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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 06/01 , 2008, and ending 05/31 , 20 09

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

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

C Name of organization: LOYOLA UNIVERSITY MARYLAND INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 4501 N Charles Street | Room/suite

City or town, state or country, and ZIP + 4: Baltimore, MD 21210-2699

D Employer identification number 52 0591623

E Telephone number (410) 617-2341

G Gross receipts $ 209,147,598

F Name and address of principal officer: Rev Brian Linnane SJ
4501 North Charles Street, Baltimore, MD 21210

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c) (3)◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.loyola.edu

K Type of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1853

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: See Statement 1

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of employees (Part V, line 2a)	5	3,676
6	Total number of volunteers (estimate if necessary)	6	28
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	19,201,256	11,851,538
	9	Program service revenue (Part VIII, line 2g)	170,064,757	186,277,541
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,259,113	-4,415,458
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,714,883	2,931,026
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,240,009	196,644,647
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,603,899	42,959,352
	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)	82,950,621	86,942,558
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,870,645		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	70,448,210	79,234,258
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	189,002,730	209,136,168
	19	Revenue less expenses. Subtract line 18 from line 12	11,237,279	-12,491,521

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	546,466,453	491,368,559
	21	Total liabilities (Part X, line 26)	189,478,694	194,011,448
	22	Net assets or fund balances. Subtract line 21 from line 20	356,987,759	297,357,111

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 all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | Date

▶ John Palmucci, Vice President for Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no. ▶ ( )

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:
Loyola University Maryland is a Jesuit Catholic university committed to the educational and spiritual traditions of the Society of Jesus and to the ideals of liberal education and the development of the whole person. Accordingly, the University will inspire students to learn, lead, and serve in a diverse and changing world.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 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 $ _____ including grants of $ _____) (Revenue $ _____)
See Statement 2

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 23,445,739 including grants of $ 0) (Revenue $ 28,901,201)

4e **Total program service expenses ▶ $** 164,120,382 *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		✔
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		✔
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	✔	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		✔
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? *If "Yes," complete Schedule R, Part I*	**33**		✔
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	✔	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		✔
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		✔
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? *If "Yes," complete Schedule R, Part VI*	**37**		✔

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	409		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	✔	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3676		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	✔	
b	If "Yes," enter the name of the foreign country: ► See Statement 3				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a	✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	✔	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	✔	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 29			
b	Enter the number of voting members that are independent 1b 26			
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?	2		✔
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? .	3		✔
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✔
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✔
6	Does the organization have members or stockholders?	6		✔
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✔
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✔	
b	Each committee with authority to act on behalf of the governing body?	8b	✔	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✔
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✔	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		✔

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✔	
13	Does the organization have a written whistleblower policy?	13	✔	
14	Does the organization have a written document retention and destruction policy?	14		✔
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:			
a	The organization's CEO, Executive Director, or top management official?	15a	✔	
b	Other officers or key employees of the organization?	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?	16a		✔
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ See Statement 4

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Statement 5										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total . . . . . ►								2,715,184	0	436,560

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 117

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		✔
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? *If "Yes," complete Schedule J for such individual*.	4	✔	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		✔

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
See Statement 6		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 83

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 6,853,218				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,998,320				
	g Noncash contributions included in lines 1a-1f: $ 510,444					
	h **Total.** Add lines 1a–1f ▶		11,851,538			
Program Service Revenue		Business Code				
	2a Tuition and Fees	611310	152,790,928	152,790,928	0	0
	b Residence, Food Service, Tele	611310	28,901,201	28,901,201	0	0
	c Special Educational Programs	611310	1,937,973	1,937,973	0	0
	d ID Cards, Orientation, Parking	611310	1,038,103	99,941	0	938,162
	e Athletics, Conferences, Retrea	611310	1,609,336	667,010	0	942,326
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f ▶		186,277,541			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,325,289	0	0	1,325,289
	4 Income from investment of tax-exempt bond proceeds ▶		119,934	0	0	119,934
	5 Royalties ▶		0	0	0	0
		(i) Real / (ii) Personal				
	6a Gross Rents	359,259 / 0				
	b Less: rental expenses	0 / 0				
	c Rental income or (loss)	359,259 / 0				
	d Net rental income or (loss) ▶		359,259	0	0	359,259
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	6,642,270 / 0				
	b Less: cost or other basis and sales expenses	12,502,951 / 0				
	c Gain or (loss)	-5,860,681 / 0				
	d Net gain or (loss) ▶		-5,860,681	0	0	-5,860,681
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a Fitness and Aquatic Center	611310	1,326,692	1,326,692	0	0
	b Restricted Revenues	611310	571,023	571,023	0	0
	c Miscellaneous	611310	674,052	674,052	0	0
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d ▶		2,571,767			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		196,644,647	186,968,820	0	-2,175,711

