

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 06-01-2007 and ending 05-31-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: FRANCISCAN UNIVERSITY OF STEUBENVILLE. Number and street: 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: Accrual

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: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 72,553,456

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ 10,890,819 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	10,890,819	10,890,819	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	966,512	427,048	502,758
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	189,340		81,345
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	17,534,006	14,289,283	2,286,741
27	Pension plan contributions not included on lines 25a, b and c	27	985,183	804,238	105,435
28	Employee benefits not included on lines 25a - 27	28	2,083,290	1,666,131	257,236
29	Payroll taxes	29	1,353,986	1,064,056	185,342
30	Professional fundraising fees	30	339,996		339,996
31	Accounting fees	31	107,246	8,994	98,252
32	Legal fees	32	99,682	382	99,300
33	Supplies	33	2,056,471	2,015,291	
34	Telephone	34	657,404	640,856	
35	Postage and shipping	35	285,593	175,738	9,180
36	Occupancy	36	2,721,821	2,001,510	720,161
37	Equipment rental and maintenance	37	421,959	298,941	122,596
38	Printing and publications	38	257,046	132,655	531
39	Travel	39	1,381,193	1,219,913	90,816
40	Conferences, conventions, and meetings	40	141,715	104,727	28,944
41	Interest	41	1,310,933	1,272,592	38,341
42	Depreciation, depletion, etc (attach schedule)	42	4,948,001	3,386,724	1,561,277
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	61,839,744	51,186,223	8,185,553

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? INSTITUTION OF HIGHER EDUCATION AND CHRISTIAN OUTREACH PROGRAMMING 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a INSTRUCTION AND AUXILIARY SERVICES (INCLUDING ROOM AND BOARD) AS RELATED TO INSTRUCTION OF 2,434 UNDERGRADUATE AND GRADUATE STUDENTS ENROLLED IN 43 MAJORS AND 32 MINOR ACADEMIC PROGRAMS. A TOTAL OF 468 UNDERGRADUATE AND 116 GRADUATE DEGREES WERE CONFERRED IN THE 2007-08 ACADEMIC YEAR. (Grants and allocations \$ 10,890,819) If this amount includes foreign grants, check here <input type="checkbox"/>	48,672,438
b CHRISTIAN OUTREACH 40,777 YOUTH 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"/>	2,513,785
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	51,186,223

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	45 Cash—non-interest-bearing		76,269	45	85,752	
	46 Savings and temporary cash investments		13,320,115	46	15,970,174	
	47a Accounts receivable	47a	1,189,043			
	b Less allowance for doubtful accounts	47b	125,000	1,096,595	47c	1,064,043
	48a Pledges receivable	48a	7,287,236			
	b Less allowance for doubtful accounts	48b	1,457,447	2,857,835	48c	5,829,789
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a	3,435,006			
	b Less allowance for doubtful accounts	51b		2,525,248	51c	3,435,006
	52 Inventories for sale or use			745,444	52	768,972
	53 Prepaid expenses and deferred charges			1,460,413	53	1,639,743
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			53,617,579	54a	52,225,076
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a	95,000				
b Less accumulated depreciation (attach schedule)	55b		95,000	55c	95,000	
56 Investments—other (attach schedule)			1,000	56	118,500	
57a Land, buildings, and equipment basis	57a	115,694,021				
b Less accumulated depreciation (attach schedule)	57b	50,462,831	64,006,568	57c	65,231,190	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)				58		
59 Total assets (must equal line 74) Add lines 45 through 58			139,802,066	59	146,463,245	
Liabilities	60 Accounts payable and accrued expenses		8,440,184	60	7,432,339	
	61 Grants payable		705,742	61	702,987	
	62 Deferred revenue		1,908,507	62	2,397,569	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)			24,219,503	64a	23,410,799
	b Mortgages and other notes payable (attach schedule)			2,914,871	64b	2,822,506
	65 Other liabilities (describe <input type="checkbox"/> _____)			1,395,721	65	1,130,714
66 Total liabilities Add lines 60 through 65			39,584,528	66	37,896,914	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		81,420,808	67	83,213,625	
	68 Temporarily restricted		9,156,562	68	12,937,146	
	69 Permanently restricted		9,640,168	69	12,415,560	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			100,217,538	73	108,566,331
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			139,802,066	74	146,463,245

