization operate <b>A)(iv).</b> (Compl		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
			· ·	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
' [			rmally receives ( <b>vi).</b> (Complete	a substantial part of it Part II.)	s support from a	governmental u	ınit or from the gener	al public described in
	A comm	unity trust desc	ribed in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
	An agrid non-lan	ultural research d grant college	organization de of agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter	<b>(A)(ix)</b> operated the name, city, a	d in conjunction and state of the o	with a land-grant coll college or university:	ege or university or
	from ac investm	ivities related to ent income and	o its exempt fun unrelated busin	(1) more than 331/39 actions—subject to cer ess taxable income (le amplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
				d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
	more p	blicly supported	d organizations o	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	tion 509(a)(2	). See section 509(a	
	Type I.	A supporting or ition(s) the pow	ganization oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
	manage	ment of the sup		ervised or controlled i ation vested in the sar and C.				
				supporting organizatio				ited with, its
	Type II	I non-function ally integrated.	nally integrated The organization	<ul> <li>d. A supporting organi</li> <li>n generally must satis</li> <li>t IV, Sections A and</li> </ul>	zation operated i fy a distribution i	in connection wi requirement and	th its supported orgar	
	Check t	nis box if the or	ganization receiv	ved a written determing integrated supporting	ation from the II		pe I, Type II, Type II	I functionally
Er	_			· · · · · · · · · · · ·	-		<u> </u>	
				pported organization(				
<b>(</b> i	i) Name of s organiza		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal								1
	erwork Red	luction Act No	tice, see the Ir	nstructions for	Cat. No. 11285	F s	Schedule A (Form 9	90 or 990-EZ) 201

68.38 %

66.4 %

15

Schedule A (Form 990 or 990-EZ) 2018

	(b)(1)(A)(ix)						
_	III. If the organization fa						
	(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 fails to qualify under the tests listed below, please complete Part III.)  **Calendar year**  **Calendar year**  **Fiscal year beginning in						
	(or fiscal year beginning in) ▶	(a) 2014	( <b>b</b> ) 2015	(c) 2016	(a) 2017	(e) 2018	(T) Total
L	membership fees received. (Do not	29,932,352	49,730,532	28,003,242	41,098,156	30,137,064	178,901,346
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities						_
							0
ı	<b>Total.</b> Add lines 1 through 3	29,932,352	49,730,532	28,003,242	41,098,156	30,137,064	178,901,346
5	The portion of total contributions by						
	supported organization) included on						41,747,635
	line 1 that exceeds 2% of the						, ,
	amount shown on line 11, column						
	(f)  Public support Subtract line 5	+					
,	from line 4.						137,153,711
S	ection B. Total Support	•	•	•	•	•	
		(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
_	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	` '	` '	` '	. ,	. ,	
7 8		29,932,332	49,730,332	28,003,242	41,090,130	30,137,064	176,901,346
0	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	4,153,252	3,624,502	3,248,780	4,754,353	5,551,668	21,332,555
9	Net income from unrelated						
	the business is regularly carried on	279,686	66,676	0	0		346,362
.0	Other income. Do not include gain	0	0	0	0	0	0
	or loss from the sale of capital assets (Explain in Part VI.).	Ü	U .	ď	Ű	ŭ	U
.1	` ' '						200,580,263
.2	Gross receipts from related activities,	etc. (see instructio	ons)			12	2,213,477,870
.3	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and <b>stop here</b>	-			•	• • • • • •	
-	ection C. Computation of Public						

6	amount shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from line 4.						137,153,711
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4	29,932,352	49,730,532	28,003,242	41,098,156	30,137,064	178,901,346
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,153,252	3,624,502	3,248,780	4,754,353	5,551,668	21,332,555

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

15 Public support percentage for 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► 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						
4	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						
/a	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						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. <b>8</b> (line 10c, colur	nn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20					18	
19a	<b>331/3% support tests—2018.</b> If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (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).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations.

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 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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

6 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). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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.

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

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

9b

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

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
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?			
	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.	<b>11</b> c		
S	Section 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		ĺ
S	Section C. Type II 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,,		Yes	No
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?			
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>		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 <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> 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		<u> </u>
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>
	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>b</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.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6** 

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014. . . . . . **b** Excess from 2015. . . . c Excess from 2016. . . . .

### **Additional Data**

**Software ID:** 18007697 **Software Version:** 2018v3.1 **EIN:** 94-1156628

Name: University of San Francisco

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Political Campaign and Lobbying Activities

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

DLN: 93493104011610

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** University of San Francisco 94-1156628 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

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

f Grassroots lobbying expenditures

	Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,						
4	Check  if the filing organization belongs to expenses, and share of excess lob		- ' '	in Part IV each a	ffiliated gro	oup member's name	, address, EIN,
В	Check ▶ ☐ if the filing organization checked	box A and "l	imited control" p	ovisions apply.			
	Limits on Lobby			rred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public of	opinion (gra	ss roots lobbying)				
b	Total lobbying expenditures to influence a legisl	lative body (	direct lobbying) .		Г		
C	Total lobbying expenditures (add lines 1a and 1	.b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	.c and 1d)			L		
f	Lobbying nontaxable amount. Enter the amount columns.	t from the fo	llowing table in b	oth			
	If the amount on line 1e, column (a) or (b)	) is: The lo	bbying nontaxa	ble amount is:			
	Not over \$500,000	20% of	the amount on line	1e.			
	Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the	excess over \$500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the	excess over \$1,000,0	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the ex	cess over \$1,500,00	00.		
	Over \$17,000,000	\$1,000,	000.				
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)			Γ		
h	Subtract line 1g from line 1a. If zero or less, en	iter -0			Ī		
i	Subtract line 1f from line 1c. If zero or less, ent	ter -0					
j	If there is an amount other than zero on either						☐ Yes ☐ No
	section 4911 tax for this year?		•••••	• • • • • • • • • • • • • • • • • • • •			□ tes □ No
	4-Yea (Some organizations that mad columns below. S	le a sectio	n 501(h) elec		ave to co		e five
	Lobbying	Expenditu	res During 4-	Year Averagir	ng Period	<u> </u>	
	Calendar year (or fiscal year beginning in)		(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 20:	( <b>d)</b> 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
					1	i	