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	42,959,352	42,959,352		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,029,100	911,820	782,467	334,813
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	67,712,356	55,477,087	9,528,373	2,706,896
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,649,339	4,115,796	1,362,189	171,354
9 Other employee benefits	6,529,782	5,350,811	956,199	222,772
10 Payroll taxes	5,021,981	3,888,482	944,739	188,760
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	231,788	2,548	229,240	
c Accounting	132,500		132,500	
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	428,781		428,781	
g Other	0	0	0	0
12 Advertising and promotion	3,562,340	2,702,664	243,163	616,513
13 Office expenses	4,148,657	2,587,045	1,291,983	269,629
14 Information technology	9,898,847	5,611,163	4,287,684	0
15 Royalties	3,023	3,023		
16 Occupancy	8,223,193	3,448,728	4,774,465	0
17 Travel	2,178,795	1,973,282	110,267	95,246
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	482,290	234,581	227,577	20,132
20 Interest	7,492,714	7,481,853	10,861	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	8,061,059	7,485,614	502,730	72,715
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Institutional Support	12,915,778	0	12,915,778	0
b Auxillary Service Operations	8,309,381	8,309,381	0	0
c Library Operations	3,355,701	3,355,701	0	0
d Athletic Operations	2,432,000	2,432,000	0	0
e Other	7,377,411	5,789,451	1,416,145	171,815
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	209,136,168	164,120,382	40,145,141	4,870,645
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		50,002,197	2	33,712,808
	3	Pledges and grants receivable, net		7,146,135	3	5,148,656
	4	Accounts receivable, net		706,144	4	1,267,866
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		2,097,543	7	5,503,797
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		2,619,890	9	3,486,160
	10a	Land, buildings, and equipment: cost basis	10a 400,929,803			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 98,137,286	282,404,130	10c	302,792,517
	11	Investments—publicly traded securities		69,099,150	11	46,519,166
	12	Investments—other securities. See Part IV, line 11		121,054,573	12	84,889,897
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		11,336,691	15	8,047,692
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		546,466,453	16	491,368,559
Liabilities	17	Accounts payable and accrued expenses		16,616,229	17	21,989,770
	18	Grants payable		0	18	0
	19	Deferred revenue		7,206,791	19	6,780,715
	20	Tax-exempt bond liabilities		159,348,222	20	148,900,623
	21	Escrow 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		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	
	24	Unsecured notes and loans payable			24	9,800,000
	25	Other liabilities. Complete Part X of Schedule D		6,307,452	25	6,540,340
	26	**Total liabilities.** Add lines 17 through 25		189,478,694	26	194,011,448
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		294,975,327	27	232,802,326
	28	Temporarily restricted net assets		10,060,715	28	16,334,587
	29	Permanently restricted net assets		51,951,717	29	48,220,198
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		356,987,759	33	297,357,111
	34	Total liabilities and net assets/fund balances		546,466,453	34	491,368,559

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
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?	3a	✔	
b	If "Yes," did the organization undergo the required audit or audits?	3b	✔	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

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: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ----------

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(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 supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1–9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. **(i)** listed in your governing document?		**(v)** Did you notify the organization in col. **(i)** of your support?		**(vi)** Is the organization in col. **(i)** organized in the U.S.?		**(vii)** Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . **15** %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

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

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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? ☐ Yes ☐ No

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 other impermissible private benefit? ☐ Yes ☐ No

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).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☑ Protection of natural habitat
☑ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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.

