

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **06/01, 2017**, and ending **05/31, 2018**

B	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOYOLA UNIVERSITY MARYLAND INC				D Employer identification number 52-0591623	
		Doing Business As				E Telephone number (410) 617-2917	
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
		4501 N CHARLES STREET					
City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21210-2699				G Gross receipts \$ 384,063,885.			
F Name and address of principal officer: REV BRIAN F LINNANE SJ 4501 N CHARLES STREET BALTIMORE, MD 21210-2699				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶			
J Website: ▶ WWW.LOYOLA.EDU							
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1853 M State of legal domicile: MD			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LOYOLA UNIVERSITY MARYLAND INC IS A JESUIT CATHOLIC UNIVERSITY COMMITTED TO THE EDUCATIONAL TRADITIONS OF THE SOCIETY OF JESUS AND THE DEVELOPMENT OF THE WHOLE PERSON.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 34.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 34.	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 3,775.	
	6 Total number of volunteers (estimate if necessary)	6 0.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -48,947.	
7b Net unrelated business taxable income from Form 990-T, line 34	7b -92,846.		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	20,068,803.	23,462,404.
	9 Program service revenue (Part VIII, line 2g)	270,486,046.	267,293,465.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,404,526.	11,626,503.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,723,286.	4,056,043.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	301,682,661.	306,438,415.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	78,962,473.	82,649,318.
	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)	112,198,787.	109,200,364.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	202,946.	195,873.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,039,645.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	94,775,718.	95,028,066.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	286,139,924.	287,073,621.
19 Revenue less expenses. Subtract line 18 from line 12	15,542,737.	19,364,794.	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	646,321,008.	666,551,032.
	21 Total liabilities (Part X, line 26)	172,495,360.	164,652,924.
22 Net assets or fund balances. Subtract line 21 from line 20	473,825,648.	501,898,108.	

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 RANDALL D GENTZLER	04/11/2019	Date
	Type or print name and title VP FOR FINANCE		
Paid Preparer Use Only	Print/Type preparer's name RAYMOND LY	Preparer's signature 	Date 04/10/2019
	Firm's name ▶ KPMG LLP	Check <input type="checkbox"/> if self-employed	PTIN P01205643
	Firm's address ▶ 1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102	Firm's EIN ▶ 13-5565207	Phone no. 703-286-8000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 [X] No

[] Yes [X] 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 [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 161,419,734. including grants of \$ 82,599,318.) (Revenue \$ 209,670,616.)

INSTRUCTION OF 3,924 UNDERGRADUATE AND 1,859 GRADUATE STUDENTS (5,783 STUDENTS).

4b (Code:) (Expenses \$ 36,104,463. including grants of \$) (Revenue \$ 9,170,291.)

PROVIDING ACADEMIC AND SUPPORT SERVICES TO STUDENTS (5,783 STUDENTS).

4c (Code:) (Expenses \$ 37,765,546. including grants of \$) (Revenue \$ 51,719,752.)

HOUSING, FOOD SERVICE AND OTHER STUDENT SERVICES.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2

(Expenses \$ 3,429,492. including grants of \$ 50,000.) (Revenue \$)

4e Total program service expenses 238,719,235.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (34), 1b (34), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
JOHN COPPOLA 4501 N CHARLES STREET BALTIMORE, MD 21210-2699 410-617-2917

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN F LINNANE SJ TRUSTEE & PRESIDENT	50.00 0.	X		X				0.	0.	20,260.
(2) KENNETH F BOEHL TRUSTEE	.50 0.	X						0.	0.	0.
(3) CHARMAINE BONDOC TRUSTEE	.50 0.	X						0.	0.	0.
(4) JOSEPH E CARNEY TRUSTEE	.50 0.	X						0.	0.	0.
(5) MICHAEL P CATANEO TRUSTEE	.50 0.	X						0.	0.	0.
(6) ROBERT CAWLEY TRUSTEE	.50 0.	X						0.	0.	0.
(7) JOSEPH COSTANTINO SJ TRUSTEE	.50 0.	X						0.	0.	0.
(8) CIANA CREIGHTON TRUSTEE	.50 0.	X						0.	0.	0.
(9) ANTHONY I DAY TRUSTEE	.50 0.	X						0.	0.	0.
(10) JOHN M DENNIS SJ TRUSTEE	.50 0.	X						0.	0.	0.
(11) PAUL G EIBELER TRUSTEE	.50 0.	X						0.	0.	0.
(12) SHARON A EUART RSM TRUSTEE	.50 0.	X						0.	0.	0.
(13) DAVID L FERGUSON TRUSTEE	.50 0.	X						0.	0.	0.
(14) MIKE B FERNANDEZ TRUSTEE	.50 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KEVIN J FINNERTY ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(16) JAMES D FORBES ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(17) CARRIE FOX ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(18) J RICHARD FREDERICKS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(19) GREGORY J GAILIUS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(20) KEVIN GILLEPSIE SJ ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(21) ELAINE GRILLO ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(22) H EDWARD HANWAY ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(23) GERARD E HOLTHAUS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(24) ROSEMARY M JURAS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(25) JAMES F KEENAN SJ ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	20,260.
c Total from continuation sheets to Part VII, Section A								4,112,616.	0.	526,853.
d Total (add lines 1b and 1c)								4,112,616.	0.	547,113.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 188

