

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)

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009

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

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

C Name of organization: FRANCISCAN UNIVERSITY OF STEUBENVILLE. Doing Business As. Number and street (or P.O. box if mail is not delivered to street address): 1235 UNIVERSITY BOULEVARD. Room/suite. City or town, state or country, and ZIP + 4: STEUBENVILLE, OH 43952

D Employer identification number: 34-0714818. E Telephone number: (740) 283-3771. G Gross receipts \$ 68,136,452

F Name and address of Principal Officer: FR TERENCE HENRY TOR, 1235 UNIVERSITY BOULEVARD, STEUBENVILLE, OH 43952

H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. H(c) Group Exemption Number

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527

J Web site: WWW.FRANCISCAN.EDU

K Type of organization: Corporation trust association other. L Year of Formation 1946. M State of legal domicile OH

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-7a. Activities & Governance, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

Signature block containing: Declaration of preparer, Signature of officer (DAVID M SKIVIAT SR VP OF FINANCE), Preparer's signature (Susan M Kirsch), Firm's name (SCHNEIDER DOWNS & CO INC, 1133 PENN AVENUE, PITTSBURGH, PA 15222)

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

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

1 Briefly describe the organization's mission

TO FURTHER THE HIGHER EDUCATION OF MEN AND WOMEN THROUGH PROGRAMS OF LIBERAL, PROFESSIONAL, AND PRE-PROFESSIONAL STUDIES LEADING TO THE CONFERRAL OF BACCALAUREATE AND MASTER DEGREES IN ARTS AND SCIENCES AND TO PROMOTE THE MORAL, SPIRITUAL, & RELIGIOUS VALUES OF ITS STUDENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 47,298,676 including grants of \$ 9,778,260) (Revenue \$ 50,487,931)
 INSTRUCTION AND AUXILIARY SERVICES (INCLUDING ROOM AND BOARD) AS RELATED TO THE INSTRUCTION OF 2,491 UNDERGRADUATE AND GRADUATE STUDENTS ENROLLED IN 43 MAJORS AND 34 MINOR ACADEMIC PROGRAMS A TOTAL OF 507 UNDERGRADUATE AND 131 GRADUATE DEGREES WERE CONFERRED IN THE 2008-09 ACADEMIC YEAR





















4b (Code) (Expenses \$ 2,799,917 including grants of \$ 1,650) (Revenue \$ 3,095,216)
 CHRISTIAN OUTREACH 37,718 YOUTH AND OTHER PARTICIPANTS IN CHRISTIAN OUTREACH CONFERENCES, SEMINARS, CATHOLIC PROGRAMMING AND YOUTH OUTREACH PROGRAMS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)












4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 50,098,593 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I 	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 3,904		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 1,859		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country <u>AU</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?		No
15b	Other officers or key employees of the organization? Describe the process in Schedule O		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 JOHN A STEITZ CONTROLLER
 1235 UNIVERSITY BOULEVARD
 STEUBENVILLE, OH 43952
 (740) 283-3771

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							742,146	0	173,570	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC 10400 FERNWOOD ROAD BETHESDA, MD 20817	FOOD SERVICE	3,286,188
FRANCISCAN FRIARS TOR PO BOX 500 LORETTO, PA 15940	TEACHING, MINISTRY & ADMIN	916,424
JEFFERSON INVESTIGATORS & SECURITY INC 1439 SUNSET BLVD STEUBENVILLE, OH 43952	SECURITY	380,471
MACLACHLAN CORNELIUS & FILONI INC 307 4 AVE PITTSBURGH, PA 15222	ARCHITECT	299,014
KNEPPER PRESS CORPORATION 2251 SWEENEY DR CLINTON, PA 15026	PRINTING	130,081
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		8