		Held at the End of the Year
a Total number of conservation easements	2a	8
b Total acreage restricted by conservation easements	2b	29
c Number of conservation easements on a certified historic structure included in (a)	2c	0
d Number of conservation easements included in (c) acquired after 8/17/06	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 520

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ 6,713

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☑ Yes ☐ No

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:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 71,048

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:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

b Assets included in Form 990, Part X ▶ $ 0

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

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

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

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

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

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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 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	174,758,444				
b Contributions	1,011,917				
c Investment earnings or losses	-44,369,531				
d Grants or scholarships	1,806,850				
e Other expenditures for facilities and programs	6,560,012				
f Administrative expenses	428,781				
g End of year balance	122,605,187				

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

a Board designated or quasi-endowment ► 58 %
b Permanent endowment ► 37 %
c Term endowment ► 5 %

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) ☑	
(ii) related organizations	3a(ii)	☑
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	13,699,168		13,699,168
b Buildings	0	308,138,669	74,950,089	233,188,580
c Leasehold improvements	0	0	0	0
d Equipment	0	27,359,988	23,187,197	4,172,791
e Other	0	51,731,978	0	51,731,978
Total. Add lines 1a–1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				302,792,517

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Hedge funds	$65,349,522	F
Alternative investments	$17,319,522	F
Other	$1,271,466	F
Deposits with bond trustees	$949,387	F
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 12.)* ▶	84,889,897	

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

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

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

(a) Description	(b) Book value
Interest in Trust Held by Others	$8,047,692
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	8,047,692

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

(a) Description of liability	(b) Amount
Federal income taxes	0
Annuities Payable	$1,053,789
Perkins Loan Fund	$2,831,492
Asset Retirement Obligation	$2,655,059
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 25.)* ▶	6,540,340

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	196,644,647
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	209,136,168
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-12,491,521
4	Net unrealized gains (losses) on investments	4	-55,505,990
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	8,366,862
9	Total adjustments (net). Add lines 4–8	9	-47,139,128
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-59,630,649

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	106,546,167
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-55,505,990		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	-55,505,990
3	Subtract line **2e** from line **1**			3	162,052,157
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	0		
b	Other (Describe in Part XIV)	4b	34,592,490		
c	Add lines **4a** and **4b**			4c	34,592,490
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	196,644,647

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

1	Total expenses and losses per audited financial statements			1	166,176,815
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Losses reported on Form 990, Part IX, line 25	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	166,176,815
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	0		
b	Other (Describe in Part XIV)	4b	42,959,353		
c	Add lines **4a** and **4b**			4c	42,959,353
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	209,136,168

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.

See Statement 7

Part XIV Supplemental Information *(continued)*

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

			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?	1	✔	
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?	2	✔	
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 See Statement 8	3	✔	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	✔	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	✔	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	✔	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	✔	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		✔
b	Admissions policies?	5b		✔
c	Employment of faculty or administrative staff?	5c		✔
d	Scholarships or other financial assistance?	5d		✔
e	Educational policies?	5e		✔
f	Use of facilities?	5f		✔
g	Athletic programs?	5g		✔
h	Other extracurricular activities?	5h		✔
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	✔	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		✔
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. Stmt 9			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	✔	

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures in region
See Statement 10					
Totals . . . . . ▶	2	8			4,626,710

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

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? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (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 . . . ▶

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Statement 11					

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

See Statement 12

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account	☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	✔	
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	✔	
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 ☑ Independent compensation consultant ☐ Form 990 of other organizations	☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		✔
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✔
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✔
	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 must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	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		✔
b	Any related organization?	6b		✔
	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		✔
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		✔

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Statement 13	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

See Statement 14

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

Part I Bond Issues *(Required for 2008)*

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	See Statement 15									
B										
C										
D										
E										

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total proceeds of issue					
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization
LOYOLA UNIVERSITY MARYLAND INC

Employer identification number
52 0591623

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ► $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(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 Statement 16					

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	✔	18	120,504	ir market value on date of g
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 ▶ (Stmt 17)				
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?	30a		✔
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?	31	✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
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.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

See Statement 18

Name of the organization: LOYOLA UNIVERSITY MARYLAND INC

Employer identification number: 52 0591623

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52 0591623

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax–Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Statement 19							

