

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

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 1235 UNIVERSITY BOULEVARD City or town, state or country, and ZIP + 4 STEUBENVILLE, OH 43952	D Employer identification number 34-0714818 E Telephone number (740) 283-3771 G Gross receipts \$ 81,055,828
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FRANCISCAN.EDU		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1946 M State of legal domicile OH

Part I Summary

1	Briefly describe the organization's mission or most significant activities INSTITUTION OF HIGHER EDUCATION AND CHRISTIAN OUTREACH PROGRAMMING			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3		18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		18
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		1,975
	6 Total number of volunteers (estimate if necessary)	6		1,580
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		721,854
	b Net unrelated business taxable income from Form 990-T, line 34	7b		0
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	
9 Program service revenue (Part VIII, line 2g)		6,231,069		4,027,532
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,032,415		63,215,577
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,425,345		1,569,824
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		723,418		1,601,463
		68,412,247		70,414,396
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,126,345		10,817,303
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,259,865		30,739,725
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,545,783			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23,643,069		23,827,586
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	63,029,279		65,384,614	
19 Revenue less expenses Subtract line 18 from line 12	5,382,968		5,029,782	
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	151,632,813		151,726,331
	21 Total liabilities (Part X, line 26)	34,239,387		33,444,955
22 Net assets or fund balances Subtract line 21 from line 20	117,393,426		118,281,376	

Part II Signature Block

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 information furnished by filer.

Sign Here	***** Signature of officer DAVID M SKIVIAT SR VP OF FINANCE Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶ SUSAN M KIRSCH Date	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ 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

Check if Schedule O contains a response to any question in this Part III Yes No

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 51,467,634 including grants of \$ 10,812,353) (Revenue \$ 61,510,507)
INSTRUCTION AND AUXILIARY SERVICES (INCLUDING ROOM AND BOARD) AS RELATED TO THE INSTRUCTION OF 2,548 UNDERGRADUATE AND GRADUATE STUDENTS ENROLLED IN 47 MAJORS AND 33 MINOR ACADEMIC PROGRAMS A TOTAL OF 539 UNDERGRADUATE AND 189 GRADUATE DEGREES WERE CONFERRED IN THE 2011-12 ACADEMIC YEAR

4b (Code) (Expenses \$ 3,489,847 including grants of \$ 4,950) (Revenue \$ 2,619,991)
CHRISTIAN OUTREACH PROGRAMS IN EDUCATION AND SPIRITUAL FORMATION- 41,550 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 \$ 54,957,481

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> <input checked="" type="checkbox"/>	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>		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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> <input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		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? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	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> <input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	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> <input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b		No
36	Section 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> <input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign country reporting, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 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 governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (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); 9 Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did 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 (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,147,190	0	263,722	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC 10400 FERNWOOD ROAD BETHESDA, MD 20817	FOOD SERVICE	3,599,161
MASSARO CORPORATION 120 DELTA DRIVE PITTSBURGH, PA 15238	CONSTRUCTION	1,199,516
JENDOCO CONSTRUCTION CORPORATION 2000 LINCOLN ROAD PITTSBURGH, PA 15235	CONSTRUCTION	1,106,859
FRANCISCAN FRIARS TOR PO BOX 188 LORETTO, PA 15940	ADMIN & FACULTY	738,033
JEFFERSON INVESTIGATORS & SECURITY INC 1439 SUNSET BLVD STEUBENVILLE, OH 43952	SECURITY	524,437