Page **2** 

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	)	(b)	)
activ		Yes	No	Amo	unt
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			50,000
j	Total. Add lines 1c through 1i				50,000
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				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	<b>t III-A</b> Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			L	
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	
1 1	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) Part I answered "Yes."  Dues, assessments and similar amounts from members				:)(6)
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			
С	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information	_			
Pro	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); F tructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines 1	and 2 (se	ee
	Return Reference Explanation				
DES	dule C, Part II-B, Line 1 DETAILED THE UNIVERSITY OF SAN FRANCISCO CONTRACTS WITH New Deal Advisers T SCRIPTION OF THE LOBBYING SERVICES. IN ITS CAPACITY AS A CONSULTANT, New Deal Advisers ASSISTS PURSUING ITS BUSINESS AND GOVERNMENT AFFAIRS OBJECTIVES BY PLANN	THE U	NIVERSIT	Y IN	

AND INSTITUTIONAL DEVELOPMENT and FUNDING OBJECTIVES, DEVELOPING AND IMPLEMENTING

STRATEGIC PLANS, AND EXPANDING ITS GOVERNMENT OUTREACH ACTIVITIES.

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DLN: 93493104011610

OMB No. 1545-0047

# 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.

Open to Public

Internal Revenue Service

(Form 990)

Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for the latest information. 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, 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? . . . . . . . . . . . . . □ <sub>Yes</sub> 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2018

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:

Par	t IIII	Organizations Ma	aintaining Collections o	f Art, Histor	ical T	reas	ures, or	Other 9	Similar As	sets (co	ontinued)	
3		g the organization's acq s (check all that apply):	uisition, accession, and other	records, check	any of	the fo	ollowing t	hat are a	significant us	se of its	collection	
а	✓	Public exhibition		d	$\checkmark$	Loar	or excha	ange prog	rams			
b	<b>✓</b>	Scholarly research		e		Othe	er					
С	✓	Preservation for future	e generations									
4	Provi Part :		organization's collections and	explain how th	ey furtl	her th	e organiz	ation's ex	empt purpos	se in		
5			anization solicit or receive do nds rather than to be maintai							☐ Yes	. ☑ No	)
Pa	rt IV		odial Arrangements. ganization answered "Yes	" on Form 990	), Part	IV, I	ine 9, or	reporte	d an amoui	nt on Fo	orm 990, I	Part
1a			, trustee, custodian or other X?							☐ Yes	. □ No	•
b	If "Ye	es," explain the arrange	ement in Part XIII and comple	ete the following	g table:		[		Ar	nount		-
c			·	_				1c				-
d	Addit	tions during the year .					[	1d				-
е	Distr	ibutions during the year					, , [	1e				•
f	Endir	ng balance					[	1f				-
2a	Did t	he organization include	an amount on Form 990, Par	t X. line 21. for	escrow	v or c	- ustodial a	ccount lia	bility?	☐ Yes	. □ No	- )
b			ment in Part XIII. Check here							_		
	rt V		ds. Complete if the organ				•					
			(a)Currer		Prior yea			•	(d)Three year		( <b>e)</b> Four years	back
<b>1</b> a	Beginr	ning of year balance .	390	,592,000	342,101	1,000	29	7,548,000		14,000	274,2	25,000
b	Contril	butions	6	,544,000	6,370	0,000	2	0,349,000	6,2	64,000	24,6	08,000
c	Net in	vestment earnings, gair	ns, and losses	165,000	55,077	7,000	3	5,543,000	-9,2	43,000	22,7	19,000
d	Grants	s or scholarships	. 8	,278,863	7,452	2,708		6,458,160	6,4	16,267	5,7	17,508
e		expenditures for facilitie	es 6	,066,137	5,503	3,292		4,880,840	4,6	570,733	4,2	20,492
f	Admin	istrative expenses .				0		0		0		0
g	End of	year balance		,956,000	390,592	2,000	34	2,101,000	297,5	48,000	311,6	14,000
2	Provi	ide the estimated perce	ntage of the current year end	l balance (line 1	.g, colu	mn (a	a)) held as	s:				
а	Board	d designated or quasi-e	ndowment ▶ 26 %									
b	Perm	nanent endowment 🕨	44 %									
С	Temp	porarily restricted endov	vment ► 30 %									
	The p	percentages on lines 2a	, 2b, and 2c should equal 100	0%.								
3а			not in the possession of the	organization tha	at are h	eld ar	nd admini	stered for	the		Vaal	NI-
	-	nization by: nrelated organizations								3a(	Yes (i)	No No
	• •	related organizations .				• .				3a(		No
b		_	lated organizations listed as r	equired on Sch	edule R	?	· · ·			31	-	-
4	Desc	ribe in Part XIII the inte	ended uses of the organizatio	n's endowment	funds.							
Pai	rt VI	Land, Buildings,										
		•	ganization answered "Yes									
	Descr	iption of property	(a) Cost or other basis (investment)	(b) Cost or other	r basis (	otner)	(c) Acci	umulated d	epreciation	(d	l) Book value	
<b>1</b> a	Land		32,681,000		50,0	59,713	:				82,	740,713
b	Buildir	ngs			562,38	31,762	!	1	191,290,264		371,	091,498
С	Leasel	hold improvements										
d	Equipr	ment			42,73	37,290	)		24,631,704		18,	105,586