Part V Transactions With Related Organizations

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

		Yes	No
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	**1a**		✔
b Gift, grant, or capital contribution to other organization(s)	**1b**		✔
c Gift, grant, or capital contribution from other organization(s)	**1c**		✔
d Loans or loan guarantees to or for other organization(s)	**1d**		✔
e Loans or loan guarantees by other organization(s)	**1e**		✔
f Sale of assets to other organization(s)	**1f**		✔
g Purchase of assets from other organization(s)	**1g**		✔
h Exchange of assets	**1h**		✔
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**		✔
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**		✔
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		✔
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		✔
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**		✔
n Sharing of paid employees	**1n**		✔
o Reimbursement paid to other organization for expenses	**1o**		✔
p Reimbursement paid by other organization for expenses	**1p**		✔
q Other transfer of cash or property to other organization(s)	**1q**		✔
r Other transfer of cash or property from other organization(s)	**1r**		✔

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

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

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Statement 1 : Activity Or Mission Description
Statement 2 : Program Service Accomplishments
Statement 3 : Name Of Foreign Country
Statement 4 : The Books Are In Care Of
Statement 5 : Form990 PartVII SectionA
Statement 6 : Contractor Compensation
Statement 7 : Schedule D - Supplemental Information
Statement 8 : Racially Nondiscriminatory Media Policy Explanation
Statement 9 : Government Financial Aid Explanation
Statement 10 : Accounts and Activities Outside the United States
Statement 11 : Description of Grants and Other Assistance to Individuals in the United States
Statement 12 : Description of Procedures for Monitoring the Use of Grant Funds in the United States
Statement 13 : Description of Individuals' Compensation
Statement 14 : Explanation of Questions Regarding Compensation
Statement 15 : Bond Issues
Statement 16 : Description of Business Transactions Involving Interested Persons
Statement 17 : Description of Other Types of Property
Statement 18 : Additional Information for Responses to Specific Questions for The Form 990 or Others
Statement 19 : Description of Related Organizations Taxable as a Corporation or Trust

Activity Or Mission Description

Description

Loyola University Maryland is a Jesuit Catholic university committed to the educational and spiritual traditions of the Society of Jesus and to the ideals of liberal education and the development of the whole person. Accordingly, the University will inspire students to learn, lead, and serve in a diverse and changing world.

Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Education, General/Other: Research and development programs provided by the faculty and public service programs performed to benefit the public in general (6080 students)	$3,438,186	$0	$0
	Higher Education: Instruction of 3716 full-time undergraduate students and 2364 full and part-time graduate students (6080 students).	$107,540,174	$42,959,352	$152,790,928
	Student Services Programs: Providing academic and personal services to students (6080 students)	$29,696,283	$0	$5,276,691
	Student Services Programs: Housing, Food Service and other Physical accomodations (6080 Students)	$23,445,739	$0	$28,901,201
Total:		**$164,120,382**	**$42,959,352**	**$186,968,820**

Statement 3
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Page: 5
Line Number: Part V Line 4b

LOYOLA UNIVERSITY MARYLAND INC
52-0591623

Name Of Foreign Country

Name
Belgium
United Kingdom (England, Northern Ireland, Scotland, and Wales)
Ireland
Spain
Thailand

The Books Are In Care Of

Name and address:	Telephone Number
Kelly R Nelson 4501 N Charles Street Baltimore, MD 21210-2699	(410)617-2341