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 80

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GREGORY KELLY ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(27) MARK O KNOTT ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(28) JAMES J LATCHFORD ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(29) JOHN C LEE IV ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(30) DAVID METZGER ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(31) MARK W MULLIN ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(32) JEFFREY A NATTANS ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(33) KAREN P PHILIPPOU ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(34) DANIEL RIZZO ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(35) MAURA RYAN ----- TRUSTEE	.50 0.	X					0.	0.	0.	
(36) JAMES S SKESAVAGE JR ----- TRUSTEE	.50 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 188**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) ARUN SUBHAS ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(38) JOHN A WOLF ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(39) KEVIN R ZELAYA ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(40) DONELDA A COOK ----- VICE PRESIDENT	50.00 ----- 0.			X			195,257.	0.	22,825.	
(41) RANDALL D GENTZLER ----- VICE PRESIDENT	50.00 ----- 0.			X			305,772.	0.	34,223.	
(42) ROBERT D KELLY ----- VICE PRESIDENT	50.00 ----- 0.			X			138,545.	0.	15,804.	
(43) MARK L LINDENMEYER ----- VICE PRESIDENT	50.00 ----- 0.			X			175,537.	0.	22,087.	
(44) TERENCE M SAWYER ----- VICE PRESIDENT	50.00 ----- 0.			X			299,497.	0.	38,134.	
(45) AMANDA M THOMAS ----- VICE PRESIDENT	50.00 ----- 0.			X			215,401.	0.	33,702.	
(46) MARC CAMILLE ----- VICE PRESIDENT	50.00 ----- 0.			X			144,788.	0.	18,928.	
(47) SUSAN DONOVAN ----- EXECUTIVE VICE PRESIDENT	50.00 ----- 0.			X			205,763.	0.	18,723.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 188

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) SHEILAH HORTON VICE PRESIDENT	50.00 0.			X				105,546.	0.	10,088.
(49) AMY WOLFSON VICE PRESIDENT	50.00 0.			X				238,540.	0.	34,363.
(50) KATHLEEN A GETZ DEAN	50.00 0.				X			334,386.	0.	34,241.
(51) JOSHUA S SMITH DEAN	50.00 0.				X			189,045.	0.	30,847.
(52) GERARD ATHAIDE PROFESSOR	50.00 0.					X		205,738.	0.	30,822.
(53) JOSEPH LOGAN HEAD COACH WOMEN'S BASKETBALL	50.00 0.					X		209,708.	0.	32,104.
(54) MARK JOHNSON ASSOCIATE PROFESSOR	50.00 0.					X		224,236.	0.	23,870.
(55) ORLANDO SMITH HEAD COACH MEN'S BASKETBALL	50.00 0.					X		260,125.	0.	37,120.
(56) CHARLES TOOMEY HEAD COACH MEN'S LACROSSE	50.00 0.					X		268,594.	0.	36,976.
(57) JAMES BUCKLEY PROFESSOR/ FORMER INTERIM DEAN	50.00 0.						X	169,106.	0.	21,363.
(58) KARYL LEGGIO PROFESSOR/ FORMER DEAN	50.00 0.						X	227,032.	0.	30,633.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 188