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **13**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	75,340				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	616,640				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,335,552				
	g	Noncash contributions included in lines 1a-1f \$ <u>633,658</u>					
	h	Total. Add lines 1a-1f ▶	4,027,532				
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	900099	46,784,437	46,784,437		
	b	AUXILIARY ACTIVITIES	900099	11,427,636	11,427,636		
	c	CHRISTIAN OUTREACH	611710	3,308,132	2,619,991	688,141	
	d	STUDENT REL ACTIVITIES	900099	697,095	689,363	7,732	
	e	EDUCATIONAL ACTIVITIES	900099	636,180	636,180		
	f	All other program service revenue		362,097	333,912	28,185	
g	Total. Add lines 2a-2f ▶		63,215,577				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		1,466,755		6,599	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		b	Gross rents				
		c	Less rental expenses				
		d	Net rental income or (loss) ▶				
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory	6,870,686			
		c	Less cost or other basis and sales expenses	6,658,242	109,375		
		d	Net gain or (loss) ▶	212,444	-109,375		
	8a	Gross income from fundraising events (not including \$ <u>75,340</u> of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b		12,900			
	c	Net income or (loss) from fundraising events . . ▶		41,315			
	9a	Gross income from gaming activities See Part IV, line 19 a					
b	Less direct expenses b		3,900				
c	Net income or (loss) from gaming activities . . ▶		4,198				
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b		5,467,281				
c	Net income or (loss) from sales of inventory . . ▶		3,828,302				
Miscellaneous Revenue		Business Code					
11a	GVHIH ACTIVITY	900099	-8,803		-8,803		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		-8,803				
12	Total revenue. See Instructions ▶		70,414,396	64,130,498	721,854	1,534,512	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	10,057,640	10,057,640		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	759,663	759,663		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,238,450	444,464	639,407	154,579
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	21,262,192	17,535,221	2,604,312	1,122,659
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,167,816	965,471	130,318	72,027
9	Other employee benefits	5,556,318	4,478,154	743,834	334,330
10	Payroll taxes	1,514,949	1,194,078	218,606	102,265
11	Fees for services (non-employees)				
a	Management				
b	Legal	25,325	6,820	18,505	
c	Accounting	189,869	10,497	179,372	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	28,924		28,924	
g	Other	1,456,871	1,243,014	117,948	95,909
12	Advertising and promotion	267,512	185,850	15,206	66,456
13	Office expenses	3,611,047	3,531,563	-213,271	292,755
14	Information technology	607,315	515,121	64,781	27,413
15	Royalties	11,176	11,151		25
16	Occupancy	3,041,710	2,452,199	587,291	2,220
17	Travel	2,159,573	1,942,380	134,680	82,513
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	127,313	96,943	22,846	7,524
20	Interest	1,084,173	831,523	252,650	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,079,179	3,128,589	950,590	
23	Insurance	446,424	184,905	261,519	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD SERVICE	4,104,365	4,104,365		
b	REPAIR & MAINTENANCE	1,391,059	599,004	751,983	40,072
c	HOSPITALITY	659,998	525,258	31,830	102,910
d	DUES/MEMBERSHIPS	228,025	102,538	83,861	41,626
e					
f	All other expenses	307,728	51,070	256,158	500
25	Total functional expenses. Add lines 1 through 24f	65,384,614	54,957,481	7,881,350	2,545,783
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	74,954	1	235,818
	2 Savings and temporary cash investments	7,501,573	2	7,033,486
	3 Pledges and grants receivable, net	2,754,476	3	2,171,391
	4 Accounts receivable, net	1,276,931	4	1,218,772
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	973,491	7	992,913
	8 Inventories for sale or use	538,741	8	562,235
	9 Prepaid expenses and deferred charges	1,299,102	9	1,113,079
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	117,271,700		
	b Less accumulated depreciation	44,105,110	10c	73,166,590
	11 Investments—publicly traded securities	53,382,666	11	55,153,893
	12 Investments—other securities See Part IV, line 11	11,611,582	12	9,987,614
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	97,750	14	90,540
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	151,632,813	16	151,726,331	
Liabilities	17 Accounts payable and accrued expenses	6,864,190	17	7,764,079
	18 Grants payable	714,524	18	715,874
	19 Deferred revenue	2,607,288	19	2,415,730
	20 Tax-exempt bond liabilities	20,069,000	20	18,816,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,615,923	23	2,493,229
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,368,462	25	1,240,043
	26 Total liabilities. Add lines 17 through 25	34,239,387	26	33,444,955
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	84,401,858	27	86,315,117
	28 Temporarily restricted net assets	17,038,743	28	15,171,201
	29 Permanently restricted net assets	15,952,825	29	16,795,058
	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	117,393,426	33	118,281,376	
34 Total liabilities and net assets/fund balances	151,632,813	34	151,726,331	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,414,396
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,384,614
3	Revenue less expenses Subtract line 2 from line 1	3	5,029,782
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,393,426
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,141,832
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	118,281,376