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

a	Total revenue, gains, and other support per audited financial statements	a	59,307,586
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-2,352,685
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	-2,352,685
c	Subtract line b from line a	c	61,660,271
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	10,880,951
	Add lines d1 and d2	d	-2,352,685
e	Total revenue (Part I, line 12) Add lines c and d	e	72,541,222

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

a	Total expenses and losses per audited financial statements	a	50,958,793
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	50,958,793
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	10,880,951
	Add lines d1 and d2	d	10,880,951
e	Total expenses (Part I, line 17) Add lines c and d	e	61,839,744

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				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>24</u>		
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) <input checked="" type="checkbox"/> .	75b Yes	
c 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 the organization? See the instructions for the definition of "related organization" <input checked="" type="checkbox"/> If "Yes," attach a statement that includes the information described in the instructions	75c	No
d Does the organization have a written conflict of interest policy?	75d 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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
MR FRANK GLAZER 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	0	101,116	6,879	0
MRS CHERYL MORELLI 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	0	81,345	0	0

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	No
77 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	77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b Yes	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a 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?	80a	No
b If "Yes," enter the name of the organization <input checked="" type="checkbox"/> _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a _____		
b Did the organization file Form 1120-POL for this year?	81b	No

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
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
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
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?
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
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
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, 2007
91a The books are in care of John A Steitz Telephone no (740) 284-5177
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)?

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

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

92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Interest on savings and temporary cash investments, Dividends and interest from securities, etc.

Note: Line 105 plus line 1e, 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

Table with 3 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of business.

Part X Information Regarding Transfers Associated with Exempt Purposes (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums?

(b) Did the organization, during the year, pay premiums, directly or indirectly?


NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date 2009-04-10
	Type or print name and title DAVID M SKIVIATI sR VP OF FINANCE	

Paid Preparer's Use Only	Preparer's signature Susan M Kirsch	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SCHNEIDER DOWNS & CO INC 1133 PENN AVENUE PITTSBURGH, PA 15222			EIN  Phone no  (412) 261-3644

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.)

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

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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 1235 UNIVERSITY Blvd STEUBENVILLE, OH 43952	PHILOSOPHY PROFESSOR 50 00	129,834	22,830	0
DR REGIS MARTIN 1235 UNIVERSITY Blvd STEUBENVILLE, OH 43952	THEOLOGY PROFESSOR 50 00	104,887	21,749	0
DR ALAN SCHRECK 1235 UNIVERSITY Blvd STEUBENVILLE, OH 43952	THEOLOGY PROFESSOR 50 00	96,984	21,427	0
DR STEPHEN MILETIC 1235 UNIVERSITY Blvd STEUBENVILLE, OH 43952	THEOLOGY PROFESSOR 50 00	93,038	20,965	0
MR KEVIN SEBOLT 1235 UNIVERSITY Blvd STEUBENVILLE, OH 43952	DIR INFO TECHNOLOGY 50 00	92,567	23,997	0
Total number of other employees paid over \$50,000	114			

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
FRANCISCAN FRIARS TOR PO BOX 500 LORETTO, PA 159400500	TEACHING MINISTRY & ADMIN	644,652
MACLACHLAN CORNELIUS FILONI 200 the bank tower pittsburgh, PA 15222	ARCHITECT	395,131
COMMUNITY COUNSELLING SERVICE CO po box 27462 new york, NY 100877462	FUNDRAISING	300,000
PROVINCE OF THE MOST SACRED HEART O po box 188 LORETTO, PA 15940	TEACHING MINISTRY & ADMIN	152,297
ERNST YOUNG LLP PO BOX 640382 PITTSBURGH, PA 152640382	INDEPENDENT AUDITOR	96,252
Total number of others receiving over \$50,000 for professional services	6	