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	258,950.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	9,152,162.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,051,292.					
	g Noncash contributions included in lines 1a-1f: \$		1,566,573.					
	h Total. Add lines 1a-1f ▶			23,462,404.				
	Program Service Revenue				Business Code			
2a TUITION AND FEES			900099	209,670,616.	209,670,616.			
b RESIDENCE, FOOD SERVICE, TELEPHONE			900099	51,719,752.	51,719,752.			
c SPECIAL EDUCATION PROGRAMS			900099	867,404.	867,404.			
d ID CARDS, ORIENTATION, PARKING			900099	1,023,252.	1,023,252.			
e ATHLETICS, CONFERENCES, OTHER AUX			900099	2,692,021.	807,891.	59,334.	1,824,796.	
f All other program service revenue				1,320,420.	1,320,420.			
g Total. Add lines 2a-2f ▶				267,293,465.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			3,606,735.		-108,281.	3,715,016.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			68,036.			68,036.	
	6a Gross rents	(i) Real	788,851.					
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		788,851.					
	d Net rental income or (loss) ▶			788,851.			788,851.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	85,342,172.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		77,322,404.				
		c Gain or (loss)		8,019,768.				
	d Net gain or (loss) ▶			8,019,768.			8,019,768.	
	8a Gross income from fundraising events (not including \$ 258,950. of contributions reported on line 1c). See Part IV, line 18	a		235,028.				
		b Less: direct expenses	b	303,066.				
c Net income or (loss) from fundraising events. ▶				-68,038.			-68,038.	
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. ▶			0.				
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. ▶			0.				
Miscellaneous Revenue				Business Code				
11a LIBRARY OPERATIONS			519100	1,910,843.	1,910,843.			
	b MISCELLANEOUS		900099	1,356,351.	1,356,351.			
	c							
	d All other revenue							
e Total. Add lines 11a-11d ▶				3,267,194.				
12 Total revenue. See instructions. ▶				306,438,415.	268,676,529.	-48,947.	14,348,429.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,000.	50,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	82,145,509.	82,145,509.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	453,809.	453,809.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,425,482.	2,403,837.	723,261.	298,384.
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.			
7 Other salaries and wages	84,819,748.	66,121,202.	16,250,015.	2,448,531.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,220,954.	4,053,026.	2,015,996.	151,932.
9 Other employee benefits	8,764,334.	5,731,417.	2,811,651.	221,266.
10 Payroll taxes	5,969,846.	4,669,051.	1,122,887.	177,908.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	411,596.		411,596.	
c Accounting	174,417.		174,417.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	195,873.			195,873.
f Investment management fees	1,327,770.		1,327,770.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	21,430,979.	18,967,134.	2,418,964.	44,881.
12 Advertising and promotion	2,274,117.	1,421,459.	732,066.	120,592.
13 Office expenses	3,941,590.	1,962,995.	1,901,252.	77,343.
14 Information technology	6,239,570.	1,348,983.	4,878,481.	12,106.
15 Royalties	8,337.	8,337.		
16 Occupancy	3,894,070.	3,456,273.	437,797.	
17 Travel	4,128,268.	3,542,396.	479,691.	106,181.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,359,978.	1,090,273.	204,845.	64,860.
20 Interest	5,673,435.	5,661,599.	11,836.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	11,449,603.	10,518,265.	842,305.	89,033.
23 Insurance	1,633,653.	9,751.	1,623,902.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STUDY ABROAD TUITION	4,195,029.	4,195,029.		
b LIBRARY OPERATIONS	3,454,620.	3,454,620.		
c ALL OTHER EXPENSES	23,431,034.	17,454,270.	4,946,009.	1,030,755.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	287,073,621.	238,719,235.	43,314,741.	5,039,645.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	29,000.	1	29,000.
	2 Savings and temporary cash investments	22,143,168.	2	31,693,754.
	3 Pledges and grants receivable, net	9,190,610.	3	10,767,260.
	4 Accounts receivable, net	3,015,714.	4	2,872,264.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	2,006,189.	7	1,924,461.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	2,778,459.	9	4,982,074.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 504,003,825.		
	b Less: accumulated depreciation	10b 189,780,867.		
	11 Investments - publicly traded securities	313,208,525.	10c	314,222,958.
	12 Investments - other securities. See Part IV, line 11	154,785,823.	11	141,502,546.
	13 Investments - program-related. See Part IV, line 11	123,360,521.	12	142,812,654.
	14 Intangible assets	2,265,897.	13	1,551,597.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,537,102.	15	14,192,464.	
	646,321,008.	16	666,551,032.	
Liabilities	17 Accounts payable and accrued expenses	21,233,077.	17	17,577,813.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	5,625,251.	19	6,281,930.
	20 Tax-exempt bond liabilities	135,931,304.	20	132,308,959.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,705,728.	25	8,484,222.
	26 Total liabilities. Add lines 17 through 25	172,495,360.	26	164,652,924.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	337,866,945.	27	351,280,846.
	28 Temporarily restricted net assets	43,622,846.	28	52,092,069.
	29 Permanently restricted net assets	92,335,857.	29	98,525,193.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	473,825,648.	33	501,898,108.	
34 Total liabilities and net assets/fund balances	646,321,008.	34	666,551,032.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	306,438,415.
2	Total expenses (must equal Part IX, column (A), line 25)	2	287,073,621.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,364,794.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	473,825,648.
5	Net unrealized gains (losses) on investments	5	6,797,761.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,909,905.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	501,898,108.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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: (For lines 1 through 12, check only one box.)