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **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).**
- 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).**
- 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?
- h Provide the following information about the supported organization(s)

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

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
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** **Section C. Computation of Public Support Percentage****14** Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14**15** Public Support Percentage for 2010 Schedule A, Part II, line 14 15**16a 33 1/3% support test—2011.** 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 **b 33 1/3% support test—2010.** 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 **17a 10%-facts-and-circumstances test—2011.** 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 **b 10%-facts-and-circumstances test—2010.** 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 **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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% support tests—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 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 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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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 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 the arrangement 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	40,927,541	32,893,733	27,392,641	36,229,668	
b Contributions	852,000	2,367,838	1,204,930	1,060,498	
c Investment earnings or losses	-1,496,660	5,995,895	4,619,294	-8,480,100	
d Grants or scholarships	219,312	329,925	323,132	1,417,425	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	40,063,569	40,927,541	32,893,733	27,392,641	

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

- a** Board designated or quasi-endowment ▶ 38 150 %
- b** Permanent endowment ▶ 41 920 %
- c** Term endowment ▶ 19 930 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,357,183		8,357,183
b Buildings		94,617,604	36,801,967	57,815,637
c Leasehold improvements				
d Equipment		14,157,142	7,303,143	6,853,999
e Other		139,771		139,771
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				73,166,590

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	70,414,396
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,384,614
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,029,782
4	Net unrealized gains (losses) on investments	4	-4,141,832
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-4,141,832
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	887,950

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	57,595,433
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-4,141,832
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-12,660,321
e	Add lines 2a through 2d	2e	-16,802,153
3	Subtract line 2e from line 1	3	74,397,586
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	-3,983,190
c	Add lines 4a and 4b	4c	-3,983,190
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	70,414,396

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

1	Total expenses and losses per audited financial statements	1	56,707,483
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	3,873,815
e	Add lines 2a through 2d	2e	3,873,815
3	Subtract line 2e from line 1	3	52,833,668
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	12,550,946
c	Add lines 4a and 4b	4c	12,550,946
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	65,384,614

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE UNIVERSITY'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS AND DECORATIVE ARTS THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, CURATORIAL AND OTHER RELIGIOUS PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY ITEMS ARE REFLECTED IN EQUIPMENT IN THE FINANCIAL STATEMENTS AT APPRAISED VALUE ON THE DATE PURCHASED OR CONTRIBUTED BOOK COLLECTIONS ARE USED BY STUDENTS FOR ACADEMIC RESEARCH WORKS OF ART ARE USED IN ACADEMIC INSTRUCTION AND DISPLAYED TO FURTHER THE EDUCATION OF STUDENTS AND THE COMMUNITY
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 155 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS NET ASSETS ASSOCIATED WITH THESE ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY FOLLOWS THE RELEVANT ACCOUNTING GUIDANCE RELATIVE TO UNCERTAINTY IN INCOME TAXES, WHICH PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS THE UNIVERSITY FILES INFORMATION AND INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTION, AND VARIOUS STATES AND FOREIGN JURISDICTIONS WITH FEW EXCEPTIONS, THE UNIVERSITY IS NO LONGER SUBJECT TO U S FEDERAL, STATE AND LOCAL OR NON-U S EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009
PART XII, LINE 2D - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID -10,812,353 TUITION REMISSION PROGRAM -1,847,968
PART XII, LINE 4B - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES -45,513 COST OF GOODS SOLD -3,828,302 LOSS ON DISPOSAL OF ASSETS -109,375
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES 45,513 COST OF GOODS SOLD 3,828,302
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 10,812,353 TUITION REMISSION PROGRAM 1,847,968 LOSS ON DISPOSAL OF ASSETS -109,375

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number

34-0714818

Part I

	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. If you need more space use Part II	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, use Part II	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, use Part II		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	Yes	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," explain on Part II	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	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.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	EDUCATIONAL ASSISTANCE IS RECEIVED IN THE FORM OF FEDERAL AND STATE GRANTS AWARDED TO INDIVIDUAL STUDENTS.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 SCHOLARSHIPS, FEDERAL, STATE AND INSTITUTIONAL AID IS AWARDED TO STUDENTS BASED UPON THEIR FINANCIAL NEED AND ACADEMIC ACHIEVEMENT THE SELECTION COMMITTEE FOR SCHOLARSHIPS IS COMPRISED OF REPRESENTATIVES FROM ADMISSIONS, ENROLLMENT SERVICES, STUDENT LIFE, FRANCISCAN FRIARS AND VARIOUS FACULTY MEMBERS ALL AID IS PROCESSED THROUGH THE FINANCIAL AID OFFICE AND IS POSTED TO THE STUDENTS' RECEIVABLE ACCOUNTS

