

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2005**  
 Open to Public Inspection

**A For the 2005 calendar year, or tax year beginning 06-01-2005 and ending 05-31-2006**

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

**C Name of organization**  
Franciscan University of Steubenville

**Number and street (or P O box if mail is not delivered to street address) Room/suite**  
1235 University Boulevard

**City or town, state or country, and ZIP + 4**  
Steubenville, OH 43952

**D Employer identification number**  
34-0714818

**E Telephone number**  
(740) 283-3771

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Web site:** www.franciscan.edu

**J Organization type** (check only one)  501(c)(3) (insert no )  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number \_\_\_\_\_

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **64,176,118**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	8,497,015		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	2,470,484		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 8,845,063 noncash \$ 2,122,436)	<b>1d</b>		10,967,499	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		45,912,103	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		422,186	
	<b>5</b> Dividends and interest from securities	<b>5</b>		754,480	
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>		3,518,584		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities				
	1,701,648	<b>8a</b>			
	<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>			
	1,701,648	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		1,701,648		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		899,618		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		64,176,118		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		44,385,530	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		6,250,145	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		2,663,071	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		53,298,746	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		10,877,372	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		79,159,005	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		557,336	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		90,593,713	

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) <input type="checkbox"/> (cash \$ <u>9,301,640</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b> 9,301,640	9,301,640		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b> 882,826	264,584	457,851	160,391
<b>26</b>	Other salaries and wages . . . . .	<b>26</b> 14,968,276	12,227,804	1,876,021	864,451
<b>27</b>	Pension plan contributions . . . . .	<b>27</b> 914,848	703,551	145,503	65,794
<b>28</b>	Other employee benefits . . . . .	<b>28</b> 2,492,834	1,917,080	396,476	179,278
<b>29</b>	Payroll taxes . . . . .	<b>29</b> 1,123,075	863,685	178,621	80,769
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b> 93,796			93,796
<b>31</b>	Accounting fees . . . . .	<b>31</b> 136,443	8,588	127,855	
<b>32</b>	Legal fees . . . . .	<b>32</b> 127,865		127,865	
<b>33</b>	Supplies . . . . .	<b>33</b> 2,744,175	2,127,631		616,544
<b>34</b>	Telephone . . . . .	<b>34</b> 548,721	522,138		26,583
<b>35</b>	Postage and shipping . . . . .	<b>35</b> 257,683	161,723	7,961	87,999
<b>36</b>	Occupancy . . . . .	<b>36</b> 2,197,948	1,672,457	525,491	
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b> 940,655	613,084	315,805	11,766
<b>38</b>	Printing and publications . . . . .	<b>38</b> 242,640	121,685	1,097	119,858
<b>39</b>	Travel . . . . .	<b>39</b> 1,578,685	1,368,274	130,579	79,832
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b> 71,672	43,078	21,207	7,387
<b>41</b>	Interest . . . . .	<b>41</b> 320,207	320,207		
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b> 3,777,225	2,809,375	967,850	
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table	<b>43a</b>			
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 53,298,746	44,385,530	6,250,145	2,663,071

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► Provision of Education & Christian Outreach  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Instruction and Auxiliary services as related to student housing - 2387 undergraduate and graduate students enrolled in 35 Majors and 33 Minor academic programs, 462 undergraduate and 127 graduate degrees conferred in 2005-2006 academic year  (Grants and allocations \$ 9,301,640) If this amount includes foreign grants, check here ► <input type="checkbox"/>	41,924,379
<b>b</b> Christian Outreach 34,350 students and other participants in Christian Outreach Conferences seminars, other Catholic programs and youth outreach programs  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,461,151
<b>c</b> _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . ►	44,385,530