Form990 PartVII SectionA

Name	Title	Hours	C1	C2	C3	C4	C5	C6	Reportable Comp From Organization	Reportable Comp From RelatedOrgs	Other Compensation
Brian Linnane SJ	President	50	Yes		Yes				$0	$0	$0
Gerard Reedy SJ	Trustee	0.5	Yes						$0	$0	$0
Kevin Keelty	Trustee	0.5	Yes						$0	$0	$0
William Campbell SJ	Trustee	0.5	Yes						$0	$0	$0
James Forbes	Trustee	0.5	Yes						$0	$0	$0
W Bradley Bennett	Trustee	0.5	Yes						$0	$0	$0
John R Cochran	Trustee	0.5	Yes						$0	$0	$0
John M McNamara	Trustee	0.5	Yes						$0	$0	$0
Louis Cestello	Trustee	0.5	Yes						$0	$0	$0
Richard Hug	Trustee	0.5	Yes						$0	$0	$0
Robert Kelly	Trustee	0.5	Yes						$0	$0	$0
Beverly Burke	Trustee	0.5	Yes						$0	$0	$0
John Paterakis	Trustee	0.5	Yes						$0	$0	$0
James Sellinger	Trustee	0.5	Yes						$0	$0	$0
Hans Wilhelmsen MD	Trustee	0.5	Yes						$0	$0	$0
David Ferguson	Trustee	0.5	Yes						$0	$0	$0
Edward Burchell	Trustee	0.5	Yes						$0	$0	$0
Frank Bramble	Trustee	0.5	Yes						$0	$0	$0
T Frank Kennedy SJ	Trustee	0.5	Yes						$0	$0	$0
M Cathleen Kaveny	Trustee	0.5	Yes						$0	$0	$0
Sister Karen McNally RSM	Trustee	0.5	Yes						$0	$0	$0
Gino Gemignani	Trustee	0.5	Yes						$0	$0	$0
Jose Badenes SJ	Trustee	0.5	Yes						$0	$0	$0
IH Hammerman II	Trustee	0.5	Yes						$0	$0	$0
Hugh Mohler	Trustee	0.5	Yes						$0	$0	$0
Aine O'Connor RSM	Trustee	0.5	Yes						$0	$0	$0
H Edward Hanway	Trustee	0.5	Yes						$0	$0	$0
Sterling Pack	Trustee	0.5	Yes						$0	$0	$0
Michael Tunney SJ	Trustee	0.5	Yes						$0	$0	$0

John Palmucci	Vice President	50	Yes				$272,241	$0	$108,747
Timothy Snyder	Vice President	50		Yes			$292,518	$0	$31,383
Michael Goff	Vice President	50		Yes			$265,667	$0	$31,152
Susan Donovan	Vice President	50		Yes			$250,333	$0	$62,145
Terrence Sawyer	Vice President	50		Yes			$215,129	$0	$34,569
Marc Camille	Vice President	50		Yes			$212,129	$0	$32,610
James Buckley	Dean	50		Yes			$176,696	$0	$25,301
Peter Lorenzi	Professor	50			Yes		$174,037	$0	$29,287
Lee Dahringer	Dean	50			Yes		$247,588	$0	$30,861
Roger Kashlak	Professor	50			Yes		$174,901	$0	$25,538
James Patsos	Head Coach	50			Yes		$268,195	$0	$24,967
Melanie McElvany	Programmer Analyst	37.5			Yes		$165,750	$0	$0
Total:							**$2,715,184**	**$0**	**$436,560**

C1 = Individual Trustee Or Director
C2 = Institutional Trustee
C3 = Officer
C4 = Key Employee
C5 = Highest Compensated Employee
C6 = Former

Statement 6
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Page: 8
Line Number: Part VII Section B

LOYOLA UNIVERSITY MARYLAND INC
52-0591623

Contractor Compensation

Name and address:	Description Of Services	Compensation
Whiting-Turner Contracting PO Box 17596 Baltimore, MD 21297	Construction	$18,305,487
Sodexo Inc and Affiliate PO Box 536922 Atlanta, GA 30353-6922	Food Service Operations	$6,684,540
Merritt Properties LLC 2066 Lord Baltimore Drive Baltimore, MD 21244	Property Management	$1,751,832
Follett Higher Education 3146 Solutions Center Chicago, IL 60677	Bookstore Operations	$1,294,339
Sasaki Associates PO Box 843026 Boston, MA 02284	Architects	$1,400,998
Total:		**$29,437,196**

Schedule D - Supplemental Information

Reference	Explanation
Schedule D, Part III, Line 4	The University owns several pieces of artwork which are on display for students.
Schedule D, Part V, Line 4	To help provide affordable education to students by providing funds for financial aid and support for the operations of the University.
Schedule D, Part XIII, Line 4b	Student Financial Aid
Schedule D, Part II, Line 9	Conservation easements are assigned no value on the balance sheet. The costs of maintaining the easements are estimated based upon the number of hours Loyola employees spend maintaining the related property.
Schedule D, Part X	Loyola has no liability for uncertain tax positions under FIN 48.
Schedule D, Part XII, Line 4b	Student financial aid of $42,959,352; Endowment income designated for current operations of $8,366,862
Schedule D, Part XI, Line 8	Endowment income designated for current operations of $8,366,862

Racially Nondiscriminatory Media Policy Explanation

Explanation

The University displays the following on the Admissions section of the University's external website: "Loyola strongly believes in the principle of equal opportunity. The University admits students of any race, sex, religion, color, age, national and ethnic origin, to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of disability in admission or access to, or treatment or employment in, any of its programs and activities."