Schedule F (Form 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. 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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>CENTURY CLUB</u> (event type)	(b) Event #2 <u>WOMEN'S GUILD EVENT</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	81,800	6,440		88,240
	2 Less Charitable contributions	68,900	6,440		75,340
	3 Gross income (line 1 minus line 2)	12,900			12,900
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,409			1,409
	7 Food and beverages	22,137			22,137
	8 Entertainment				
	9 Other direct expenses	17,769			17,769
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(41,315)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-28,415	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2011

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 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" to 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 (Form 990) if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
(1) FEDERAL FINANCIAL AID	68	157,488			
(2) STATE FINANCIAL AID	161	205,570			
(3) INSTITUTIONAL AID	1696	8,691,325			
(4) RESTRICTED SCHOLARSHIPS	396	998,307			
(5) SCHOLARSHIPS FOR PRIESTS	1	4,950			

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

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 ALL AID IS PROCESSED THROUGH THE FINANCIAL AID OFFICE AND IS POSTED TO THE STUDENTS' RECEIVABLE ACCOUNTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ 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 Questions Regarding Compensation

Yes No

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

- First-class or charter travel
- Housing allowance or residence for personal use
- Travel for companions
- Payments for business use of personal residence
- Tax indemnification and gross-up payments
- Health or social club dues or initiation fees
- Discretionary spending account
- Personal services (e g , maid, chauffeur, chef)

b If any of the boxes in line 1a are 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

1b No

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?

2 No

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

- Compensation committee
- Written employment contract
- Independent compensation consultant
- Compensation survey or study
- Form 990 of other organizations
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a No

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

4b No

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

4c No

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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?

5a No

b Any related organization?

5b No

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?

6a No

b Any related organization?

6b No

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

7 No

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

8 No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

9

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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 reportable compensation				
(1) DAVID M SKIVIAT SR	(i)	125,709	0	1,020	12,850	14,631	154,210	0
	(ii)	0	0	0	0	0	0	0
(2) DR ROBERT G FILBY	(i)	153,489	0	900	15,384	5,006	174,779	0
	(ii)	0	0	0	0	0	0	0
(3) JOEL S RECZNIK	(i)	108,560	0	660	11,017	54,641	174,878	0
	(ii)	0	0	0	0	0	0	0

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
	PART I, LINE 1B	THE UNIVERSITY OWNS THE FRIARY BUILDING ON ITS CAMPUS. FATHER HENRY RESIDES IN THE FRIARY WITH THE OTHER FRIARS AND DOES NOT PAY RENT. ALL OPERATING EXPENSES ARE THE FINANCIAL RESPONSIBILITY OF THE THIRD ORDER REGULAR OF ST. FRANCIS OF PENANCE (TOR) OF THE PROVINCE OF THE MOST SACRED HEART OF JESUS.

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

2011

**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

(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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AWD0	07-06-2006	20,694,366	REFUNDING,DORMITORY AND OTHER CAPITAL PROJECTS		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds defeased				
3 Total proceeds of issue	20,694,366			
4 Gross proceeds in reserve funds	1,535,358			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrow	3,085,500			
7 Issuance costs from proceeds	537,971			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	15,535,535			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2008			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	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?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
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 section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
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?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. 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 Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main 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?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Additional Data**Software ID:****Software Version:****EIN:** 34-0714818**Name:** FRANCISCAN UNIVERSITY OF STEUBENVILLE**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PATSY SKIVIAT	OFFICER'S FAMILY MEMBER	29,618	SALARY - EMPLOYMENT RELATIONSHIP		No
KEVIN HARRIS	OFFICER'S FAMILY MEMBER	70,917	SALARY		No
JOHN RECZNIK	OFFICER'S FAMILY MEMBER	51,163	SALARY		No
MARK RECZNIK	OFFICER'S FAMILY MEMBER	76,654	SALARY		No
MARY RECZNIK	OFFICER'S FAMILY MEMBER	13,519	SALARY		No
DR ANTHONY SCURTI	OFFICER'S FAMILY MEMBER	12,088	INDEPENDENT CONTRACTOR		No
DR JOHN HERRMANN	OFFICER'S FAMILY MEMBER	26,618	SALARY		No
JOHN HERRMANN	OFFICER'S FAMILY MEMBER	69,006	SALARY		No
KELLY HERRMANN	OFFICER'S FAMILY MEMBER	35,846	SALARY		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number
34-0714818