- 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,864,109.	17,442,537.	17,989,197.	20,068,803.	23,462,404.	103,827,050.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	24,864,109.	17,442,537.	17,989,197.	20,068,803.	23,462,404.	103,827,050.
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).						6,294,830.
6 Public support. Subtract line 5 from line 4						97,532,220.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	24,864,109.	17,442,537.	17,989,197.	20,068,803.	23,462,404.	103,827,050.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,021,238.	4,333,639.	3,971,048.	4,098,483.	4,463,622.	20,888,030.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	25,368.	0.	0.	0.	0.	25,368.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						124,740,448.
12 Gross receipts from related activities, etc. (see instructions)					12	1,296,243,936.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	78.19%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	77.98%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 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 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	214,865,828.	192,806,133.	206,254,056.	197,928,831.	177,155,486.
b Contributions	6,801,423.	7,291,690.	4,159,704.	5,619,386.	3,218,418.
c Net investment earnings, gains, and losses	18,044,051.	25,413,645.	-7,038,377.	12,237,711.	26,519,145.
d Grants or scholarships	2,669,955.	2,203,376.	2,346,002.	2,083,845.	1,836,124.
e Other expenditures for facilities and programs	7,562,145.	7,127,978.	7,342,971.	6,612,859.	6,293,550.
f Administrative expenses	1,327,770.	1,314,286.	880,277.	835,168.	834,544.
g End of year balance	228,151,432.	214,865,828.	192,806,133.	206,254,056.	197,928,831.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 51.0300 %
 - b Permanent endowment 48.9700 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,086,530.		20,086,530.
b Buildings		426,053,297.	150,646,368.	275,406,929.
c Leasehold improvements				
d Equipment		38,051,452.	35,169,310.	2,882,142.
e Other		19,812,546.	3,965,189.	15,847,357.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				314,222,958.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FDS: MULTI-STRATEGY FDS	11,015,528.	FMV
(B) HEDGE FDS: NONAGENCY RES MBS	9,128,587.	FMV
(C) HEDGE FDS: LONG/SHORT	34,364,388.	FMV
(D) PRIVATE EQUITY	39,852,288.	FMV
(E) EQUITY FUNDS	39,871,149.	FMV
(F) PUBLIC GLOBAL REAL ESTATE	6,688,511.	FMV
(G) OTHER	1,892,203.	FMV
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	142,812,654.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SWAP LIABILITY	1,872,412.
(3) ASSET RETIREMENT OBLIGATION	2,884,576.
(4) PERKINS LOAN FUND	2,597,385.
(5) ANNUITY LIABILITY	385,516.
(6) POOLED INCOME LIABILITY	6,175.
(7) OTHER LIABILITIES	738,158.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,484,222.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Includes values for Total revenue, gains, and other support per audited financial statements (229,612,154), and Total revenue after adjustments (306,438,415).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Includes values for Total expenses and losses per audited financial statements (203,449,599), and Total expenses after adjustments (287,073,621).

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Horizontal lines for providing supplemental information as required by the instructions.

Part XIII Supplemental Information (continued)

FORM SCH D PART V LINE 4

THE UNIVERSITY'S ENDOWMENT FUND HELPS PROVIDE AFFORDABLE EDUCATION TO STUDENTS BY PROVIDING FUNDS FOR FINANCIAL AID AND BY SUPPORTING THE OPERATIONS OF THE UNIVERSITY.

FORM SCH D PART X LINE 2

SCHEDULE D, PART X THE UNIVERSITY IS QUALIFIED AS A NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED. ACCORDINGLY, THE UNIVERSITY IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL YEARS 2018 OR 2017.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNIVERSITY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNIVERSITY HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE UNIVERSITY, AND HAS CONCLUDED THAT AS OF MAY 31, 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTION; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Part XIII Supplemental Information (continued)

FORM SCH D PART XI LINE 4B

FINANCIAL AID EXPENSE	82,599,318
DIRECT FUNDRAISING EXPENSE	(303,066)

	82,296,252

FORM SCH D PART XII LINE 2D

DIRECT FUNDRAISING EXPENSE	303,066
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FORM SCH D PART XII LINE 4B

FINANCIAL AID EXPENSE	82,599,318
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**SCHEDULE E
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Schools

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
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?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