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	140,109	<b>45</b>	65,472
	<b>46</b> Savings and temporary cash investments . . . . .	17,980,550	<b>46</b>	9,105,022
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 1,094,228		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b> 125,000	910,992	<b>47c</b> 969,228
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 3,326,949		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b> 665,390	452,273	<b>48c</b> 2,661,559
	<b>49</b> Grants receivable . . . . .			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 4,123,791		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b> 1,706,280	2,499,555	<b>51c</b> 2,417,511
	<b>52</b> Inventories for sale or use . . . . .		497,756	<b>52</b> 496,289
	<b>53</b> Prepaid expenses and deferred charges . . . . .		1,518,003	<b>53</b> 894,905
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		26,144,070	<b>54</b> 38,356,036
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b> 95,000		
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	95,000	<b>55c</b> 95,000	
<b>56</b> Investments—other (attach schedule) . . . . .		1,000	<b>56</b> 1,000	
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 95,004,334			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 41,288,589	48,170,111	<b>57c</b> 53,715,745	
<b>58</b> Other assets (describe  _____ )			<b>58</b>	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		98,409,419	<b>59</b> 108,777,767	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	6,407,688	<b>60</b>	7,036,090
	<b>61</b> Grants payable . . . . .	727,413	<b>61</b>	717,777
	<b>62</b> Deferred revenue . . . . .	2,494,727	<b>62</b>	1,846,504
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		4,314,000	<b>64a</b> 4,010,000
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		3,578,333	<b>64b</b> 3,166,512
<b>65</b> Other liabilities (describe  _____ )		1,728,253	<b>65</b> 1,407,171	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		19,250,414	<b>66</b> 18,184,054	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	67,449,558	<b>67</b>	73,341,168
	<b>68</b> Temporarily restricted . . . . .	5,301,658	<b>68</b>	8,241,457
	<b>69</b> Permanently restricted . . . . .	6,407,789	<b>69</b>	9,011,088
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .		79,159,005	<b>73</b> 90,593,713	
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		98,409,419	<b>74</b> 108,777,767	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>	55,067,011
<b>b</b>	Amounts included on line <b>a</b> but not on line 12			
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	559,354	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	559,354	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	54,507,657	
<b>d</b>	Amounts included on line 12, but not on line <b>a</b>			
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	9,668,461	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	559,354	
<b>e</b>	<b>Total revenue</b> (line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	64,176,118	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>	43,632,303
<b>b</b>	Amounts included on line <b>a</b> but not on line 17			
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on line 20 . . . . .	<b>b2</b>		
<b>3</b>	Losses reported on line 20 . . . . .	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>		
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	43,632,303	
<b>d</b>	Amounts included on line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	9,666,443	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	9,666,443	
<b>e</b>	<b>Total expenses</b> (line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	53,298,746	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>	<b>Yes</b>	<b>No</b>
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;"><b>25</b></span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	<b>75b</b>	No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	Yes

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<b>(A) Name and address</b>	<b>(B) Loans and Advances</b>	<b>(C) Compensation</b>	<b>(D) Contributions to employee benefit plans and deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>

<b>Part VI Other Information (See the instructions.)</b>	<b>Yes</b>	<b>No</b>
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	No
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	Yes
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	No
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	No
<b>b</b> If "Yes," enter the name of the organization <b>▶</b> _____ _____ and check whether it is <input type="checkbox"/> exempt <b>or</b> <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions) . . . . . <b>81a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)
91a The books are in care of JOHN A STEITZ Telephone no (740) 283-6200
1235 UNIVERSITY BOULEVARD
Located at Steubenville, OH ZIP + 4 43952
91b 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)?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> See Additional Data Table					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			03	422,186	
<b>96</b> Dividends and interest from securities . . . . .			03	754,480	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					3,518,584
<b>100</b> Gain or (loss) from sales of assets other than inventory			03	1,701,648	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> See Additional Data Table					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		532,587		3,245,345	49,430,687
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					53,208,619

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
GOOD VENTURE ENTERPRISE LLC 1235 UNIVERSITY BLVD STEUBENVILLE, OH43952 34-0714818	100 0	STUDENT DORM	219,210	1,221,110
GOOD VENTURE HIH LLC 1401 UNIVERSITY BLVD STEUBENVILLE, OH43952 20-0498150	60 0	HOLDING CO	3,476,870	3,435,985
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract (including a contract that provides for the death of the insured individual, regardless of whether the insured individual is the decedent's spouse, child, grandchild, or other descendant)?
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract (including a contract that provides for the death of the insured individual, regardless of whether the insured individual is the decedent's spouse, child, grandchild, or other descendant)?
- NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer  
John Steitz Controller  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Rosemarie C Steeb  
Date: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4  
ERNST & YOUNG US LLP  
1500 KEY TOWER 50 FOUNTAIN PLAZA  
BUFFALO, NY 14202