Government Financial Aid Explanation

Explanation

The Joseph A. Sellinger State Aid Program awards State aid to independent colleges and universities through a formula linked to their enrollment and to the per-student appropriation of selected four-year Maryland public institutions.

Accounts and Activities Outside the United States

		Offices	Employees	Total
Region	Central America and the Caribbean	0	0	$62,575
Activities	Program Services			
Services	International study abroad			
Region	East Asia and the Pacific	0	2	$1,214,601
Activities	Program Services			
Services	International study abroad			
Region	Europe (including Iceland and Greenland)	2	6	$3,295,632
Activities	Program Services			
Services	International study abroad			
Region	South America	0	0	$16,484
Activities	Program Services			
Services	International study abroad			
Region	Sub-Saharan Africa	0	0	$37,418
Activities	Program Services			
Services	International study abroad			
	Total:	**2**	**8**	**$4,626,710**

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
Type of grant **Method of valuation** **Description of non-cash assistance**	Athletic Scholarships Fair market value Financial aid	202	$0	$4,862,803
Type of grant **Method of valuation** **Description of non-cash assistance**	Resident Assistanceships Fair market value Financial aid	110	$0	$1,130,043
Type of grant **Method of valuation** **Description of non-cash assistance**	Graduate Assistanceships Fair market value Financial aid	111	$0	$302,739
Type of grant **Method of valuation** **Description of non-cash assistance**	Endowed Scholarships Fair market value Financial aid	147	$0	$727,350
Type of grant **Method of valuation** **Description of non-cash assistance**	Tuition Exchanges Fair market value Financial aid	106	$0	$1,687,657
Type of grant **Method of valuation** **Description of non-cash assistance**	Institutional Aid Fair market value Financial aid	1970	$0	$34,248,760

Description of Procedures for Monitoring the Use of Grant Funds in the United States

Reference	Explanation
Schedule I, Part I, Line 2	All financial aid is applied directly to students' outstanding receivable balances. No cash is physically transmitted.

Description of Individuals' Compensation

	Base compensation ($)	Bonus and incentive compensation ($)	Other compensation ($)	Deferred compensation ($)	Nontaxable benefits ($)	Total	Comp reported prior 990
Brian Linnane SJ							
From org.	$0	$0	$0	$0	$0	$0	$0
From related orgs	$0	$0	$0	$0	$0	$0	$0
John Palmucci							
From org.	$272,241	$0	$0	$75,000	$33,747	$380,988	
From related orgs	$0	$0	$0	$0	$0	$0	
Timothy Snyder							
From org.	$292,518	$0	$0	$0	$31,383	$323,901	
From related orgs	$0	$0	$0	$0	$0	$0	$0
Terrence Sawyer							
From org.	$215,129	$0	$0	$0	$34,569	$249,698	
From related orgs	$0	$0	$0	$0	$0	$0	$0
Marc Camille							
From org.	$212,129	$0	$0	$0	$32,610	$244,739	
From related orgs	$0	$0	$0	$0	$0	$0	$0
Susan Donovan							
From org.	$250,333	$0	$0	$25,000	$37,145	$312,478	
From related orgs	$0	$0	$0	$0	$0	$0	$0
Michael Goff							
From org.	$265,667	$0	$0	$0	$31,152	$296,819	
From related orgs	$0	$0	$0	$0	$0	$0	$0
James Buckley							
From org.	$176,696	$0	$0	$0	$25,301	$201,997	
From related orgs	$0	$0	$0	$0	$0	$0	$0
Lee Dahringer							
From org.	$247,588	$0	$0	$0	$30,861	$278,449	
From related orgs	$0	$0	$0	$0	$0	$0	$0
James Patsos							
From org.	$268,195	$0	$0	$0	$24,967	$293,162	
From related orgs	$0	$0	$0	$0	$0	$0	$0
Roger Kashlak							
From org.	$174,901	$0	$0	$0	$25,538	$200,439	$0
From related orgs	$0	$0	$0	$0	$0	$0	$0
Peter Lorenzi							
From org.	$174,037	$0	$0	$0	$29,287	$203,324	
From related orgs	$0	$0	$0	$0	$0	$0	$0