FORM SCH E PART I LINE 3

LOYOLA UNIVERSITY MARYLAND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, NATIONAL OR ETHNIC ORIGIN, AGE, RELIGION, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, GENETIC INFORMATION, MILITARY STATUS, OR ANY OTHER LEGALLY PROTECTED CLASSIFICATION IN THE ADMINISTRATION OF ANY OF ITS EDUCATIONAL PROGRAMS AND ACTIVITIES OR WITH RESPECT TO ADMISSION OR EMPLOYMENT. THE DESIGNATED COMPLIANCE OFFICER TO ENSURE COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AS AMENDED, IS KATHLEEN PARNELL, ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES, 5000 YORK ROAD, ROOM 204, 410-617-2354. THE COORDINATOR TO ENSURE COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED, IS KATHLEEN PARNELL, ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES, 5000 YORK ROAD, ROOM 204, 410-617-2354. LOYOLA UNIVERSITY MARYLAND IS AUTHORIZED UNDER FEDERAL LAW TO ENROLL NON-IMMIGRANT, ALIEN STUDENTS. THIS PUBLICATION DOES NOT CONSTITUTE AN EXPRESSED OR IMPLIED CONTRACT. LOYOLA RESERVES THE RIGHT TO AMEND OR RESCIND THIS PUBLICATION AT ANY TIME.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		49,570,733.
(2) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	INTERNATIONAL STUDIES	21,693.
(3) EAST ASIA AND THE PACIFIC	0.	2.	PROGRAM SERVICES	INTERNATIONAL STUDIES	1,096,805.
(4) EUROPE	2.	5.	PROGRAM SERVICES	INTERNATIONAL STUDIES	5,189,288.
(5) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	INTERNATIONAL STUDIES	95,006.
(6) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	INTERNATIONAL STUDIES	8,541.
(7) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	INTERNATIONAL STUDIES	260,319.
(8) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	FINANCIAL AID	4,960.
(9) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	FINANCIAL AID	131,836.
(10) EUROPE	0.	0.	PROGRAM SERVICES	FINANCIAL AID	154,361.
(11) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	18,000.
(12) NORTH AMERICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	96,706.
(13) SOUTH ASIA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	16,666.
(14) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	31,280.
(15)					
(16)					
(17)					
3a Sub-total	2.	7.			56,696,194.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	7.			56,696,194.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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" on Form 990, Part IV, line 16.
Part III can be duplicated 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FINANCIAL ASSISTANCE	CENT. AMERICA/CARIBBEAN	1.			4,960.	FIN AID	FMV
(2) FINANCIAL ASSISTANCE	EAST ASIA/PACIFIC	6.			131,836.	FIN AID	FMV
(3) FINANCIAL ASSISTANCE	EUROPE/ICELAND/GREENLAND	3.			154,361.	FIN AID	FMV
(4) FINANCIAL ASSISTANCE	MIDDLE EAST/NORTH AFRICA	1.			18,000.	FIN AID	FMV
(5) FINANCIAL ASSISTANCE	NORTH AMERICA	2.			96,706.	FIN AID	FMV
(6) FINANCIAL ASSISTANCE	SOUTH ASIA	2.			16,666.	FIN AID	FMV
(7) FINANCIAL ASSISTANCE	SUB-SAHARAN AFRICA	4.			31,280.	FIN AID	FMV
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM SCH F PART I LINE 2

ALL FINANCIAL AID IS APPLIED DIRECTLY TO THE STUDENTS' OUTSTANDING RECEIVABLE BALANCES. NO CASH IS PHYSICALLY TRANSMITTED. CREDIT BALANCES THAT RESULT FROM FEDERAL STUDENT AND PARENT LOAN PROCEEDS ARE DISTRIBUTED TO THE BORROWER WITHIN THE SPECIFIED TIME FRAME REQUIRED BY THE REGULATIONS GOVERNING THESE PROGRAMS. ELIGIBILITY FOR NEED-BASED GRANTS, LOANS, AND WORK-STUDY FORMS OF FEDERAL STUDENT AID IS DETERMINED USING THE RESULTS OF THE FEDERAL METHODOLOGY NEED ANALYSIS FORMULA. STUDENT AID AWARDED FROM BOTH FEDERAL AND INSTITUTIONAL SOURCES ARE MONITORED CONTINUOUSLY THROUGHOUT THE FISCAL YEAR USING VARIOUS BUDGET STATUS REPORTS, STUDENT ACCOUNT STATUS REPORTS, AND DEFERRAL AND INSTITUTIONAL PROGRAM RECONCILIATION REPORTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization

Employer identification number

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					459,634.	195,873.	

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BUSINES LEADER (event type)	GOLF INVITAT'L (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	235,500.	227,800.	30,678.	493,978.
	2	Less: Contributions	126,250.	125,300.	7,400.	258,950.
	3	Gross income (line 1 minus line 2)	109,250.	102,500.	23,278.	235,028.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		30,554.	6,424.	36,978.
	6	Rent/facility costs		72,870.	21,778.	94,648.
	7	Food and beverages	115,851.			115,851.
	8	Entertainment				
	9	Other direct expenses	52,400.	2,500.	689.	55,589.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				303,066.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-68,038.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
GRENZEBACH GLIER & ASSOCIATES, INC. 401 N. MICHIGAN AVENUE, SUITE 2800 CHICAGO IL 60611	ADVISORY		X		51,749.	
KATHERINE H. CALDWELL CALDWELL & ASSOCIATES 40 WINDWARD DRIVE SEVERNA PARK MD 21146	ADVISORY		X		5,000.	
ROYALL & COMPANY, INC. 1920 EAST PARHAM ROAD RICHMOND VA 23228	FUNDRAISING		X	459,634.	139,124.	