**SCHEDULE A  
(Form 990 or  
990EZ)**

**Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2005**

Department of the  
Treasury  
Internal Revenue  
Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
Franciscan University of Steubenville

**Employer identification number**

34-0714818

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DR MICHAEL HEALY 1804 WILLIAMS PLACE STEUBENVILLE, OH 43952	PROFESSOR 50	99,718	27,715	0
DR REGIS MARTIN 301 WOODRIDGE DRIVE WINTERSVILLE, OH 43953	PROFESSOR 50	96,610	28,322	0
DR GARY SEVERANCE 904 BANFIELD AVE TORONTO, OH 43964	PROFESSOR 50	94,299	24,915	0
DR MARY LUCILLE SMITH PO BOX 2334 WINTERSVILLE, OH 43953	PROFESSOR 50	89,546	25,357	847
MR ROBERT KHLOPIN 317 RESERVE AVENUE STEUBENVILLE, OH 43952	SPECIAL PROJECT PLAN 65	105,450	22,573	513
Total number of other employees paid over \$50,000	86			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MACLACHLAN CORNEILUS FILONI 200 THE BANK TOWER PITTSBURGH, PA 15222	ARCHITECT	393,802
ERNST YOUNG LLP PO BOX 640382 PITTSBURGH, PA 152640382	AUDITORS	128,121
CONSULTING GROUP 4449 EASTON WAY SUITE 300 COLUMBUS, OH 43219	INVESTMENT CONSULTAN	83,845
STAN MCKNIGHT ASSOCIATES INC 141 Duesenberg Drive Suite 7C WEST LAKE VILLAGE, CA 913623473	HR CONSULTANT	75,594
WALCZAK TACHNOLOGY CONSULTANTS 372 MAIN STREET PROSPECT, PA 16052	VOIP CONSULTANT	69,157
Total number of others receiving over \$50,000 for professional services	5	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MASSARO CORPORATION 120 DELTA DRIVE PITTSBURGH, PA 15238	CONSTRUCTION	5,202,304
SODEXHO INC 10400 FERNWOOD RD BETHESDA, MD 20817	FOOD SERVICE	3,045,716
JEFFERSON INVESTIGATORS SECURITY 2615 SUNSET BLVD STEUBENVILLE, OH 43952	CAMPUS SECURITY	276,840
KNEPPER PRESS 1120 ROBB HILL RD OAKDALE, PA 150719106	PRINTING	147,208
JENZABAR PO BOX 845939 BOSTON, MA 022845939	COMPUTER TRAINING	166,261
Total number of other contractors receiving over \$50,000 for other services	5	

**Part III Statements About Activities** (See page 2 of the instructions.)**Yes No**

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>		No
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	<b>3a</b>	Yes	
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	Yes	
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>		No
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>		No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>		No

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 331/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 331/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (see page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above


- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b>
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>c</b> Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b>
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b>
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b> Yes	
<b>30</b> 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?	<b>30</b> Yes	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ALL UNDERGRADUATE & GRADUATE APPLICATIONS REFLECT NON-DISCRIMINATORY POLICIES THE POLICY STATEMENT IS CONTAINED IN NEWSPAPER & RADIO ADVERTISING & PUBLISHED IN UNIVERSITY CATALOGS & DOCUMENTS DISTRIBUTED TO HIGH SCHOOLS AND AT COLLEGE INFORMATION FAIRS THE POLICY IS ALSO STATED ON OUR WEBSITE	<b>31</b> Yes	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b> Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b> Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b> Yes	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) _____ _____	<b>32d</b> Yes	
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	No
<b>b</b> Admissions policies?	<b>33b</b>	No
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	No
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	No
<b>e</b> Educational policies?	<b>33e</b>	No
<b>f</b> Use of facilities?	<b>33f</b>	No
<b>g</b> Athletic programs?	<b>33g</b>	No
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) _____ _____	<b>33h</b>	No
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? 	<b>34a</b> Yes	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	No
<b>35</b> 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," attach an explanation	<b>35</b> Yes	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
**(To be completed ONLY by an eligible organization that filed Form 5768)**