82,978,379

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

51,935,933

523,873,730

31,042,446

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	<u> </u>	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related.	<u>▶</u>	
Complete if the organization answered 'Yes' on Form 99	00, Part IV, line  b) Book value	e 11c. See Form 990, Part X, line 13.  (c) Method of valuation:
	b) Book value	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' or	n Form 990, Part	: IV, line 11d. See Form 990, Part X, line 15.
(a) Description	n Form 990, Part	(b) Book value
(a) Description	n Form 990, Part	
(1) Investments (2)	n Form 990, Part	(b) Book value
(a) Description (1) Investments (2)	n Form 990, Part	(b) Book value
(a) Description (1) Investments (2) (3)	n Form 990, Part	(b) Book value
(a) Description (1) Investments (2) (3) (4)	n Form 990, Part	(b) Book value
(a) Description (1) Investments (2) (3) (4) (5)	n Form 990, Part	(b) Book value
(a) Description (1) Investments (2) (3) (4) (5) (6)	n Form 990, Part	(b) Book value
(a) Description (1) Investments (2) (3) (4) (5) (6) (7)	n Form 990, Part	(b) Book value
(a) Description (1) Investments (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		(b) Book value 334,284
(a) Description (1) Investments (2) (3) (4) (5) (6) (7) (8)		(b) Book value 334,284
(a) Description  (1) Investments (2)  (3)  (4)  (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 answere See Form 990, Part X, line 25.  1. (a) Description of liability	ed 'Yes' on Form	(b) Book value 334,284
(a) Description  (1) Investments  (2)  (3)  (4)  (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 answere See Form 990, Part X, line 25.  1. (a) Description of liability  (1) Federal income taxes	ed 'Yes' on Form	(b) Book value  334,284  334,284  m 990, Part IV, line 11e or 11f.
(a) Description  (1) Investments  (2)  (3)  (4)  (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 answere See Form 990, Part X, line 25.  1. (a) Description of liability  (1) Federal income taxes  Federal Student Loans Refundable	ed 'Yes' on Form	(b) Book value  334,284  334,284  334,284  m 990, Part IV, line 11e or 11f.
(a) Description  (1) Investments  (2)  (3)  (4)  (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 answere 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	ed 'Yes' on Form	(b) Book value  334,284  334,284  334,284  m 990, Part IV, line 11e or 11f.  bk value  9,879,322
(a) Description  (1) Investments (2) (3) (4) (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 answere 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)	ed 'Yes' on Form	(b) Book value  334,284  334,284  334,284  m 990, Part IV, line 11e or 11f.  bk value  9,879,322 12,514,454
(a) Description  (1) Investments (2)  (3)  (4)  (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 answere 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)	ed 'Yes' on Form	(b) Book value  334,284  334,284  334,284  m 990, Part IV, line 11e or 11f.  bk value  9,879,322 12,514,454
(a) Description  (1) Investments (2) (3) (4) (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 answere 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)	ed 'Yes' on Form	(b) Book value  334,284  334,284  334,284  m 990, Part IV, line 11e or 11f.  bk value  9,879,322 12,514,454
(a) Description  (1) Investments (2) (3) (4) (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 answere 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)	ed 'Yes' on Form	(b) Book value  334,284  334,284  334,284  m 990, Part IV, line 11e or 11f.  bk value  9,879,322 12,514,454
(a) Description  (1) Investments (2) (3) (4) (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 answere 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) (8)	ed 'Yes' on Form	(b) Book value  334,284  334,284  334,284  m 990, Part IV, line 11e or 11f.  bk value  9,879,322 12,514,454
(a) Description  (1) Investments (2) (3) (4) (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 answere 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)	ed 'Yes' on Form	(b) Book value  334,284  334,284  334,284  m 990, Part IV, line 11e or 11f.  bk value  9,879,322 12,514,454

Schedule D (Form 990) 2018

2

а

b

3

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Page 4

-25,630,859

402,081,859

131,547,590

533,629,449

379,472,000

-1,131

379,473,131

131,547,590

511.020.721

Schedule D (Form 990) 2018

#### d Other (Describe in Part XIII.) е

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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.

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

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

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 .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1 . . . . . . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental 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 . . .

Total expenses and losses per audited financial statements . . . . . .

Add lines **4a** and **4b** . . . . . . . .

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c Subtract line **2e** from line **1** . . . . . . . . .

2d 4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

131,547,590

3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

-25,630,832

-27

-1,131

131,547,590

2e

3

4c

5

Page <b>5</b>	chedule D (Form 990) 2018			
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2018

## **Additional Data**

Software Version: 2018v3 1

**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

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
y'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
nts of financial position.

Supplemental Information				
Return Reference	Explanation			
	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 FNHANCE TEACHING. SUPPORT RESEARCH, AND PROVIDE PUBLIC SERVICE.			