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 2 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 152382806	CONSTRUCTION	4,162,078
SODEXO INC 10400 FERNWOOD ROAD BETHESDA, MD 20817	FOOD SERVICE	3,338,310
JEFFERSON INVESTIGATORS SECURITY 1439 SUNSET BOULEVARD STEUBENVILLE, OH 43952	SECURITY	362,365
AMERICAN GROUP TRAVEL INC 166 FRONT STREET ELMHURST, PA 184160166	PILGRIMAGE TRAVEL	163,992
TRI-STATE PRINTING CO PO BOX 1119 STEUBENVILLE, OH 43952	PRINTING	135,165
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

<p>1 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)</p> <p>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</p>	1		No
<p>2 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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>			0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>			0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 33 1/3%** 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 33 1/3%** 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>


- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 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					
18 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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:					
a 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 " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 Do not file this list with your return. 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
29 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?	29 Yes	
30 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?	30 Yes	
31 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 AND RADIO ADVERTISING AND PUBLISHED IN UNIVERSITY CATALOGS AND DOCUMENTS DISTRIBUTED TO HIGH SCHOOLS AND AT COLLEGE INFORMATION FAIRS THE POLICY IS ALSO STATED ON THE UNIVERSITY'S WEBSITE	31 Yes	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a Yes	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c Yes	
d 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) _____ _____	32d Yes	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	No
b Admissions policies?	33b	No
c Employment of faculty or administrative staff?	33c	No
d Scholarships or other financial assistance?	33d	No
e Educational policies?	33e	No
f Use of facilities?	33f	No
g Athletic programs?	33g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) _____ _____	33h	No
34a Does the organization receive any financial aid or assistance from a governmental agency? 	34a Yes	
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	34b	No
35 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	35 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

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— 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	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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

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 12 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

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.

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

(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

Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for cost and elected cost details, including listed property, total elected cost, and tentative deduction.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance, property subject to election, and other depreciation.

Part III MACRS Depreciation (Do not include listed property)

Section A

Table with 2 rows for MACRS deductions and group election.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system class life.

Part IV Summary (see instructions)

Table with 3 rows for summary totals, including listed property, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Question, Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

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
a DUES MEMBERSHIPS ENTERTAINMENT & SUBSCRIPTIONS	43a	827,303	564,346	133,453	129,504
b ADVERTISING HONORARIUMS ROYALTIES & RECRUITING	43b	547,118	428,740	44,769	73,609
c CONSULTING	43c	963,984	757,577	132,916	73,491
d BAD DEBT EXPENSE	43d	1,707,639	337,729	1,369,910	
e DISTANCE LEARNING BOOKSTORE & JOINT VENTURE	43e	4,479,116	4,479,116		
f FOOD SERVICE	43f	3,502,119	3,502,119		
g EQUIPMENT ACQUISITION & EQUIPMENT REPLACEMENT	43g	1,223,293	479,368	696,604	47,321
h OTHER SUMMER CONFERENCES RESIDENT ASSISTANCE WAIVERS	43h	237,330	237,330		
i overhead allocation	43i	-380,354		-380,354	

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

(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
REV TERENCE HENRY TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	PRESIDENT SECRETARY 50 00	138,250	18,833	0
DR ROBERT G FILBY 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	EXECUTIVE VICE PRESIDENT 50 00	127,946	26,841	0
MR DAVID M SKIVIAT JR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	VICE PRESIDENT OF FINANCE 50 00	114,881	25,444	0
DR MAXWELL BONILLA 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	VICE PRESIDENT OF ACADEMIC AFFAIRS 50 00	112,297	25,376	0
MR MICHAEL HERNON 308-508 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	VICE PRESIDENT FOR ADVANCEMENT 50 00	30,000	6,706	0
MR JOEL RECZNIK 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	DEAN OF ENROLLMENT MANAGEMENT 50 00	101,248	25,381	0
MR DAVID SCHMIESING 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	VICE PRESIDENT OF STUDENT LIFE 50 00	84,395	22,728	0
FR RICHARD DAVIS TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	VICE PRESIDENT COMMUNITY RELATIONS 50 00	46,046	9,577	0
MR ADAM SCURTI 108-508 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	VP OF HUMAN RESOURCES 50 00	50,417	146	0
VERY REV CHRISTIAN ORAVEC TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	CHAIRMAN 1 00	0	0	0