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000        \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000     \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                    \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	No	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of
  - (i) Cash
  - (ii) Other assets
- b** Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
<b>51a(i)</b>		No
<b>a(ii)</b>		No
<b>b(i)</b>		No
<b>b(ii)</b>		No
<b>b(iii)</b>		No
<b>b(iv)</b>		No
<b>b(v)</b>		No
<b>b(vi)</b>		No
<b>c</b>		No

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-0714818

**Name:** Franciscan University of Steubenville

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> DUES, MEMBERSHIPS, ENTERTAINMENT	<b>43a</b>	577,993	372,598	100,055	105,340
<b>b</b> ADVERTISING, ROYALTIES, RECRUITING	<b>43b</b>	577,994	423,846	17,573	136,575
<b>c</b> CONSULTING	<b>43c</b>	879,961	391,339	488,622	
<b>d</b> BAD DEBT EXPENSES	<b>43d</b>	179,103		179,103	
<b>e</b> AMORTIZATION FROM FUNDRAISING	<b>43e</b>	285,878	285,878		
<b>f</b> DISLEARNING, BOOKSTORE, JOURNAL	<b>43f</b>	4,167,036	4,167,036		
<b>g</b> FOOD SERVICE	<b>43g</b>	3,146,243	3,146,243		
<b>h</b> EQUIPMENT ACQUISITION	<b>43h</b>	537,604	326,286	184,610	26,708
<b>i</b> OTHER-SUMMER CONFERENCES	<b>43i</b>	225,720	225,720		

**Form 990, Part VII, Line 93 - Program service revenue:**

<b>Note: Enter gross amounts unless otherwise indicated.</b>	<b>Unrelated business income</b>		<b>Excluded by section 512, 513, or 514</b>		<b>(E) Related or exempt function income</b>
	<b>(A) Business code</b>	<b>(B) Amount</b>	<b>(C) Exclusion code</b>	<b>(D) Amount</b>	
<b>a</b> TUITION AND FEES					33,321,264
<b>b</b> EDUCATIONAL ACTIVI					687,232
<b>c</b> AUXILIARY ACTIVITY					9,272,768
<b>d</b> CHRISTIAN OUTREACH					2,261,959
<b>e</b> STUDENT FORF/ASSIS					99,864
<b>f</b> STUDENT ACTIVITIES					265,109
<b>g</b> STUDENT LOAN INTE					3,907



**Form 990, Part VII, Line 103 - Other revenue:**

<b>Note: Enter gross amounts unless otherwise indicated.</b>	<b>Unrelated business income</b>		<b>Excluded by section 512, 513, or 514</b>		<b>(E) Related or exempt function income</b>
	<b>(A) Business code</b>	<b>(B) Amount</b>	<b>(C) Exclusion code</b>	<b>(D) Amount</b>	
<b>a</b> FEE INCOME			03	104,224	
<b>b</b> OCCUPANCY CHARGES			03	54,911	
<b>c</b> MISC STUDENT SERV	611710	14,685	03	18,346	
<b>d</b> CHAPEL INCOME			03	50,054	
<b>e</b> CHRISTIAN OUTREACH	611710	706,347			
<b>f</b> MISCELLANEOUS	611710	25	03	139,496	
<b>g</b> JOINT VENTURE LOSS	721110	-188,470			

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

<b>Line No.</b> ▼	<b>Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).</b>
1	FEES FROM STUDENTS - PART OF OUR EXEMPT PURPOSE AS A PRIVATE
0	RELIGIOUS EDUCATIONAL INSTITUTION
2	FEES FROM GRADUATE AND COMMUNITY ORIENTED SALES OF
0	EDUCATIONAL PROGRAMMING
3	LODGING AND FOOD SERVICE FOR STUDENTS, SALES OF EDUCATIONAL
0	AND RELIGIOUS MATERIAL AND OTHER GOODS TO STUDENTS,
0	VISITORS AND CHRISTIAN SUPPORTERS WHICH IS A FURTHERANCE
0	OF OUR EXEMPT RELIGIOUS EDUCATIONAL PURPOSE
4	FEES FOR CHRISTIAN CONFERENCES, SEMINARS AND PILGRIMAGES
0	PROVIDING RELIGIOUS EDUCATIONAL PROGRAMMING, SALES OF
0	RELIGIOUS BOOKS, LITERATURE, MUSIC AND TAPES CONTAINING
0	CATHOLIC EDUCATIONAL PROGRAMMING
5	INTEREST ON LOANS TO STUDENTS WHICH IS A FUTHERANCE OF OUR
0	EXEMPT EDUCATIONAL PURPOSE
6	INCOME FROM JOINT VENTURE ACTIVITY FOR PURPOSE OF
0	PROVIDING HOUSING TO STUDENTS