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1,565 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 2,485,911 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 3,306,957 1f					
	g	Noncash contributions included in lines 1a-1f \$ 940,072					
	h	Total (Add lines 1a-1f)	5,794,433				
Program Service Revenue			Business Code				
	2a	TUITION AND FEES 900,099	39,940,048	39,940,048			
	b	AUXILIARY ACTIVITIES 900,099	9,417,900	9,417,900			
	c	CHRISTIAN OUTREACH 611,710	3,095,216	2,332,991	762,225		
	d	STUDENT REL ACTIVITIES 900,099	669,233	669,233			
	e	EDUCATIONAL ACTIVITIES 900,099	226,916	226,916			
	f	All other program service revenue	233,834	227,939	5,895		
g	Total. Add lines 2a-2f						
		\$ 53,583,147					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	1,334,425	62,242		1,272,183	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		Gross Rents					
		Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses	6,934,684				
	c	Gain or (loss)	-6,934,684				
d	Net gain or (loss)	-6,934,684			-6,934,684		
8a	Gross income from fundraising events (not including \$ 2,050 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a	1,565					
b	Less direct expenses b	4,286					
c	Net income or (loss) from fundraising events	-2,236	-2,236				
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a	3,985					
b	Less direct expenses b	4,936					
c	Net income or (loss) from gaming activities	-951	-951				
10a	Gross sales of inventory, less returns and allowances a	6,216,081					
	Less cost of goods sold b	4,282,351					
	Net income or (loss) from sales of inventory	1,933,730	1,933,730				
Miscellaneous Revenue		Business Code					
11a	ALLOWANCE FOR BAD DEBT 900,099	1,388,091	1,388,091				
b	MISCELLANEOUS 611,710	73,614	71,865	1,749			
c	GVHIH ACTIVITY 900,099	-259,374		-259,374			
d	All other revenue						
e	Total. Add lines 11a-11d						
		\$ 1,202,331					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	56,910,195	56,267,768	510,495	-5,662,501		

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	8,931,976	8,931,976		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	847,934	847,934		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,323,357	728,408	471,560	123,389
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,956,904	15,357,196		1,135,157
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,048,750	836,150	144,982	67,618
9	Other employee benefits	4,722,242	3,664,464	703,931	353,847
10	Payroll taxes	1,399,905	1,092,852	210,849	96,204
11	Fees for services (non-employees)				
a	Management				
b	Legal	33,689	5,820	27,869	
c	Accounting	144,088	13,677	130,411	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	20,831		19,831	1,000
g	Other	1,110,293	963,325	118,294	28,674
12	Advertising and promotion	271,950	188,032	8,631	75,287
13	Office expenses	3,357,848	2,997,216	-12,982	373,614
14	Information technology	690,989	429,450	154,315	107,224
15	Royalties	22,625	20,265		2,360
16	Occupancy	2,954,075	2,355,667	598,408	
17	Travel	2,006,892	1,796,568	128,770	81,554
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	175,695	86,672	77,438	11,585
20	Interest	1,354,402	1,322,769	31,633	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,078,592	3,856,510	1,222,082	
23	Insurance	264,695	103,274	161,421	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	FOOD SERVICE	3,484,947	3,484,947		
b	REPAIR & MAINTENANCE	763,189	169,179	589,921	4,089
c	HOSPITALITY	490,706	418,362	23,093	49,251
d	BAD DEBT EXPENSE	344,902	328,166	16,736	
e	DUES, MEMBERSHIPS, ENTERT	199,398	92,243	57,558	49,597
f	All other expenses	11,863	7,471	3,892	500
25	Total functional expenses. Add lines 1 through 24f	60,012,737	50,098,593	7,353,194	2,560,950
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	85,752	1	77,990
	2 Savings and temporary cash investments	15,970,174	2	10,932,470
	3 Pledges and grants receivable, net	5,829,789	3	2,964,208
	4 Accounts receivable, net	1,064,043	4	1,975,880
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	3,435,006	7	2,440,488
	8 Inventories for sale or use	768,972	8	715,292
	9 Prepaid expenses and deferred charges	1,598,271	9	1,166,410
	10a Land, buildings, and equipment cost basis			
		10a 130,147,166		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 55,541,423	65,326,190	10c 74,605,743
	11 Investments—publicly traded securities	43,378,442	11	34,371,541
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	8,965,134	12	7,157,438
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets	41,472	14	43,207
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	146,463,245	16	136,450,667	
Liabilities	17 Accounts payable and accrued expenses	7,432,339	17	7,599,548
	18 Grants payable	702,987	18	708,859
	19 Deferred revenue	2,397,569	19	1,981,093
	20 Tax-exempt bond liabilities	23,410,799	20	22,314,000
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,822,506	23	3,664,556
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	1,130,714	25	1,465,549
	26 Total liabilities. Add lines 17 through 25	37,896,914	26	37,733,605
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	83,213,625	27	70,435,836
	28 Temporarily restricted net assets	12,937,146	28	14,859,976
	29 Permanently restricted net assets	12,415,560	29	13,421,250
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	108,566,331	33	98,717,062	
34 Total liabilities and net assets/fund balances	146,463,245	34	136,450,667	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally Integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number 34-0714818