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

(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
DR CHARLES BENTZ 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MRS DIANE BROWN 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
DR NICHOLAS CAFARDI 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MR PAUL CARAPELLOTTI 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
REV MICHAEL CISKI TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MRS THERESA COLLINS 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MOTHER M REGINA PACIS COURY FSC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MOST REV ROGER J FOYS 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MR ED JOHNSON 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MRS PAULETTE KARDOS 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0

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

(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
MRS PATRICIA LYNCH 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
REV NATHAN MALAVOLTI TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MRS JAMIE MCALEER 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MR PAUL NIGRO 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
REV NICHOLAS POLICHNOWSKI TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
DR CHARLES RICE 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MR RICHARD REIDERER 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MR DAVID ROBERTSON 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
REV SEAN SHERIDAN TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
MR ROBERT SMITH 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0

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

(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
MRS CAROL SNYDER 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
REV MALACHI VAN TASSELL TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0
REV CLETUS WATSON TOR 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	TRUSTEE 1 00	0	0	0

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

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	
a TUITION AND FEES					38,501,596
b EDUCATIONAL ACTIVITIES					705,873
c AUXILIARY ACTIVITIES					11,160,469
d CHRISTIAN OUTREACH	611710	223,474			2,290,311
e STUDENT & RELATED ACTIVITIES					547,202
f FEE INCOME			03	92,562	
g OCCUPANCY CHARGES			03	40,627	
h MISCELLANEOUS STUDENT SERVICES	611710	7,806			
i CHAPEL INCOME			03	58,156	
j REGISTRATION/ENTRANCE FEES			03	15,955	
k RELATIONSHIP BUILDING EVENTS			03	10,658	
l RECOVERED FUNDS			03	4,896	

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

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).
93A	FEES FROM STUDENTS - PART OF EXEMPT PURPOSE AS A PRIVATE RELIGIOUS EDUCATIONAL INSTITUTION
93B	FEES FROM GRADUATE AND COMMUNITY ORIENTED SALES OF EDUCATIONAL PROGRAMMING
93C	LODGING AND FOOD SERVICE FOR STUDENTS, VISITORS AND CHRISTIAN SUPPORTERS IN FURTHERANCE OF THE EXEMPT RELIGIOUS EDUCATIONAL PURPOSE
93D	FEES FOR CHRISTIAN CONFERENCES, SEMINARS AND PILGRIMAGES PROVIDING RELIGIOUS EDUCATIONAL PROGRAMMING, SALES OF RELIGIOUS BOOKS, LITERATURE, MUSIC AND TAPES CONTAINING CATHOLIC EDUCATIONAL PROGRAMMING
93E	FEES FROM STUDENT ACTIVITIES, FORFEITURES, ASSISTANCE AND OTHER RELATED ACTIVITIES

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(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 ENTERPRISES LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH43952 34-0714818	10000 00 %	PROVIDE DORMITORY & SOCIAL SPACE FOR STUDENTS & GUESTS	219,210	7,102,960
GOOD VENTURE HIH LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH43952 26-1329844	10000 00 %	GVHIH WHICH PROVIDES HOTELREST SVC & LIMITED DORM SPACE FOR STUDENTSGUES	3,781,935	3,777,103
GOOD VENTURE BELLEVIEW 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH43952 34-0714818	10000 00 %	FUTURE DEVELOPMENT FOR CAMPUS EXPANSION	0	2,009,000
GOOD VENTURE PROPERTIES 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH43952 34-0714818	10000 00 %	FUTURE DEVELOPMENT FOR CAMPUS AND RETAIL EXPANSION	0	705,000
GOOD VENTURE PARK VIEW CIRCLE 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH43952 34-0714818	10000 00 %	PROVIDE DORMITORY SPACE FOR STUDENTS	0	130,841