## TY 2005 Cash Grants Paid Schedule

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Class of Activity	Recipient's name	Address	Amount	Relationship
	See attached statement 4	Surrounding Ohio community Steubenville, OH 43952	9,301,640	None

## TY 2005 General Explanation Attachment

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Identifier	Return Reference	Explanation
STATEMENT ON PROPERTY, PLANT & EQUIP	PART II, LINE 42 AND PART IV, LINE 57A & B	PART IV, LINE 57 LAND & LAND IMPROVEMENTS 7,020,274 BUILDINGS 63,832,584 EQUIPMENT 23,157,914 CONSTRUCTION IN PROGRESS 993,562 GROSS LAND, BULIDINGS, & EQUIPMENT 95,004,334 LESS ACCUMULATED DEPRECIATION (41,288,589) NET LAND, BUILDINGS, & EQUIPMENT 53,715,745 LINE 42 - CURRENT-YEAR DEPRECIATION EXPENSE OF \$3,777,225 WAS CALCULATED USING THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS

Identifier	Return Reference	Explanation
GAIN/LOSS SALE OF ASSETS	PART 1, LINE 8C	This amount represents gain/loss on investments and mutual funds managed by third party managers and individual equities Loss Gain Total Managers Smith Barney 1,489,303 US Bank Trust Dept 15,846 Advest 15,702 PNC 1,910 Croghan Bancshares (3,608) AveMaria Growth 11,615 Vanguard Growth 4,317 Federated Kaufmann 11,493 Misc Stock Gifts (1,396) Foreign Exchange Gain 156,466 Total 8C (5,004) 1,706,652 Total 1,701,648

Identifier	Return Reference	Explanation
GRANTS MADE FOR SCHOLARSHIPS, FELLOWSHIPS, ETC	SCHEDULE A, PART III, LINE 3A	Scholarships are issued to students based upon their financial need and academic standards. The selection committees are comprised of individuals from Admissions, Enrollment Services, Student Life, Franciscan Friars, and various faculty members.

Identifier	Return Reference	Explanation
GRANTS AND ALLOCATIONS	PART II, LINE 22	DESCRIPTION PROGRAM SERVICES FEDERAL AID 1,549,344 STATE AID 792,884 INSTITUTIONAL AID 6,272,881 RESTRICTED SCHOLARSHIPS 686,531 TOTALS 9,301,640 Additional detail including name and address of the specific grantees is available upon request No relationship exists between any of the donees and the University

## TY 2005 Investments - Land Schedule

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
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**TY 2005 Investments - Other Schedule**

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Description	Book Value	Cost/FMV
CAPITAL CONT TO GOOD VENTURE	1,000	

## TY 2005 Investments - Securities Schedule

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Description	Book Value	Cost/FMV
BONDS	6,679,780	F
EQUITIES	29,935,133	F
US TREASURY & MONEY MARKET SEC	1,741,123	F

## TY 2005 Mortgages and Notes Payable Schedule

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

**Total Mortgage Amount:** 3166512

<b>Item No.</b>	1
<b>Lender's Name</b>	NATIONAL CITY BANK
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	1000000
<b>Balance Due</b>	115102
<b>Date of Note</b>	
<b>Maturity Date</b>	2006-11
<b>Repayment Terms</b>	19,500 PER MONTH
<b>Interest Rate</b>	6.38
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	WORKING CAPITAL LOAN
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	SKYBANK FINANCIAL
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	500000
<b>Balance Due</b>	48681
<b>Date of Note</b>	
<b>Maturity Date</b>	2006-12
<b>Repayment Terms</b>	9,200 PER MONTH
<b>Interest Rate</b>	2.93
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	WORKING CAPITAL LOAN
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	