Supplemental Information	
Return Reference	Explanation
	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 G ENERAL 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	Rounding27		

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not	Financial Aid To Students - 132317970 Fundraising Direct Expenses444139 Rental Expenses326241			

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Rounding1131			

\_

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Financial Aid To Students - 132317970 Fundraising Direct Expenses444139 Rental Expenses326241

\_ \_ \_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493104011610 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **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, 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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h No 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

chedule E (Form 990 or 990EZ) (2018)			
Part II Supplemental Information. Provide the any other additional information (see instruction)	ne explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide ctions).		
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-F7) (2018)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493104011610 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** University of San Francisco 94-1156628 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 40,407,767 27 3a Sub-total . b Total from continuation sheets to Part I 27 c Totals (add lines 3a and 3b) 40,407,767

Page <b>3</b>							
				ed States. Complete if	f the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (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)

Sched	dule F (Form 990) 2018		Page <b>4</b>
Par	Toreign 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)	<b>✓</b> 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; don't file with Form 990)		
		☐Yes	<b>✓</b> 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)	<b>✓</b> 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) .	<b>☑</b> 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)	<b>☑</b> Yes	□No
_		L 165	□ 1 <b>10</b>
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; don't file with Form 990).	□Yes	<b>☑</b> No

Schedule F (	Form 990) 2018	Page <b>5</b>
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 c) (estimated number of recipients), as applicable. Also complete this part to provide instructions).
990 <b>S</b> ched	dule F, Supplemental Informati	ion
	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:
 18007697

 Software Version:
 2018v3.1

 EIN:
 94-1156628

Name: University of San Francisco

38,629,068

## 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	2	27	, ,	INSTRUCTION AND RECRUITING	1,778,699

Investments

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493104011610

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

## **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

**Employer identification number** Name of the organization University of San Francisco 94-1156628 Part I 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? ☑ Yes ☐ No 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. (iii) Did (i) Name and address of individual (vi) Amount paid to (ii) Activity (iv) Gross receipts (v) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No Fundraising Community Counselling consulting Service Co LLC 35,200,000 394,051 34,805,949 No 527 Madison Avenue 5th Floor New York, NY 10022 Phonathon and Consulting Ruffalo Noel Levitz LLC PO Box 718 Nο 182,033 396,221 -214,188 Des Moines, IA 503030718 Crowdfundina Platform GiveCampus Inc 903 G St SE No 252,117 19,997 232,120 Washington, DC 20003 35,634,150 810,269 34,823,881 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.

Sche	dule G (Form 990 or 990-EZ) 2018				Page	: 3
11	Does the organization conduct gaming	activities with nonmembers	s?	· 🗆 Yes	□No	
12	Is the organization a grantor, benefici formed to administer charitable gamin		member of a partnership or other entity	Yes	Пио	
13	Indicate the percentage of gaming ac	ivity conducted in:				
а	The organization's facility		13a			%
b	An outside facility		13b		ı	%
14	Enter the name and address of the pe	rson who prepares the organ	nization's gaming/special events books and records	:		
	Name •					
	Does the organization have a contract revenue?	with a third party from who		· 🗆 Yes	□No	
С	If "Yes," enter name and address of the					
	•	• •				
	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 staretain the state gaming license? .	te law to make charitable di	stributions from the gaming proceeds to	· 🗆 Yes	Пио	
b	Enter the amount of distributions requ	ıired under state law distribı	uted to other exempt organizations or spent			
	in the organization's own exempt acti	<u> </u>	•			_
Pai			ions required by Part I, line 2b, columns (iii) licable. Also provide any additional informatio			
	Return Reference		Explanation			_
Sche	dule G, Part I, Line 2b Gross Receipts	amount raised from a phor	ctivity in Part I, Line 2(b), Col. (iv) for Ruffalo Noel nathon event; however, the Amount Paid to the Fur consulting activities, such as donor data verificatio	idraiser in C		_

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018

DLN: 93493104011610

Open to Public Inspection

nternal Revenue Service							
ame of the organization Iniversity of San Francisco						Employer identific	ation number
						94-1156628	
Part I General Info	rmation on Grants	s and Assistance					
			the grants or assistance,		for the grants or assistan	ce, and	☑ Yes ☐ No
	-	_	se of grant funds in the U				
Part II Grants and Other	er Assistance to Dor	mestic Organizations a	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	s" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	· /	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							

(Form 990)

Department of the

Treasury

Explanation

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2018

	·	_		1	<u> </u>
(1) FSEOG Program	303	1,136,000			
(2) Federal Work-Study Program	401	1,284,000			
(3) Pell Grants	2015	8,946,000			
(4) TEACH Grants	15	124,000			
(5) USF Financial Aid	7098	120,827,970			
(5)					
(6)					
(7)					
Part IV Supplemental Information	n. Provide the in	nformation required in	Part I. line 2: Part III.	column (b): and any other	additional information.

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 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 Imaterials, 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

(d) Amount of

noncash assistance

(e) Method of valuation (book.

FMV, appraisal, other)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

recipients

University policy and all applicable laws and regulations.

Return Reference

grant funds.