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	36,229,668				
b Contributions	1,060,498				
c Investment earnings or losses	-8,480,100				
d Grants or scholarships	1,417,425				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	27,392,641				

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 42 000 %
- b** Permanent endowment ▶ 45 000 %
- c** Term endowment ▶ 13 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		8,006,021		8,006,021
b Buildings	95,000	83,567,350	28,484,697	55,177,653
c Leasehold improvements				
d Equipment		27,867,001	23,594,443	4,272,558
e Other		10,611,794	3,462,283	7,149,511
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				74,605,743

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ALTERNATIVE INVESTMENT FUNDS & PARTNERSHIP	7,156,438	F
Other GOOD VENTURE ENTERPRISES, LLC	1,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	7,157,438	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
student and other deposits	1,465,549
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,465,549

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	56,910,195
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,012,737
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,102,542
4	Net unrealized gains (losses) on investments	4	-6,565,241
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-181,486
9	Total adjustments (net) Add lines 4 - 8	9	-6,746,727
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-9,849,269

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

1	Total revenue, gains, and other support per audited financial statements	1	41,847,210
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-6,565,241
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-12,789,317
e	Add lines 2a through 2d	2e	-19,354,558
3	Subtract line 2e from line 1	3	61,201,768
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-4,291,573
c	Add lines 4a and 4b	4c	-4,291,573
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	56,910,195

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	51,696,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	2,903,482
e	Add lines 2a through 2d	2e	2,903,482
3	Subtract line 2e from line 1	3	48,792,997
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	11,219,740
c	Add lines 4a and 4b	4c	11,219,740
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	60,012,737

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part III, Line 1a		COLLECTIONS - THE UNIVERSITY'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS, AND DECORATIVE ARTS THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC AND CURATORIAL PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY PURCHASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS
Part III, Line 4		THE EXEMPT PURPOSE OF THE COLLECTION IS THE ADVANCEMENT OF EDUCATION
Part V, Line 4	Description of Intended Use of Endowment Funds	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 135 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES IN FURTHERANCE OF THE ORGANIZATION'S MISSION INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS
		TEXT OF THE FOOTNOTE TO THE FINANCIAL STATEMENTS IN 2006, THE FASB ISSUED INTERPRETATION NO 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AN INTERPRETATION OF FASB STATEMENT NO 109" (FIN 48), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO 109, "ACCOUNTING FOR INCOME TAXES " FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN FIN 48 IS EFFECTIVE FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008 THE UNIVERSITY IS ASSESSING THE IMPACT THAT THE ADOPTION OF FIN 48 WILL HAVE ON ITS COMBINED FINANCIAL POSITION AND RESULTS OF OPERATIONS
		PART XI, LINE 8 ANNUITY ADJUSTMENT \$(181,486)
		PART XII, LINE 2D STUDENT FINANCIAL AID \$(9,778,260) PART XII, LINE 2D ANNUITY ADJUSTMENT \$(181,486) PART XII, LINE 2D TUITION EMPLOYEE DISCOUNTS \$(1,441,480) PART XII, LINE 2D REDUCTION OF ALLOWANCE ACCOUNTS \$(1,388,091) TOTAL PART XII, LINE 2D \$(12,789,317) PART XII, LINE 4B DIRECT FUNDRAISING EXPENSE \$(9,222) PART XII, LINE 4B COSTS OF GOODS SOLD \$(4,282,351) TOTAL PART XII, LINE 4B \$(4,291,573) PART XIII, LINE 2D DIRECT FUNDRAISING EXPENSE \$9,222 PART XIII, LINE 2D COSTS OF GOODS SOLD \$4,282,351 PART XIII, LINE 4B REDUCTION OF ALLOWANCE ACCOUNTS \$(1,388,091) TOTAL PART XIII LINE 2D \$2,903,482 PART XIII, LINE 4B STUDENT FINANCIAL AID \$9,778,260 PART XIII, LINE 4B TUITION EMPLOYEE DISCOUNTS \$1,441,480 TOTAL PART XIII LINE 4B \$11,219,480