<b>Item No.</b>	3
<b>Lender's Name</b>	PROVINCIAL INVESTMENT
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	348000
<b>Balance Due</b>	348000
<b>Date of Note</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	ON DEMAND
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	START UP INVESTMENT
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	

<b>Item No.</b>	4
<b>Lender's Name</b>	NATIONAL CITY BANK
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	2200000
<b>Balance Due</b>	2654729
<b>Date of Note</b>	
<b>Maturity Date</b>	2009-08
<b>Repayment Terms</b>	19,145 PER MONTH
<b>Interest Rate</b>	5.35
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	INVESTMENT IN HIH LLC
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	

## TY 2005 Officer Compensation Schedule

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

### REV TERENCE HENRY T O R

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	122,300		
Fundraising			

**Dr Robert G Filby**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	105,864		
<b>Fundraising</b>			

**Mr David Skiviat**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	100,972		
<b>Fundraising</b>			

**Dr Maxwell Bonilla**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	99,037		
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			



**Mr Frank Glazer**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>	126,591		

**Mr Joel Recznik**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	90,114		
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Mrs Cheryl Morelli**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	87,550		
<b>Fundraising</b>			

**Mr Thomas Kneier**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	75,433		
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Fr Richard Davis**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	41,165		
<b>Fundraising</b>			

**Rev Michael Scanlan T O R**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>	33,800		

## TY 2005 Other Changes in Net Assets Schedule

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	559,354
RECLASS OF STUDENT ACTIVITIES INC & EXP	2,018

**TY 2005 Other Expenses  
Not Included Schedule**

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Description	Amount
RECLASS STUDENT AID FROM REV	9,301,640
RECLASS STUDENT ACT FROM REV	364,803



**TY 2005 Other Investment Income Schedule**

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Description	Amount
Passthru inc from Good Venture HIH LLC 20-0498150	3,518,584

**TY 2005 Other Liabilities Schedule**

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

Description	Beginning of Year Amount	End of Year Amount
STUDENT DEP JV MINORITY INT	1,728,253	1,407,171

**TY 2005 Other Notes/Loans  
Receivable Short Schedule****Name:** Franciscan University of Steubenville**EIN:** 34-0714818

<b>Category/Name</b>	<b>Amount</b>
VARIOUS STUDENTS	988,106
MARIA THRON PRIVASTIFUND	612,013
MARIA THRON PRIVASTIFUND	817,392

**TY 2005 Other Revenues  
Not Included Schedule****Name:** Franciscan University of Steubenville**EIN:** 34-0714818

<b>Description</b>	<b>Amount</b>
RECLASS STUDENT AID TO EXPENSE	9,301,640
RECLASS STUDENT ACT TO EXPENSE	366,821

### TY 2005 Tax-Exempt Bond Liabilities Schedule

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

<b>Item No.</b>	1
<b>Name of Issue</b>	
<b>Purpose</b>	1970 Dorm & Aux Bonds Series A
<b>Amount Outstanding</b>	133000
<b>Unexpeded Bond Proceeds</b>	
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	2010-04
<b>Repayment Terms</b>	31,000 per year
<b>Interest Rate</b>	312.5 %
<b>Security</b>	Dormitory & other facilities

<b>Item No.</b>	2
<b>Name of Issue</b>	
<b>Purpose</b>	1970 Dorm & Aux Bonds Series B
<b>Amount Outstanding</b>	145000
<b>Unexpeded Bond Proceeds</b>	
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	2012-04
<b>Repayment Terms</b>	21,000 per year
<b>Interest Rate</b>	337.5 %
<b>Security</b>	Dormitory & other facilities

<b>Item No.</b>	3
<b>Name of Issue</b>	
<b>Purpose</b>	1970 Dorm & Aux Bonds Series C
<b>Amount Outstanding</b>	218000
<b>Unexpeded Bond Proceeds</b>	
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	2017-04
<b>Repayment Terms</b>	16,000 per year
<b>Interest Rate</b>	300 %
<b>Security</b>	Dormitory & other facilities

<b>Item No.</b>	4
<b>Name of Issue</b>	
<b>Purpose</b>	1970 Dorm & Aux Bonds Series D
<b>Amount Outstanding</b>	454000
<b>Unexpeded Bond Proceeds</b>	
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	2020-04
<b>Repayment Terms</b>	26,000 per year
<b>Interest Rate</b>	300 %
<b>Security</b>	Dormitory & other facilities