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 noncash assistance	(h) Purpose of grant or assistance
(1) BALTIMORE FESTIVAL OF THE ARTS 10 E. BALTIMORE ST, BALTIMORE, MD 21202	52-1559145	501(C)3	50,000.		FMV		SEE PART IV
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL ASSISTANCE	3,684.		82,145,509.	FMV	FIN AID
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES: ALL FINANCIAL AID IS APPLIED DIRECTLY TO THE STUDENTS' OUTSTANDING RECEIVABLE BALANCE. NO CASH IS PHYSICALLY TRANSMITTED. CREDIT BALANCES THAT RESULT FROM FEDERAL STUDENT AND PARENT LOAN PROCEEDS ARE DISTRIBUTED TO THE BORROWER WITHIN THE SPECIFIED TIME FRAME REQUIRED BY THE REGULATIONS GOVERNING THESE PROGRAMS. ELIGIBILITY FOR NEED-BASED GRANTS, LOANS, AND WORK-STUDY FORMS OF FEDERAL STUDENT AID IS DETERMINED USING THE RESULTS OF THE FEDERAL METHODOLOGY NEED ANALYSIS FORMULA. STUDENT AID AWARDED FROM BOTH FEDERAL AND INSTITUTIONAL SOURCES ARE MONITORED CONTINUOUSLY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THROUGHOUT THE FISCAL YEAR USING VARIOUS BUDGET STATUS REPORTS, STUDENT ACCOUNT STATUS REPORTS, AND DEFERRAL AND INSTITUTIONAL PROGRAM RECONCILIATION REPORTS.

SCHEDULE I, PART II

PURPOSE OF GRANT:

THE UNIVERSITY CONTRIBUTED TO THE BALTIMORE FESTIVAL OF THE ARTS LIGHT CITY EVENT IN BALTIMORE CITY. THIS INTERNATIONAL LIGHT FESTIVAL SHOWCASES CONCEPTUAL EXHIBITS OF ART, MUSIC, TECHNOLOGY, AND PIONEERING IDEAS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are 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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DONELDA A COOK VICE PRESIDENT	(i) 181,606.	13,651.	0.	16,688.	6,137.	218,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	RANDALL D GENTZLER VICE PRESIDENT	(i) 304,443.	0.	1,329.	24,300.	9,923.	339,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	ROBERT D KELLY VICE PRESIDENT	(i) 99,595.	34,594.	4,356.	10,125.	5,679.	154,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	MARK L LINDENMEYER VICE PRESIDENT	(i) 175,537.	0.	0.	15,921.	6,166.	197,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	TERRENCE M SAWYER VICE PRESIDENT	(i) 282,179.	5,500.	11,818.	24,300.	13,834.	337,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	AMANDA M THOMAS VICE PRESIDENT	(i) 215,401.	0.	0.	20,363.	13,339.	249,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	MARC CAMILLE VICE PRESIDENT	(i) 126,972.	5,481.	12,335.	11,938.	6,990.	163,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	SUSAN DONOVAN EXECUTIVE VICE PRESIDENT	(i) 172,032.	33,731.	0.	12,150.	6,573.	224,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	AMY WOLFSON VICE PRESIDENT	(i) 238,540.	0.	0.	22,500.	11,863.	272,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	KATHLEEN A GETZ DEAN	(i) 323,059.	11,327.	0.	24,300.	9,941.	368,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	JOSHUA S SMITH DEAN	(i) 182,603.	6,442.	0.	17,408.	13,439.	219,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	GERARD ATHAIDE PROFESSOR	(i) 178,542.	27,196.	0.	17,135.	13,687.	236,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	JOSEPH LOGAN HEAD COACH WOMEN'S BASKETBALL	(i) 195,220.	10,000.	4,488.	18,540.	13,564.	241,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	MARK JOHNSON ASSOCIATE PROFESSOR	(i) 192,787.	31,449.	0.	17,466.	6,404.	248,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	ORLANDO SMITH HEAD COACH MEN'S BASKETBALL	(i) 250,778.	5,000.	4,347.	23,400.	13,720.	297,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16	CHARLES TOOMEY HEAD COACH MEN'S LACROSSE	(i) 253,501.	12,500.	2,593.	23,625.	13,351.	305,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES BUCKLEY PROFESSOR/ FORMER INTERIM DEAN	(i)	167,856.	1,250.	0.	15,003.	6,360.	190,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KARYL LEGGIO PROFESSOR/ FORMER DEAN	(i)	226,832.	200.	0.	20,854.	9,779.	257,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM SCH J PART I LINE 1A

HEALTH OR SOCIAL CLUB DUES: THE FOLLOWING INDIVIDUALS RECEIVED MEMBERSHIPS IN LOCAL COUNTRY CLUBS OR SOCIAL CLUBS AS PART OF THEIR JOB DUTIES WITH THE UNIVERSITY: FR BRIAN F LINNANE SJ, MARC CAMILLE, TERRENCE SAWYER, AND RANDALL GENTZLER. THE UNIVERSITY TRACKS USAGE OF THESE CLUBS AND REPORTS PERSONAL USE AS TAXABLE INCOME ON THE EMPLOYEES' W-2.