Schedule I, Part I, Line 2 Procedures for monitoring use of

Schedule I (Form 990) 2018

Part III

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19310	)4011	610
Sch	edule J	Co	mpensati	ion Information	00	1B No.	1545-0	0047
(For	n 990)	For certain Office		rustees, Key Employees, and Higl	hest			
		► Complete if the org		ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	18	}
Б		-	➤ Attach	to Form 990. instructions and the latest inforn			to Pul	
•	tment of the Treasury al Revenue Service	₽ do to <u>www.ns.go</u>	<i><u>v/101111990</u></i> 101	mistructions and the latest miori	lation.		ectio	
	ne of the organiza versity of San Francis				Employer identificat	ion nu	ımber	
	reforey of Sun Francis	500			94-1156628			
Pa	rt I Questi	ons Regarding Compensat	tion					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		or charter travel	lacksquare	Housing allowance or residence for p				
	_	companions	님	Payments for business use of persor				
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiation Personal services (e.g., maid, chauf				
	Discretion	ary spending account		reisonal services (e.g., maid, chaul	reur, cher)			
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	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1 - 2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	laf			
3				ed to establish the compensation of the not check any boxes for methods	ne			
				CEO/Executive Director, but explain in	n Part III.			
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written employment contract				
		ent compensation consultant	<b>\overline{\sigma}</b>	Compensation survey or study				
		of other organizations	<b>✓</b>	Approval by the board or compensal	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b		• • •		ified 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	I provide the app	olicable amounts for each item in Part	III.			
	Only E01(a)(2	), 501(c)(4), and 501(c)(29)	organizations	must complete lines E-0				
5			_	the organization pay or accrue any				
		ontingent on the revenues of:		<b></b>				
а	The organization	1?				5a		No
b						5b		No
	•	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Contingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
_	•	6a or 6b, describe in Part III.	. A 10. 4 10.1	Lin	ı			
7	payments not d	escribed in lines 5 and 6? If "Yes	," describe in Pa	the organization provide any nonfixed rt III	1 	7	Yes	
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No
9				presumption procedure described in		9		
For F	Paperwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	0053T Schedule J	(Forn	1 990)	2018

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.

instructions, on row (ii). Do not list any individuals that are not listed on Form 99 <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the to	90, otal	, Part VII. I amount of For	m 990, Part VII, Se	ection A, line 1a, ar	oplicable column ([	)) and (E) amoun	ts for that indi	vidual.	
(A) Name and Title			kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other		columns	Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table									
								_	
	$\exists$								
	$\exists$								
	$\dashv$			<u> </u>				<u> </u>	
	$\rfloor$								
	1								
	1								

Schedule J (Form 990) 2018	chedule J (Form 990) 2018						
Part III Supplemental Information							
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						
Return Reference	Explanation						

(III).

Return Reference	Explanation
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 2018.

I (Form 990) 2018

**Software ID:** 18007697 **Software Version:** 2018v3.1

**EIN:** 94-1156628

Name: University of San Francisco

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

Form 990, Schedule	J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I		a Employees		
(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	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on
			compensation	compensation				prior Form 990
Mr Bawa	(i)	318,095	10,000	1,435	30,432	32,828	392,790	0
VP, Information Technology and Chief Information Officer	(ii)	0	0	0	0	0	0	0
Mr Cross	(i)	446,162	0	27,438	30,432	16,143	520,175	0
VP, Business and Finance	(ii)	0	0	0	0	0	0	0
Ms D Davis	(i)	383,815	0	24,158	30,432	34,390	472,795	0
General Counsel	(ii)	0	0	0	0	0	0	0
Dr Heller	(i)	387,635	0	28,778	30,432	20,999	467,844	0
Provost & VP, Academic Affairs	(ii)	0	0	0	0	0	0	0
Ms Ryder	(i)	228,041	0	28,444	25,293	14,154	295,932	0
VP, Marketing and Communications	(ii)	0	0	0	0	0	0	0
Mr Wilch	(i)	271,269	0	31,862	30,432	32,567	366,130	0
VP, Development	(ii)	0	0	0	0	0	0	0
Dr Wooding Baker	(i)	274,045	0	19,808	30,432	14,407	338,692	0
Dean, School of Nursing and Health Professions	(ii)	0	0	0	0	0	0	0
Dr Camperi	(i)	278,751	0	9,064	30,432	33,592	351,839	0
Dean, College of Arts and Sciences	(ii)	0	0	0	0	0	0	0
Dr E Davis	(i)	332,872	0	4,351	30,432	14,662	382,317	0
Dean, School of Management	(ii)	0	0	0	0	0	0	0
Dr Hamrick	(i)	356,269	0	8,877	30,432	9,998	405,576	0
Vice Provost, Institutional Budget, Planning and Analytics	(ii)	0	0	0	0	0	0	0
Mr London	(i)	294,201	0	13,289	30,432	15,902	353,824	0
Associate VP, Facilities Management	(ii)	0	0	0	0	0	0	0
Dr Boedecker	(i)	104,745	0	209,193	10,562	14,867	339,367	0
Professor, School of Management	(ii)	0	0	0	0	0	0	0
Dr Goldgehn	(i)	103,136	0	247,389	10,562	8,625	369,712	0
Professor, School of Management	(ii)	0	0	0	0	0	0	0
Mr Sidwell	(i)	256,774	8,500	65,891	30,190	32,450	393,805	0
Director of Athletics	(ii)	0	0	0	0	0	0	0
Mr K Smith	(i)	549,113	25,000	39,977	30,432	37,216	681,738	0
Head Men's Basketball Coach	(ii)	0	0	0	0	0	0	0
Dr Veitch	(i)	162,257	0	135,776	14,870	17,025	329,928	0
Professor, School of Management	(ii)	0	0	0	0	0	0	0
Dr Webber	(i)	168,233	0	869	18,186	15,891	203,179	0
Professor, Former Dean, School of Management	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Supplemental Information on Tax-Exempt Bonds** 