TY 2007 Cash Grants Paid Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Class of Activity	Recipient's name	Address	Amount	Relationship
SCHOLARSHIPS AND STUDENT AID	FEDERAL AID	1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	1,701,989	NONE
SCHOLARSHIPS AND STUDENT AID	STATE AID	1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	640,630	NONE
SCHOLARSHIPS AND STUDENT AID	INSTITUTIONAL AID	1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	7,672,461	NONE
SCHOLARSHIPS AND STUDENT AID	RESTRICTED SCHOLARSHIPS	1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	875,739	NONE

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

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
asset disposal	2007-11	PURCHASED	2007-11			2,366		0	-2,366	
PARTIAL INTEREST IN FARM PROPERTY	2007-11	PURCHASED	2007-11		28,802	0		0	28,802	
foreign exchange	2007-11	PURCHASED	2007-11		300,450	0		0	300,450	

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** FRANCISCAN UNIVERSITY OF STEUBENVILLE**EIN:** 34-0714818**Gross Sales Price:** 955,355**Basis:** 0**Sales Expenses:** 0**Total (net):** 955,355

TY 2007 General Explanation Attachment

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Identifier	Return Reference	Explanation
RELATIONSHIPS	FORM 990, QUESTION 75B	<p>THE BYLAWS PROVIDE THAT THE MINISTER PROVINCIAL OF THE PROVINCE OF THE MOST SACRED HEART OF JESUS OF THE THIRD ORDER REGULAR OF ST FRANCIS OF PENANCE (HEREAFTER REFERRED TO AS "PRO VINCE") SHALL BE CHAIR OF THE BOARD OF TRUSTEES OF FRANCISCAN UNIVERSITY OF STEUBENVILLE (HEREAFTER REFERRED TO AS "UNIVERSITY") IN ADDITION TO THE BOARD OF TRUSTEES, THE BYLAWS P ROVIDE THAT THE MEMBERS OF THE UNIVERSITY SHALL BE THE MINISTER PROVINCIAL AND THE PROVINC IAL CURIA OF THE PROVINCE NINE PROVINCE MEMBERS (IDENTIFIED BY THE INITIALS "TOR") HELD T RUSTEE AND/OR OFFICER POSITIONS WITH THE UNIVERSITY DURING THE REPORTING PERIOD THE UNIVE RSITY IS NOT AWARE OF ANY OTHER REPORTABLE FAMILY OR BUSINESS RELATIONSHIP THAT MAY EXIST BETWEEN BOARD MEMBERS, KEY EMPLOYEES, HIGHLY COMPENSATED EMPLOYEES AND HIGHLY COMPENSATED VENDORS</p>

Identifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART V-A	PLEASE NOTE THAT NONE OF THE FRANCISCAN FRIARS, T O R WHO ARE ASSIGNED BY THEIR RELIGIOUS ORDER TO PROVIDE SERVICES TO THE UNIVERSITY ARE EMPLOYED BY THE UNIVERSITY PAYMENT FOR S ERVICES PROVIDED BY THE ORDER IS MADE DIRECTLY TO THE ORDER AS DISCLOSED ON SCHEDULE A, PA RT II-A IT SHOULD BE FURTHER NOTED THAT NONE OF THE FRIARS PARTICIPATE IN THE UNIVERSITY' S FRINGE BENEFIT PLANS

TY 2007 Investments - Land Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
buildings	95,000		95,000

TY 2007 Investments - Other Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Description	Book Value	Cost/FMV
GOOD VENTURE ENTERPRISES LLC	118,500	C