<b>Item No.</b>	5
<b>Name of Issue</b>	
<b>Purpose</b>	1996 Ohio Higher Education Bnd
<b>Amount Outstanding</b>	3060000
<b>Unexpeded Bond Proceeds</b>	
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	2016-12
<b>Repayment Terms</b>	210,000 per year
<b>Interest Rate</b>	
<b>Security</b>	Educational facility

**TY 2005 Explanation of Receipt or  
Revocation of Government Financial Aid**

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

**Statement:**

## TY 2005 Scholarship Award Statement

**Name:** Franciscan University of Steubenville

**EIN:** 34-0714818

**Statement:**



**TY 2005 Self Dealing Statement****Name:** Franciscan University of Steubenville**EIN:** 34-0714818

<b>Line Number</b>	<b>Explanation</b>
2d	SEE FORM 990 PART V-A

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
REV TERENCE HENRY T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	President, Secretary 50	122,300	27,354	5,254
Dr Robert G Filby 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Executive Vice Presi 50	105,864	27,881	4,664
Mr David Skiviat 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Vice President of Fi 50	100,972	32,274	406
Dr Maxwell Bonilla 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Vice President for A 50	99,037	32,018	6,576
Mr Frank Glazer 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Vice President 50	126,591	36,983	3,305
Mr Joel Recznik 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Dean of Enrollment 50	90,114	35,403	0
Mrs Cheryl Morelli 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Vice President HR 50	87,550	17,164	0
Mr Thomas Kneier 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Dean of Students 50	75,433	15,898	0
Fr Richard Davis 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Vice President 50	41,165	12,371	0
Rev Michael Scanlan T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Chancellor 50	33,800	10,985	1,575

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Very Rev Christian Oravec T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Chairman 1	0	0	0
Dr Charles Bentz 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mrs Diane Brown 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Dr Nicholas Cafardi 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mr Paul Carapellotti 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Rev Michael Ciski T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mrs Theresa Collins 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mother M Regina Pacis Coury F S G 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Dr Derrick M DeSilva 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Most Rev Roger J Foys 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Mr Ed Johnson 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mrs Paulette Kardos 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	2,345
Mrs Patricia Lynch 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mrs Jamie McAleer 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mr Robert Mylod 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mr Paul Nigro 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Rev Nicholas Polichnowski T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Dr Charles Rice 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mr Richard Reiderer 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mr David Robertson 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Rev Daniel Sinisi T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Mr Robert Smith 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Rev Malachi Van Tassell T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Rev Cletus Watson T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Trustee 1	0	0	0
Dr John H Irvin 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Emeritus 1	0	0	0
Rev Brian Miller T O R 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	Emeritus 1	0	0	0

8453-EO

# Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2006, or tax year beginning 06/01, 2006, and ending 05/31, 2006

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

# 2005

See instructions on back

Name of the organization  
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number  
34-0714818

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (ie do not enter -0-). But if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I:

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990 line 12)	1b	64176119
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

## Part II Declaration of Officer

I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) only to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the US Treasury Financial Agent at 1-888-353-4637 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of the Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any return offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here: John A. Steitz Date: 3/28/07 Title: CONTROLLER

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a preparer, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Provider for Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only: ERO's signature: Rosemarie Catalano, CPA Date: 03/26/2007 Check if self-employed:  ERO's SSN or PTIN: P00102794  
 Firm's name (or yours if self-employed): ERNST & YOUNG U.S. LLP EIN: 34-6565596  
 address and ZIP code: 1500 KEY TOWER, 50 FOUNTAIN PL  
BUFFALO NY 14202 Phone: 716-843-5000

Under penalties of perjury, I declare that I am a preparer of the above return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. There is no other information which the preparer has any knowledge.

Paid Preparer's Use Only: Preparer's signature: Rosemarie Catalano, CPA Date: 3/26/07 Check if self-employed:  Preparer's SSN or PTIN: P00102794  
 Firm's name (or yours if self-employed): ERNST & YOUNG U.S. LLP EIN: 34-6565596  
 address and ZIP code: 1500 KEY TOWER, 50 FOUNTAIN PL  
BUFFALO NY 14202 Phone: 716-843-5000

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO 2006