OMB No. 1545-0047 2018

DLN: 93493104011610

Open to Public

Internal Revenue Service

Department of the Treasury

Schedule K

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service   •Go to <u>www.irs.gov/Form990</u> for the lat						ntorma	ition.						nspect		
	e of the organization versity of San Francisco										yer iden <sup>.</sup> 56628	tificatio	n numbe	er	
Pa	rt I Bond Issues									34-11	30020				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	orice	(	( <b>f)</b> Description	n of purpose	( <b>g</b> ) De	efeased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	California Educational Facilities Authority	52-1705592		04-03-2017	75,0	00,000	Currer	nt Refunding	of Bonds		Х		Х		Х
В	California Educational Facilities Authority	57-1705592		12-01-2017	31,3	10,000	Currer	nt Refunding	of Bonds		Х		Х		Х
С	California Educational Facilities Authority	57-1705592		11-21-2018	140,0	00,000	Capita	al improveme	ents		Х		Х		Х
D	California Educational Facilities Authority	57-1705592 11-21-2018 35,880,000 Current refunding of bonds				of bonds		Х		Х		Х			
Pä	rt II Proceeds														
						Α		В	i	С	:			D	
1	Amount of bonds retired														
2	Amount of bonds legally defease														
3	Total proceeds of issue					75,000	0,000 31,310,000		1	,853	53 35,880,000				
4	Gross proceeds in reserve funds	5							1	,698	598				
5	Capitalized interest from procee	ds									716,	,442			
6	Proceeds in refunding escrows .														
7	Issuance costs from proceeds .					402	2,715		355,311		1,151	,095			299,878
8	Credit enhancement from proce	eds													
9	Working capital expenditures fro	om proceeds													
10	Capital expenditures from proce	eds									26,829	,595			
11	Other spent proceeds														
12	Other unspent proceeds			•						1	20,206	,582			
13	Year of substantial completion .				20	017		20:	17					2018	
					Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part o	of a current refunding	issue?		Х			Х			Х				Х
15	Were the bonds issued as part o	of an advance refundi	ng issue?			Х			Х		Х		Х		
16	Has the final allocation of procee	eds been made?			Х			Х			Х		Χ		
17	Does the organization maintain proceeds?	adequate books and	records to support t	the final allocation of	Х			Х		Х			Х		
Pa	rt III Private Business Us	e													
						Α		В.		C				D	
1	Was the organization a partner i				Yes	No X	-	Yes	No X	Yes	No X	+	Yes	+	No X
	financed by tax-exempt bonds?	<u> </u>				<u> </u>			^		Λ			_	^
_	A 41	and the second control of the first	the sale of the sa			1									

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

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

Exception to rebate? . . . . . . . . . . . .

hedge with respect to the bond issue?

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

Was the hedge superintegrated? . . . . . .

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

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)

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 nongualified bonds of

Schedule K (Form 990) 2018

b

C

d

6

8a

Part IV

b

C

Arbitrage

No

Χ

Χ

0 %

0 %

0 %

Χ

Χ

No

Χ

Χ

Χ

D

Yes

Χ

Yes

Χ

Schedule K (Form 990) 2018

D

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Χ

Α

No

Χ

1850 %

Χ

Χ

Yes

Χ

Χ

Х

Bank of America

Yes

Α

Nο

Χ

Χ

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

В

No

Х

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

Yes

Χ

No

Χ

Χ

Χ

C

No

Χ

Χ

0 %

0 %

0 %

Χ

Χ

Yes

Χ

No

Х

Χ

Х

C

GENERATED AN ARBITRAGE REBATE LIABILITY FOR WHICH the filing of a FORM 8038-T WOULD OTHERWISE BE REQUIRED.

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Yes

Χ

No

Explanation

THE UNIVERSITY HAS DETERMINED THAT NONE OF THE BOND ISSUES SHOWN IN LINES A, B, C or D OF PART I (COLUMNS A, B, C and D OF THIS PART IV) HAVE

Χ

Yes

R

No

Yes

Χ

Page 3

Χ

Nο

D

Nο

Yes

Χ

# 

Schedule K (Form 990) 2018

period?

Part V

Part VI

8030-T

**Arbitrage** (Continued)

requirements of section 148? . . .

Return Reference

Schedule K. Part IV. Line 1 FORM

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

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Return Reference	Explanation
Schedule K, Part I, Column (c) C - CUSIPS for Multiple Maturities	MATURITY 2037, PRINCIPAL AMOUNT \$3,615,000, CUSIP NO. 130179RF3 MATURITY 2038, PRINCIPAL AMOUNT \$3,800,000, CUSIP NO. 130179RG1 MATURITY 2039, PRINCIPAL AMOUNT \$3,975,000, CUSIP NO. 130179RH9 MATURITY 2055, PRINCIPAL AMOUNT \$17,180,000, CUSIP NO. 130179RM8 MATURITY 2058, PRINCIPAL AMOUNT \$29,225,000, CUSIP NO. 130179RN6 \$17,950,000 TERM BOND DUE OCTOBER 1, 2043, CUSIP NO. 130179RJ5 \$28,135,000 TERM BOND DUE OCTOBER 1, 2048, CUSIP NO. 130179RK2 \$36,120,000 TERM BOND DUE OCTOBER 1, 2053, CUSIP NO. 130179RL0

Return Reference	Explanation
Schedule K, Part I, Column (c) D - CUSIPS for Multiple Maturities	MATURITY 2019, PRINCIPAL AMOUNT \$1,690,000, CUSIP NO. 130179RP1 MATURITY 2020, PRINCIPAL AMOUNT \$1,670,000, CUSIP NO. 130179RQ9 MATURITY 2021, PRINCIPAL AMOUNT \$655,000, CUSIP NO. 130179RR7 MATURITY 2022, PRINCIPAL AMOUNT \$55,000, CUSIP NO. 130179RS5 MATURITY 2023, PRINCIPAL AMOUNT \$170,000, CUSIP NO. 130179RT3 MATURITY 2024, PRINCIPAL AMOUNT \$105,000, CUSIP NO. 130179RU0 MATURITY 2025, PRINCIPAL AMOUNT \$150,000, CUSIP NO. 130179RV8 MATURITY 2026, PRINCIPAL AMOUNT \$190,000, CUSIP NO. 130179RW6 MATURITY 2030, PRINCIPAL AMOUNT \$1,095,000, CUSIP NO. 130179RX4 MATURITY 2031, PRINCIPAL AMOUNT \$1,455,000, CUSIP NO. 130179RY2 MATURITY 2032, PRINCIPAL AMOUNT \$1,505,000, CUSIP NO. 130179RZ9 MATURITY 2033, PRINCIPAL AMOUNT \$5,405,000, CUSIP NO. 130179SA3 \$21,735,000 TERM BOND DUE OCTOBER 1, 2036, CUSIP NO. 130179SB1