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Department of the Treasury
Internal Revenue Service

Name of the organization

FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number

34-0714818

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. 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	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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)	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	Yes	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Department of the Treasury Internal Revenue Service

Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number

34-0714818

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance. Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures in region. Rows include EUROPE, EAST ASIA AND THE PACIFIC, CENTRAL AMERICA AND CARIBBEAN, SOUTH AMERICA, NORTH AMERICA, and Totals.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter _____

3 Enter total number of other organizations or entities _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT AID FOR STUDY ABROAD PROGRAM	EUROPE	320	847,934				

Software ID:
Software Version:
EIN: 34-0714818
Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number 34-0714818

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FEDERAL AID	621	1,665,775			
STATE AID	502	518,001			
INSTITUTIONAL AID	2107	5,865,753			
RESTRICTED SCHOLARSHIPS	431	882,447			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THESE FUNDS REPRESENT FINANCIAL AID ISSUED TO STUDENTS IN THE FORM OF FEDERAL AND STATE GRANTS, SCHOLARSHIPS, TUITION DISCOUNTS, AND INSTITUTIONAL FINANCIAL AID STUDENTS RECEIVING SCHOLARSHIPS AND GRANTS FROM FRANCISCAN UNIVERSITY ARE MONITORED TO ENSURE THEY MEET THE ACADEMIC REQUIREMENTS OR OTHER CRITERIA ASSOCIATED WITH THE RESPECTIVE AWARD

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|--|
| <input type="checkbox"/> First class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DRROBERT G FILBY	(i)	116,078		18,606	13,512	13,287	161,483	
	(ii)							
DRMICHAEL HEALY	(i)	109,127		5,509	8,257	35,841	158,734	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2008

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AVG4	07-06-2006	20,585,000	DORMITORY AND OTHER CAPITAL PROJECTS		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total Proceeds of Issue										
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Department of the Treasury Internal Revenue Service

Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number

34-0714818

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Total \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number 34-0714818

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Row 9 shows Securities—Publicly traded with value 940,072 and FMV method.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding contribution policies and reporting.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization FRANCISCAN UNIVERSITY OF STEUBENVILLE	Employer identification number 34-0714818
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		FR TERENCE HENRY, T O R, RICHARD RIEDERER, PAULETTE KARDOS AND FR MALACHI VAN TASSELL, T O R ARE MEMBERS OF THE MARIA THRON FOUNDATION SUPERVISORY BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		FRANCISCAN UNIVERSITY OF STEUBENVILLE IS A 501(3)(C) NONPROFIT CORPORATION WITH MEMBERS THE MEMBERS OF THE CORPORATION ARE THE MINISTER PROVINCIAL AND THE PROVINCIAL CURIA OF THE MOST SACRED HEART OF JESUS, THIRD ORDER REGULAR (T O R)AND THE PRESIDENT OF THE FRANCISCAN UNIVERSITY OF STEUBENVILLE WHO SERVES AS MEMBER EX OFFICIO THESE INDIVIDUALS SERVE AS MEMBERS OF THE CORPORATION DURING THEIR RESPECTIVE TERMS AS MINISTER PROVINCIAL, MEMBERS OF THE PROVINCIAL CURIA, AND PRESIDENT OF THE UNIVERSITY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE MINISTER PROVINCIAL OF THE PROVINCE OF THE MOST SACRED HEART OF JESUS IS AN EX OFFICIO MEMBER OF BOARD THIS INDIVIDUAL IS ELECTED BY THE PROVINCE OF THE MOST SACRED HEART OF JESUS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE FOLLOWING POWERS ARE RESERVED EXCLUSIVELY TO THE MEMBERS OF THE CORPORATION A TO DETERMINE THE PHILOSOPHY AND OBJECTIVES OF THE CORPORATION B TO ADOPT AMENDMENTS TO THE ARTICLES OF INCORPORATION, AND TO ALTER, AMEND, OR REPEAL BY LAWS C TO PURCHASE, SELL, LEASE, TRANSFER OR ENCUMBER, CONSTRUCT, OR UNDERTAKE THE DESTRUCTION OF LAND AND/OR BUILDINGS OWNED BY THE UNIVERSITY, OR IN WHICH THE UNIVERSITY HAS OR WILL HAVE LEGAL OR EQUITABLE TITLE D TO MERGE, CONSOLIDATE, OR AFFILIATE THE UNIVERSITY WITH ANY OTHER CORPORATION E TO DISSOLVE OR TERMINATE THE EXISTENCE OF THE UNIVERSITY AND TO DETERMINE THE DISTRIBUTION OF CORPORATE ASSETS UPON SUCH DISSOLUTION OR TERMINATION, PROVIDED THAT SUCH DISTRIBUTION BE EXCLUSIVELY MADE FOR SUCH PURPOSES AS ARE EXEMPT FROM TAXATION UNDER FEDERAL LAW