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	27	570,838	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (LAB SYSTEM)	X	1	62,820	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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 **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
FRANCISCAN UNIVERSITY OF STEUBENVILLE

Employer identification number

34-0714818

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	FR TERENCE HENRY, T O R, FR MALACHI VAN TASSELL, T O R, DAVID M SKIVIAT, SR AND DR ROBERT FILBY 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 BYLAWS 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 B, LINE 11	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 AUDIT COMMITTEE OF THE BOARD OF TRUSTEES VIA THE UNIVERSITY'S INTRANET SITE IN ADVANCE OF FILING WITH THE INTERNAL REVENUE SERVICE. AFTER THE AUDIT COMMITTEE REVIEWS THE FORM 990 THEY COMMUNICATE WITH THE FULL BOARD. THE FORM 990 IS AVAILABLE ON THE INTRANET SITE FOR ANY BOARD MEMBER TO VIEW.

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 BOARD FOR RESOLUTION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A THE PRESIDENT OF THE UNIVERSITY, A CATHOLIC PRIEST OF FRANCISCAN FRIARS TOR, HAS TAKEN A VOW OF POVERTY AND IS NOT COMPENSATED FOR HIS SERVICE TO THE UNIVERSITY THIS ARRANGEMENT IS DISCLOSED AND REVIEWED BY THE PROVINCIAL OF THE FRANCISCAN ORDER AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DUE TO THE FACT THAT NO COMPENSATION IS PAID TO THE PRESIDENT, POLICIES AND PROCESSES REGARDING 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 FINALLY BY AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE UNIVERSITY MAINTAINS A MARKET BASED COMPENSATION SYSTEM WITH ASSIGNED PAY RANGES FOR EACH POSITION REFLECTING THE MARKET WAGE AMONG A GROUP OF IDENTIFIED PEERS AND RELATIVE LEVEL OF RESPONSIBILITY WITHIN THE ORGANIZATION

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 WRITTEN REQUEST SUBMITTED TO VP OF FINANCE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,141,832

Identifier	Return Reference	Explanation
	FORM 990, PART XI, QUESTION 2C, OVERSIGHT OF FINANCIAL STATEMENT AUDIT	AUDIT COMMITTEE DUTIES INCLUDE RECOMMENDING ENGAGEMENT OF INDEPENDENT AUDIT FIRM FOR BOARD APPROVAL, REVIEWING OF FINANCIAL STATEMENTS AND AUDIT RESULTS, FOLLOWING UP ON AUDIT RECOMMENDATIONS, AND REVIEWING FINANCIAL REPORTING COMPLIANCE. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VII, EMERITUS TRUSTEES	THE FOLLOWING INDIVIDUALS SERVE AS EMERITUS TRUSTEES OF THE FRANCISCAN UNIVERSITY OF STEUBENVILLE WITH NO VOTING RIGHTS DR JOHN H IRVIN AND REV BRIAN MILLER, T O R