	C print - DO NO	OT PROCES	S As Fi	led Data -					DL	N: 93	49310	4011610	
Schedule L (Form 990 or 990	)-EZ) ► Comple	Transactions with Interested Persons mplete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b,						5b, 26		' I			
27, 28a, 28b, or 28c, or Form 990-EZ, F  ▶ Attach to Form 990 or Fo  ▶ Go to www.irs.gov/Form990 for th						90-EZ.					2018		
Department of the Tre internal Revenue Serv	• 1									0	Open to Inspe	Public ection	
Name of the org	anization						Er	nploy	er ide	ntifica	ation nu		
University of San F	rancisco						94	-1150	5628				
Part I Exce	ss Benefit Trai	nsactions (s	section 501(	c)(3), section 5	501(c)(4), and	501(c)(29) or							
	lete if the organiza												
1 (a	) Name of disqual	fied person	(b) Relationship I		etween disqualified person ar organization		nd (c) Description transaction						
							- Cranoaccion			Te	s No		
							_						
							+						
Part II Los Cor rep (a) Name of	ans to and/or mplete if the organ orted an amount o	From Interization answern Form 990, I	ested Perred "Yes" on Part X, line 5	sons. Form 990-EZ, i, 6, or 22 to or from the		8a, or Form 99 <b>(f)</b> Balance	0, Par	In	line 26	1)	(i)	Written	
interested person w	with organization	of loan	organization?		principal amount	due	default? Approved board committe		d or	d by agreement? or			
			То	From			Yes	-	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	107,500		No	Yes		Yes		
3) Peter Wilch	Employee	Mortgage		Х	150,000	109,164		No	Yes		Yes		
「otal .				<u> Þ</u>	<u> </u>	296,664					-		
	ints or Assistai					line 27.							
	(a) Name of interested person (				es" on Form 990, Part IV, line 27.  (c) Amount of assistance (d) Type of			assistance (e			e) Purpose of assistance		
Con	rested person (b	) Relationship erested perso	between n and the				of assi	stanc	e	<b>(e)</b> Pu	rpose of	assistance	
Con	rested person (b	) Relationship erested perso	between n and the				of assi	stanc	e	<b>(e)</b> Pu	rpose of	assistance	
Con	rested person (b	) Relationship erested perso	between n and the				of assi	stanc	e	<b>(e)</b> Pu	rpose of	assistance	

Complete if the organ	ization a	answered "Yes" on Forr	n 990, Part IV, line 28a	a, 28b, or 28c.					
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?				
					Yes	No			
(1) Alexandra Amati		Family Member of Key Employee	168,544	Employment		No			
(2) Dennis Miller		Family Member of Officer	133,685	Employment		No			
(3) Ten Eleven Ventures LLC		Controlled Entity of a Family Member of a Trustee	1,246,684	Investment		No			
Part V Supplemental Infor Provide additional inform		responses to questions on	n Schedule L (see instructi	ons).					
Return Reference	Explanation								
Schedule L, Part IV REVIEW BY THE COMPENSATION COMMITTEE OF THE 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 THE 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								

Transaction with Interested Person

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 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 THESE INDIVIDUALS. 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

Schedule L, Part IV Business

meetings are maintained by the Office of the President.

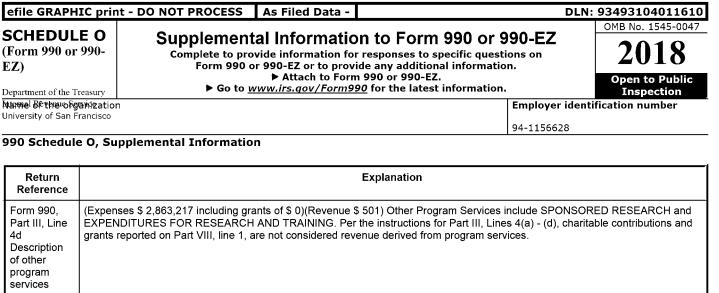
minutes of all Board of Trustee meetings are maintained by the Office of the President. The son of a Member of the Board of Trustees is the Founder and Managing General Partner of Ten Eleven

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

Schedule L (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493104011610 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** University of San Francisco 94-1156628 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . . 1,002,183 Market value 8 Intellectual property . . . Securities—Publicly traded . Χ 23 189,141 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation Schedule M. Part I Explanations of Securities - Publicly traded - The University is reporting the number of contributions. Intellectual property reporting method for number of The University is reporting the number of contributions. contributions Schedule M (Form 990) (2018)



Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE Associate Vice President for Tax Compliance, Internal Audit and Payroll Services (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, Internal Audit and Payroll Services. 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 POTENTIAL 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 SEX. WHEN SOMEONE BECOMES A COVERE D PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED 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 PREVIOUS MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ARE REVIEWED BY TH E ASSOCIATE VICE PREVIOUS HE AND THE AVENUAL OR POTENTIAL CONFLICTS, AND THESE INDIVIDUALS ARE NOT IFIED VIA WRITTEN THE COMMUNICATION. MOREOVER, THE AVP REPORTS ANY ACTUAL OR POTENTIAL CONFLICT S, AND THESE INDIVIDUALS ARE NOT IFIED VIA WRITTEN COMMUNICATION. MOREOVER, THE AVP REPORTS ANY ACTUAL OR POTENTIAL CONFLICT S, AND THESE INDIVIDUALS ARE NOT IFIED VIA WRITTEN COMMUNICATION. MOREOVER, THE AVP REPORTS ANY ACTUAL OR POTENTIAL CONFLICT S, AND THESE INDIVIDUALS ARE REVIEWED BY THE AVP. THE REFTER, THE UNIVERSITY'S GENERAL COUNSEL AND THE AUDIT COMMUNICATION. FURTHERMORE, THE AVP REPORTS ANY ACTUAL OR POTENTIAL CONFLICT S, AND THESE INDIVIDUALS ARE NOTIFIED VIA WRITTEN COMMUNICATION. FURTHERMORE, THE AVP REPORTS ANY ACTUAL OR POTENTIAL CONFLICTS OF THE BOARD OF T

Return Reference

TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS.

Form 990, TRANSACTION OR ACTION 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 ARE 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 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 WRITTED IN 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.

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
	BELIEVES THESE AMOUNTS ARE FULLY COLLECTIBLE. THE MOST SIGNIFICANT PORTION OF OTHER RECEIVABLES IS
	THE FEDERAL DIRECT LOAN AMOUNT, TOTALING \$9,974,000 and \$11,792,000 AS OF MAY 31, 2019 AND 2018,

Explanation

Return Reference	Explanation
26	On November 21, 2018, the CEFA Series 2018A tax-exempt bonds were issued totaling \$140,000,000. The proceeds from this bond will be used for the construction of a new residence hall on the Lone Mountain campus. Bond proceeds are held in trust by BNY Mellon, where it is invested at durations intended to match the cash needs for the project. Simultaneously with the 2018A Bonds, the CEFA Series 2018B taxable bonds were issued totaling \$35,880,000. The proceeds from this bond were used to advance refund the CEFA Series 2011 taxable fixed rate bonds, which carried a higher coupon rate.

990 Schedule O, Supplemental Information

Return

Reference	
( ) ( )	The University hereby elects to capitalize repair and maintenance costs under Treas. Reg. Sec. 1.263(a)-3(n). The costs were incurred during the taxable year in the University's trade or business, and the University treats such costs as capital expenditures on its books and records.

Explanation

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(Form 990)

University of San Francisco

Part I

### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047
2018

DLN: 93493104011610

Open to Public
Inspection

**Employer identification number** 

94-1156628

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) USF EDUCATIONAL CONSULTING (CHINA) CO RECRUITING; FUNDRAISING -35,590 626,370 UNIVERSITY OF SAN FRANCISCO CH C/O USF 2130 FULTON STREET SAN FRANCISCO, CA 941171080 98-1046669 (2) USF MANILA INC 80 2,160 UNIVERSITY OF SAN FRANCISCO INSTRUCTION C/O USF 2130 FULTON STREET SAN FRANCISCO, CA 941171080 98-1046690 (3) Star Route Farms LLC CA 1,626,357 11,152,320 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 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No Cat. No. 50135Y For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	al Direct Predominant itle controlling income(related, te entity unrelated, excluded from tax under		ed, total income m				(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		g ownersh
					314)			Yes	No		Yes	No	
V Identification of Related Organiz because it had one or more related or						nization ans	wered "Yes	s" on F	orm 9	90, Part IV,	line	34	
		a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e)	vered "Yes  (f) Share of total income	Share	(g) e of end- year assets	(1	ı) ntage	Se	(i) ection 512 3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	(c) .egal	st during th	(d) t controlling	(e) ype of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	.3)

Schedule	R (Form 990) 2018					Pa	ge <b>3</b>
Part	Transactions With Related Organizations Complete if the organization answered "Yes	" on Form 990, Par	t IV, line 34, 35b,	or 36.			
N-	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Duri	g the tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in	Parts II-IV?				
a R	ceipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		
<b>b</b> G	ft, grant, or capital contribution to related organization(s)				<b>1</b> b		
<b>c</b> G	t, grant, or capital contribution from related organization(s)				1c		
d Lo	ans or loan guarantees to or for related organization(s)				1d		
e Lo	ans or loan guarantees by related organization(s)				1e		
<b>f</b> Di	ridends from related organization(s)				1f		
g S	le of assets to related organization(s)				<b>1</b> g		
<b>h</b> P	rchase of assets from related organization(s)				1h		
i Ex	change of assets with related organization(s)				1i		
j Le	ase of facilities, equipment, or other assets to related organization(s)				1j		
<b>k</b> Le	ase of facilities, equipment, or other assets from related organization(s)				1k		
I Pe	formance of services or membership or fundraising solicitations for related organization(s)				11		
m Pe	formance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sh	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
<b>o</b> S	aring of paid employees with related organization(s)				10		
p R	imbursement paid to related organization(s) for expenses				<b>1</b> p		
<b>q</b> R	imbursement paid by related organization(s) for expenses				<b>1</b> q		
r Of	ner transfer of cash or property to related organization(s)				1r		
<b>s</b> 0	her transfer of cash or property from related organization(s)				1s		
	the answer to any of the above is "Yes," see the instructions for information on who must complete this lin					'	
	(a)  Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining a		ualuad	
	Name of related organization	type (a-s)	Amount involved	method of determining a		voivea	

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>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?	ľ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
								<u> </u>		Schedul	e R (Form	990	0) 2018

chedule R (Form 990) 2018									
Part VII	Supplemental Info	lemental Information							
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).							
Return Reference		Explanation							