FORM SCH J PART I LINE 3

FR BRIAN F 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, 2018 IN ORDER TO FULFILL THE OBLIGATION OF THE SOCIETY OF JESUS TO PROVIDE HOUSING FOR FATHER LINNANE.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LOYOLA UNIVERSITY MARYLAND INC

Employer identification number
52-0591623

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MD HEALTH AND HIGHER EDUC FACILITIES AUTHORITY	52-0936091	574218JJ3	06/07/2012	53,943,256.	2012A-REFUNDING		X		X		X
B MD HEALTH AND HIGHER EDUC FACILITIES AUTHORITY	52-0936091	574218RY1	10/30/2014	63,876,116.	2014-REFUNDING		X		X		X
C MD HEALTH AND HIGHER EDUC FACILITIES AUTHORITY	52-0936091		12/03/2014	11,052,025.	2012B-2014 PARTIAL REISSUANCE		X		X		X
D MD HEALTH AND HIGHER EDUC FACILITIES AUTHORITY	52-0936091		12/03/2014	17,882,975.	2012B-2014 PARTIAL REISSUANCE		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	9,295,000.				2,454,096.		3,970,904.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	53,943,256.		63,876,116.		11,052,025.		17,882,975.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	498,916.		567,776.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	53,444,340.		63,308,340.		11,052,025.		17,882,975.	
12 Other unspent proceeds								
13 Year of substantial completion	2009		2006		1999		1999	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Private Business Use (Continued)	MD HEALTH AND HIGHER EDUC FACILITIES AUTHORITY							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
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 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X		X	X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b Name of provider					WELLS FARGO		WELLS FARGO	
c Term of hedge.					11.830		11.830	
d Was the hedge superintegrated?						X		X
e Was the hedge terminated?						X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART I, ROW A, COLUMN F:

2012A - REFUNDING - ISSUES DATED 09/17/2008, 12/04/2007, AND 6/23/1999

SCHEDULE K, PART I, ROW B, COLUMN F:

2014 - REFUNDING OF ISSUE DATED 1/04/2006

SCHEDULE K, PART I, ROW C, COLUMN F:

2012B - 2014 REISSUANCE OF PORTION OF ISSUE DATE 6/26/2012

SCHEDULE K, PART I, ROW D, COLUMN F:

2012B - 2014 REISSUANCE OF PORTION OF ISSUE DATE 6/26/2012

SCHEDULE K, PART I, ROW C AND D:

PURSUANT TO SECTIONS 1.141-13(D), 1.148-9(H) AND 1.150-1(C)(3) OF THE
INCOME TAX REGULATIONS, THE ISSUER ELECTED TO TREAT THE 12/03/2014 BONDS
AS TWO SEPARATE ISSUES AND FILED A SEPARATE FORM 8038 FOR EACH OF THE
ISSUES.

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART II, ROW C AND D:

THE 2012B HAS HAD PRINCIPAL PAYMENTS TO DATE OF 6,425,000. FOR PURPOSES OF REPORTING ON SCHEDULE K THE PRINCIPAL PAYMENTS HAVE BEEN DIVIDED PROPORTIONATELY BETWEEN THE TWO PORTIONS OF THE 2012B BASED ON ISSUE PRICE.

SCHEDULE K, PART II, COLUMN A, B, C, AND D, LINE 11:

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW.

SCHEDULE K, PART III, COLUMN C AND D:

THIS BOND ISSUE RELATES TO REFUNDING OF PRE 12/31/2002 ISSUES. THE BOND ISSUE REFUNDED A 2008 ISSUE WHICH, THROUGH A SERIES OF REFUNDINGS, REFUNDED THE SERIES 1996 AND 1985 BONDS; THE ISSUE IS THEREFORE EXEMPT FROM REPORTING ON PART III OF SCHEDULE K.

SCHEDULE K, PART IV, COLUMN A:

A REBATE CALCULATION WAS PERFORMED ON JANUARY 24, 2017 WITH NO REBATE LIABILITY BEING DUE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization 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.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		46,160.	FINANCIAL AID	UG TUITION REMISSION
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANDREW FUTTERMAN	SPOUSE OF OFFICER	98,518.	EMPLOYMENT/COMPENSATION		X
(2) YUN-DIH CHIA-SMITH	SPOUSE OF KEY EMPLOYEE	58,936.	EMPLOYMENT/COMPENSATION		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3 .	16,901 .	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		11,270 .	APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	50 .	1,531,128 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PIANO)	X	1 .	3,600 .	FMV
26 Other ▶ (MISC)	X	3 .	3,674 .	FMV
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**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

JSA

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

52-0591623

FORM 990 PART VI LINE 11B

THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT AT KPMG. PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION AND THE BOARD OF TRUSTEES. ALL MEMBERS OF THE BOARD OF TRUSTEES ARE PROVIDED AN ELECTRONIC COPY OF THE COMPLETE FORM. THE FORM IS FILED AFTER ALL COMMENTS FROM THE BOARD OF TRUSTEES ARE ADDRESSED.