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) GOOD VENTURE ENTERPRISES LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	PROVIDE DORMITORY & SOCIAL SPACE FOR STUDENTS & GUESTS	OH	240,899	6,209,422	N/A
(2) GOOD VENTURE HIH LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 26-1329844	PROVIDE HOTEL/REST SVC & LIMITED DORM SPACE FOR STUDENTS/GUESTS	OH	3,634,172	4,349,250	N/A
(3) GOOD VENTURE BELLEVIEW 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	FUTURE DEVELOPMENT FOR CAMPUS EXPANSION	OH	0	2,008,973	N/A
(4) GOOD VENTURE PROPERTIES 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	FUTURE DEVELOPMENT FOR CAMPUS AND EXPANSION	OH	10,500	2,492,948	N/A
(5) GOOD VENTURE PARKVIEW CIRCLE LLC 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952 34-0714818	PROVIDE RESIDENTIAL AND ACADEMIC SPACE FOR STUDENTS	OH	17	3,833,155	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) FOUNDATION MARIA THRON 3292 GAMING KARTAUSE 1 GAMING, EUROPE AU	HISTORIC MONASTERY SITE OF THE UNIVERSITY'S STUDY ABROAD PROGRAM	AU	N/A	N/A	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRANCISCAN UNIVERSITY ONLINE LLC 1235 UNIVERSITY BOULEVARD STEBENVILLE, OH 43952 45-3154004	ONLINE EDUCATION	OH		0				No		Yes		51.000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

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

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

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FOUNDATION MARIA THRON-LEASE PAYMENTS	J	1,241,238	FMV
(2) FOUNDATION MARIA THRON-PAYMENT FOR FOOD SERVICES	L	503,532	FMV
(3) FOUNDATION MARIA THRON-REPAYMENT OF LOAN PROCEEDS WITH INTEREST	R	55,868	FMV
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Schedule R (Form 990) 2011

Additional Data

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

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

(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			
DR CHARLES BENTZ TRUSTEE	1 00	X						0	0	0
DIANE BROWN TRUSTEE	1 00	X						0	0	0
PAUL CARAPLOTTI TRUSTEE	1 00	X						0	0	0
REV MICHAEL CISKI TOR TRUSTEE	1 00	X						0	0	0
THERESA COLLINS TRUSTEE	1 00	X						0	0	0
MOTHER REGINA PACIS CORY F S G M , TRUSTEE	1 00	X						0	0	0
ED JOHNSON TRUSTEE	1 00	X						0	0	0
ALBERT H LANGSENKAMP TRUSTEE	1 00	X						0	0	0
REV NATHAN MALAVOLTI TOR 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
DAVID ROBERTSON TRUSTEE	1 00	X						0	0	0
CAROL SNYDER TRUSTEE	1 00	X						0	0	0
REV MALACHI VAN TASSELL TOR TRUSTEE	1 00	X						0	0	0
REV CLETUS WATSON TOR TRUSTEE	1 00	X						0	0	0
MOST REV ROGER J FOYS TRUSTEE (EXITED 11/2011)	1 00	X						0	0	0
RICHARD K RIEDERER TRUSTEE (EXITED 11/2011)	1 00	X						0	0	0
REV TERENCE HENRY TOR PRESIDENT/BOARD SECRETARY	50 00	X		X				0	0	0
V REV NICHOLAS POLICHNOWSKI T O R CHAIRMAN (ENTERED 10/2011)	1 00	X		X				0	0	0
V REV CHRISTIAN ORAVECTOR CHAIRMAN (EXITED 10/2011)	1 00	X		X				0	0	0
MR ROBERT SMITH VICE CHAIRMAN	1 00	X		X				0	0	0
DAVID M SKIVIAT SR VP OF FINANCE	50 00			X				126,729	0	27,481
JANINE STASIULEWICZ SECRETARY	40 00			X				38,498	0	4,894
DR ROBERT G FILBY EXECUTIVE VP	50 00			X				154,389	0	20,390
BRENAN PATRICK PERGI EXECUTIVE DIRECTOR HUMAN RESOURCES	50 00			X				88,269	0	22,306

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

(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			
ADAM SCURTI VP HUMAN RESOURCES/LEGAL COUNSEL	50 00			X				131,654	0	13,332
MICHAEL M HERNON VP OF ADVANCEMENT	50 00			X				122,925	0	25,927
DAVID ALAN SCHMIESING VP OF STUDENT LIFE	50 00			X				102,540	0	23,581
JOEL S RECZNIK VP OF ENROLLMENT MGMT	50 00			X				109,220	0	65,658
DR DANIEL R KEMPTON VP FOR ACADEMIC AFFAIRS	50 00			X				62,009	0	7,989
DR MICHAEL HEALY CHAIR OF PHILOSOPHY	50 00					X		105,900	0	32,081
DR REGINA BOERIO CHAIR OF PSYCHOLOGY	50 00					X		105,057	0	20,083