TY 2007 Land etc. Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
ART	96,017		96,017
LAND AND LAND IMPROVEMENTS	10,057,817	2,819,683	7,238,134
BUILDINGS	78,006,052	25,833,668	52,172,384
EQUIPMENT	26,636,371	21,809,480	4,826,891
CONSTRUCTION IN PROGRESS	897,764		897,764

TY 2007 Mortgages and Notes Payable Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Total Mortgage Amount: 0

Item No.	1
Lender's Name	PROVINCIAL OF THE MOST SACRED HEART
Lender's Title	
Relationship to Insider	FOUNDER RELIGIOUS ORGANIZATION
Original Amount of Loan	348000
Balance Due	348000
Date of Note	1946-03
Maturity Date	
Repayment Terms	ON DEMAND
Interest Rate	0.0000
Security Provided by Borrower	NONE
Purpose of Loan	START UP INVESTMENT
Description of Lender Consideration	CASH
Consideration FMV	

Item No.	2
Lender's Name	NATIONAL CITY BANK
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	2200000
Balance Due	2474506
Date of Note	2004-02
Maturity Date	2009-08
Repayment Terms	\$19,145 PER MONTH
Interest Rate	5.3500
Security Provided by Borrower	ASSETS OF GOOD VENTURE HIH, LLC
Purpose of Loan	INVESTMENT IN GOOD VENTURE HIH, LLC
Description of Lender Consideration	CASH
Consideration FMV	

TY 2007 Other Changes in Net Assets Schedule**Name:** FRANCISCAN UNIVERSITY OF STEUBENVILLE**EIN:** 34-0714818

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-2,352,685

**TY 2007 Other Expenses
Not Included Schedule**

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Description	Amount
TUITION ASSISTANCE	10,890,819
SPECIAL EVENT EXPENSES	-9,868

TY 2007 Other Investment Income Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Description	Amount
gvh1h income	3,756,680

TY 2007 Other Liabilities Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Description	Beginning of Year Amount	End of Year Amount
student and other deposits	1,395,721	1,130,714

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

TY 2007 Other Notes/Loans Receivable Long Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
STUDENT EDUCATIONAL ASSISTANCE	none		993,513	2006-11	2006-11	monthly payments of principal & interest	0 %	none	educational assistance	cash	0
foundation maria thron	none		468,789	2003-01	2012-12	payment due at maturity including interest	0 %	property of fnt land registry plats ez573 & ez572	Renovation of acad/student facilities in connection W FU'S STUDY ABROAD PROG	cash	0
foundation maria thron	none		515,710	2001-11	2012-12	monthly installments beg 12/31/12	0 %	none	Renovation of acad/student facilities in connection W FU'S STUDY ABROAD PROG	cash	0
foundation maria thron	none		1,456,994	2007-01	2009-03	no later than 3/1/09	500 00 %	none	temporary renovation refinancing	cash	0

**TY 2007 Other Revenues
Not Included Schedule**

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Description	Amount
TUITION ASSISTANCE	10,890,819
SPECIAL EVENT EXPENSES	-9,868

TY 2007 Relationship Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
SEE STATEMENT 22 23	SEE STATEMENT 22 & 23	SEE STATEMENT 22 23	SEE STATEMENT 22 & 23	SEE GENERAL EXPLANATION STATEMENTS 22 & 23

TY 2007 Special Events Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
FOUNDERS EVENT	4,430	3,030	1,400	5,377	-3,977
WOMEN'S CLUB	4,531	0	4,531	3,019	1,512
BASEBALL	3,530	2,215	1,315	1,472	-157

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Item No.	1
Name of Issue	
Purpose	1970 DORMITORY AND AUXILIARY FACILITIES SERIES A
Amount Outstanding	69000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2010-04
Repayment Terms	\$34,000 PER YEAR
Interest Rate	312.50 %
Security	DORMITORY AND AUXILIARY FACILITIES