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE DRAFT FORM 990, 990-T AND REQUIRED SCHEDULES ARE REVIEWED BY THE UNIVERSITY'S FINANCE MANAGEMENT TEAM UPON COMPLETION OF THIS REVIEW, THE FORMS ARE FINALIZED AND A COMPLETE COPY OF THE RETURN IS PROVIDED TO THE BOARD OF TRUSTEES VIA THE UNIVERSITY'S INTRANET SITE THE RETURNS ARE POSTED TO THE BOARD OF TRUSTEES INTRANET SITE IN ADVANCE OF FILING WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS TO IDENTIFY POTENTIAL OR ACTUAL CONFLICTS MEMBERS OF THE UNIVERSITY'S FINANCE MANAGEMENT TEAM REVIEW ALL COMPLETED ANNUAL DISCLOSURES PERCEIVED OR ACTUAL CONFLICTS ARE ADVANCED TO THE AUDIT COMMITTEE FOR REVIEW AND RESOLUTION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		A THE PRESIDENT OF THE UNIVERSITY, A FRIAR WITH THE FRANCISCAN FRIARS TOR, HAS TAKEN A VOW OF POVERTY AND IS NOT COMPENSATED FOR HIS SERVICE TO THE UNIVERSITY DUE TO THE FACT THAT NO COMPENSATION IS PAID TO THE PRESIDENT, POLICIES AND PROCESSES REGARDING THE AWARDED PRESIDENTIAL COMPENSATION ARE NOT RELEVANT DISCLOSURES IN PART VII AND SCHEDULE J REFLECT THIS FACT THE UNIVERSITY DOES MAKE A PAYMENT TO THE FRANCISCAN FRIARS TOR FOR THE SERVICES PERFORMED BY ALL FRIARS B THE OFFICERS' COMPENSATION IS DETERMINED WITHIN THE BUDGETING PROCESS AND SALARY INCREASES ARE APPROVED BY THE EXECUTIVE VICE PRESIDENT, THE PRESIDENT AND AN INDEPENDENT BOARD OF TRUSTEES FRANCISCAN UNIVERSITY ENGAGED AN INDEPENDENT CONSULTANT TO ASSIST WITH THE DESIGN OF A COMPENSATION PROGRAM THAT INCORPORATES COMPENSATION COMPARABLES AND ESTABLISHED SALARY RANGES THAT TAKE INTO CONSIDERATION, AMONG OTHER ITEMS, JOB REQUIREMENTS, SKILL SET AND PERFORMANCE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FRANCISCAN UNIVERSITY OF STEUBENVILLE MAKES ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC UPON FORMAL REQUEST SUBMITTED TO VP OF FINANCE

Identifier	Return Reference	Explanation
FORM 990, PART XI, QUESTION 2	OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE UNIVERSITY'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM THE AUDITED FINANCIAL STATEMENTS ARE PREPARED ON A COMBINED BASIS CAPTURING THE ACTIVITIES OF UNIVERSITY'S SINGLE MEMBERS LCCS IN ADDITION, THE UNIVERSITY HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number