FORM 990 PART VI 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 FULLY DISCLOSE THE CONFLICT TO THE PRESIDENT OF THE UNIVERSITY AND SHALL REFRAIN FROM PARTICIPATION IN ANY WAY IN THE MATTER TO WHICH THE CONFLICT RELATES UNTIL THE QUESTION HAS BEEN RESOLVED. THE PRESIDENT SHALL CONSULT WITH UNIVERSITY COUNSEL REGARDING ALL CONFLICT QUESTIONS OF WHICH HE IS INFORMED AND SHALL REPORT REGULARLY TO THE BOARD OF TRUSTEES ANY UNRESOLVED CONFLICT QUESTIONS.

Name of the organization LOYOLA UNIVERSITY MARYLAND INC	Employer identification number 52-0591623
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FORM 990 PART VI LINE 15A

FR BRIAN F LINNANE SJ HAS TAKEN A VOW OF POVERTY AND DOES NOT RECEIVE A W-2 FOR HIS SERVICES TO THE UNIVERSITY.

FORM 990 PART VI LINE 15B

FOR OFFICERS OTHER THAN THE PRESIDENT AND FOR KEY EMPLOYEES, AN INDEPENDENT SEARCH CONSULTANT WAS RETAINED FOR EACH SEARCH. SALARY DATA OF COMPARABLE AJCU (ASSOCIATION OF JESUIT COLLEGES AND UNIVERSITIES) INSTITUTIONS WAS USED IN THE DETERMINATION OF THE SALARY RANGE. THE INDEPENDENT SEARCH CONSULTANT ASSISTED WITH THE SETTING OF AN APPROPRIATE SALARY, WITH CONSIDERATION TO THE POSITION RESPONSIBILITIES AND THE MARKET. THE ORGANIZATION AND EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR SETTING SENIOR ADMINISTRATION'S ANNUAL COMPENSATION. SALARIES ARE REVIEWED BASED UPON JOB ANALYSIS, MARKET CONDITIONS, AND PERFORMANCE. RECORDS OF THE MEETINGS ARE MAINTAINED BY THE ASSISTANT SECRETARY OF THE BOARD.

FORM 990 PART VI LINE 19

THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE ON THE UNIVERSITY'S EXTERNAL WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE GENERAL PUBLIC.

Name of the organization LOYOLA UNIVERSITY MARYLAND INC	Employer identification number 52-0591623
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FORM 990 PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN FAIR VALUE OF SPLIT INTEREST AGREEMENTS	\$684,597
CHANGE IN FAIR VALUE OF SWAP	\$1,225,308

	\$1,909,905

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

LOYOLA UNIVERSITY MARYLAND INC 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.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RESEARCH & DEVELOPMENT AND PUBLIC SERVICE	50,000.	3,429,492.	
TOTALS	<u>50,000.</u>	<u>3,429,492.</u>	

ATTACHMENT 3FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BELGIUM

IRELAND

SPAIN

THAILAND

UNITED KINGDOM

Name of the organization LOYOLA UNIVERSITY MARYLAND INC	Employer identification number 52-0591623
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ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PARKHURST DINING PO BOX 644091 PITTSBURGH, PA 15264	FOOD SVC OPERATIONS	13,972,377.
PLANO-COUDON LLC 2101 WASHINGTON BLVD BALTIMORE, MD 21230	CONSTRUCTION	3,693,981.
WHITING-TURNER CONTRACTING PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	3,424,791.
MODULAR GENIUS INC 1201 S MOUNTAIN ROAD JOPPA, MD 21085	MODULAR CONSTRUCTION	2,280,995.
MERRITT PROPERTIES LLC 2066 LORD BALTIMORE DRIVE BALTIMORE, MD 21244	PROPERTY MGMT / RENT	1,769,352.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE LOYOLA NOTRE DAME LIBRARY INC 200 WINSTON AVENUE BALTIMORE, MD 21212 52-0881396	LIBRARY	MD	501 (C) (3)	509A3III-FI	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) POOLED INCOME FUND -1 4501 N CHARLES STREET BALTIMORE, MD 21210	POOLED INCOME	MD	N/A	TRUST					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	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, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE LOYOLA NOTRE DAME LIBRARY INC	Q	1,923,419.	FMV
(2) THE LOYOLA NOTRE DAME LIBRARY INC	R	4,184,736.	FMV
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