Item No.	2
Name of Issue	
Purpose	1970 DORMITORY AND AUXILIARY FACILITIES SERIES B
Amount Outstanding	100000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2012-04
Repayment Terms	\$24,000 PER YEAR
Interest Rate	337.50 %
Security	DORMITORY AND AUXILIARY FACILITIES

Item No.	3
Name of Issue	
Purpose	1970 DORMITORY AND AUXILIARY FACILITIES SERIES C
Amount Outstanding	184000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2017-04
Repayment Terms	\$18,000 PER YEAR
Interest Rate	300.00 %
Security	DORMITORY AND AUXILIARY FACILITIES

Item No.	4
Name of Issue	
Purpose	1970 DORMITORY AND AUXILIARY FACILITIES SERIES D
Amount Outstanding	400000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2020-04
Repayment Terms	\$28,000 PER YEAR
Interest Rate	300.00 %
Security	DORMITORY AND AUXILIARY FACILITIES

Item No.	5
Name of Issue	
Purpose	2006 OHIO HIGHER EDUCATIONAL FACILITY BOND SERIES A
Amount Outstanding	19730000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2036-05
Repayment Terms	\$620,000 PER YEAR
Interest Rate	400.00 %
Security	DORMITORY AND AUXILIARY FACILITIES

Item No.	6
Name of Issue	
Purpose	UNAMORTIZED BOND PREMIUM
Amount Outstanding	82799
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	7
Name of Issue	
Purpose	OHIO HIGHER EDUCATION FACILITY BONDS TAXABLE SERIES B
Amount Outstanding	2845000
Unexpended Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2016-05
Repayment Terms	\$290,000 PER YEAR
Interest Rate	575.00 %
Security	DORMITORY AND AUXILIARY FACILITIES

**TY 2007 Explanation of Receipt or
Revocation of Government Financial Aid**

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Statement: DURING FISCAL YEAR 2007, FRANCISCAN UNIVERSITY OF STEUBENVILLE RECEIVED GOVERNMENT GRANTS AND AWARDS FROM FEDERAL WORKSTUDY PROGRAM, FEDERAL PELL, SEOG ACG, SMART PROGRAMS, OHIO STATE GRANTS, OHIO EDUCATIONAL GRANTS, PENNSYLVANIA STATE GRANT, VERMONT STATE GRANT, RHODE ISLAND STATE GRANT AND MICHIGAN STATE GRANT TO ASSIST IN THEIR EXEMPT PURPOSE OF PROVIDING EDUCATION.

TY 2007 Scholarship Award Statement

Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

EIN: 34-0714818

Statement: SCHOLARSHIPS ARE ISSUED TO STUDENTS BASED UPON THEIR FINANCIAL NEED AND ACADEMIC STANDARDS. THE SELECTION COMMITTEES ARE COMPRISED OF REPRESENTATIVES FROM ADMISSIONS, ENROLLMENT SERVICES, STUDENT LIFE, FRANCISCAN FRIARS AND VARIOUS FACULTY MEMBERS.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning JUN 1, 2007, and ending MAY 31, 2008

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

2007

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt 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...

1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 72541222
2a Form 990-EZ check here [] b Total revenue, if any (Form 990 EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990 PF check here [] b Tax based on investment income (Form 990 PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, line 3c) 5b

Part II Declaration of Officer

6 [] I authorize the U S Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return...

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 2007 electronic return and accompanying schedules and statements...

Sign Here [Signature] | 4-9-09 | VP OF FINANCE
Signature of officer Date Title

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...

ERO's Use Only [Signature] | 4/9/09 | [X] | [] | P00341397
Firm's name (or yours if self-employed) address and ZIP code SCHNEIDER DOWNS & CO., INC.
1133 PENN AVENUE PITTSBURGH, PA 15222
EIN 25-1408703
Phone no (412) 261-3644

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only [Signature] | | [] |
Firm's name (or yours if self-employed) address, and ZIP code
EIN
Phone no