34-0714818

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
GOOD VENTURE ENTERPRISES LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	PROVIDE DORMITORY & SOCIAL SPACE FOR STUDENTS & GUESTS	OH	2,449,795	3,710,775	NA
GOOD VENTURE HIH LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 26-1329844	PROVIDE HOTEL/REST SVC & LIMITED DORM SPACE FOR STUDENTS/GUESTS	OH	54,871	973,741	NA
GOOD VENTURE BELLEVIEW 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	FUTURE DEVELOPMENT FOR CAMPUS EXPANSION	OH	0	2,009,000	NA
GOOD VENTURE PROPERTIES 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	FUTURE DEVELOPMENT FOR CAMPUS AND EXPANSION	OH	1,210,002	1,915,002	NA
GOOD VENTURE PVC LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	PROVIDE RESIDENTIAL AND ACADEMIC SPACE FOR STUDENTS	OH	742,639	840,139	NA

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 34-0714818
Name: FRANCISCAN UNIVERSITY OF STEUBENVILLE

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DRCHARLES BENTZ , TRUSTEE	1 00	X						0	0	0
DIANE BROWN , TRUSTEE	1 00	X						0	0	0
DRNICHOLAS CAFARDI , TRUSTEE - EXITED (10/08)	1 00	X						0	0	0
PAUL CARAPELLOTTI , TRUSTEE	1 00	X						0	0	0
REVMICHAEL CISKITOR , TRUSTEE	1 00	X						0	0	0
THERESA COLLINS , TRUSTEE	1 00	X						0	0	0
MOTHER MREGINA PACIS , COURTY F S G M , TRUSTEE	1 00	X						0	0	0
MOST REVROGER JFOYS , TRUSTEE	1 00	X						0	0	0
ED JOHNSON , TRUSTEE	1 00	X						0	0	0
PAULETTE KARDOS , TRUSTEE	1 00	X						0	0	0
PATRICIA LYNCH , TRUSTEE - EXITED (10/08)	1 00	X						0	0	0
REVNATHAN MALAVOLTI , T O R , TRUSTEE	1 00	X						0	0	0
JAMIE MCALEER , TRUSTEE	1 00	X						0	0	0
PAUL NIGRO , TRUSTEE	1 00	X						0	0	0
DRCHARLES RICE , TRUSTEE - EXITED (10/08)	1 00	X						0	0	0
RICHARD REIDERER , TRUSTEE	1 00	X						0	0	0
DAVID ROBERTSON , TRUSTEE	1 00	X						0	0	0
REVSEAN SHERIDANTOR , TRUSTEE	1 00	X						0	0	0
CAROL SNYDER , TRUSTEE	1 00	X						0	0	0
REVMALACHI VAN TASSELL , T O R , TRUSTEE	1 00	X						0	0	0
REVLETUS WATSONTOR , TRUSTEE	1 00	X						0	0	0
REVTERENCE HENRYTOR , PRESIDENT/SECRETARY	50 00	X		X				0	0	0
VREVCHRISTIAN ORAVEC , CHAIRMAN	1 00	X		X				0	0	0
MRROBERT SMITH , VICE CHAIRMAN	1 00	X		X				0	0	0
DAVID M SKIVIAT SR , VP OF FINANCE	50 00			X				114,698	0	24,878
SHARON HARTMAN , SECRETARY	40 00			X				30,603	0	12,973
DRROBERT G FILBY , EXECUTIVE VP	50 00					X		134,684	0	26,799
DRMAXWELL BONILLA , VP OF ACADEMIC AFFAIRS	50 00					X		120,693	0	25,369
ADAM SCURTI , VP OF HR	50 00					X		123,470	0	429
DRMICHAEL HEALY , PHILOSOPHY PROFESSOR	50 00					X		114,636	0	44,098

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DRREGIS MARTIN , THEOLOGY PROFESSOR	50 00					X		103,362	0	39,024

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION AND FEES	900,099	39,940,048	39,940,048		
b AUXILIARY ACTIVITIES	900,099	9,417,900	9,417,900		
c CHRISTIAN OUTREACH	611,710	3,095,216	2,332,991	762,225	
d STUDENT REL ACTIVITIES	900,099	669,233	669,233		
e EDUCATIONAL ACTIVITIES	900,099	226,916	226,916		