Explanation of Questions Regarding Compensation

Reference	Explanation
Schedule J, Part I, Line 1a	Housing allowance: Marc Camille: $7,200; Timothy Snyder: $3,360 Social club dues: Fr Brian Linnane: $239; Terrence Sawyer: $5,389; David Sears: $11,702; Marc Camille: $5,389; John Palmucci: $985; Michael Goff: $985
Schedule J, Part II	Fr Brian Linnane SJ has taken a vow of poverty and does not receive a W-2 for his services to the University. In addition, Fr Linnane received housing from the University during the year ended May 31, 2009 in order to fulfill the obligation of the Society of Jesus to provide housing to Fr Linnane.

Bond Issues

		Issue Price
Issuer Name	MHHEFA Loyola College in Maryland Series 2006A	$62,995,000
Issuer EIN	52-0591623	
CUSIP #	574217VU6	
Date Issued	01/04/2006	
Description Of Purpose	Capital projects	
Defeased	No	
On Behalf Of Issuer	No	
Issuer Name	MHHEFA Loyola College in Maryland Series 2007	$11,000,000
Issuer EIN	52-0591623	
CUSIP #	5742174Y8	
Date Issued	12/06/2007	
Description Of Purpose	Capital projects	
Defeased	No	
On Behalf Of Issuer	No	
Issuer Name	MHHEFA Loyola College in Maryland Series 2008	$46,370,000
Issuer EIN	52-0591623	
CUSIP #	5742172Y0	
Date Issued	09/17/2008	
Description Of Purpose	Refunding	
Defeased	No	
On Behalf Of Issuer	No	

Description of Business Transactions Involving Interested Persons

		Amount of transaction
Name	Whiting Turner - Gino Gemignani	$18,305,487
Relationship with organization	Senior Vice President	
Description of transaction	Construction	
Sharing Of Revenues	No	
Name	Bank of America- James Forbes	$700,552
Relationship with organization	Managing Director	
Description of transaction	Banking services	
Sharing Of Revenues	No	

Description of Other Types of Property

		lines on Part I	Contributions	Revenues
Description	Miscellaneous equipment	Yes	229	$389,940
Method of determining revenues	Fair market value			

Additional Information for Responses to Specific Questions for The Form 990 or Others

Reference	Explanation
Form 990, Part VI, Section A, Line 10	Prior to filing, the Form 990 is reviewed by the Vice President of Finance, the Audit Committee and an independent tax accountant at KPMG. After approval from the Audit Committee, all members of the Board of Trustees are provided an electronic copy of the Form. The Form is filed after all comments from the Board of Trustees have been addressed.
Form 990, Part VI, Section B, Line 15	An independent search consultant was retained for each search. This person assisted in the setting of an appropriate salary and considered the position responsibilities and the market. Salary data of comparable AJCU (Association of Jesuit Colleges and University) institutions was used in the determination of the salary range. Annually, salaries are reviewed based on a job analysis, market conditions, and performance.
Form 990, Part VI, Section B, Line 12c	Each Board member is required to complete and file with the Secretary of the University, on or before September 1 of each year, information about possible beneficial or adverse interests affecting Loyola University Maryland, including interests of immediate family members and organizations in which the Board member (or member of his or her family) has a significant management function or significant ownership interest. University administrators are required to act in ways consistent with their fiduciary responsibilities to the University. If a University administrator believes that he or she may have a conflict of interest, the administrator shall promptly and fully disclose the conflict to the President of the University and shall refrain from participating in any way in the matter to which the conflict relates until the question has been resolved. The President shall consult with the University counsel regarding all conflict questions of which he is informed and shall report regularly to the Board of Trustees regarding any unresolved conflict questions.
Form 990, Part VI, Section C, Line 19	The University includes the audited financial statements and Form 990 on the external website. Governing documents and the conflict of interest policy are not available to the general public, but are available to the Board of Trustees, upon request.

Description of Related Organizations Taxable as a Corporation or Trust

		Share of total income	Share of end-of-year assets	Percentage ownership
Name, address and EIN	Radnor Realty Company 4501 North Charles Street Baltimore, MD 21210 520851542	$3,031	$176,989	100%
Primary activity	Real Estate			
State or foreign country	MD			
Direct controlling entity				
Type of entity	C			