# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Inspection

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

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

A F	or th	e 201	8 calendar year, or tax year beginning 06/01, 20	18, and end	ling		05/3	31 <b>,20</b> 19		
			C Name of organization			D Employer ide	entificati	ion number		
Вс	heck if ap	plicable:	LOYOLA UNIVERSITY MARYLAND INC							
	Addre		Doing Business As			52-0591	L623			
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	Э	E Telephone number				
	Initial	return	4501 N CHARLES STREET			(410) 617-2917				
Terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amer		BALTIMORE, MD 21210-2699			<b>G</b> Gross receip	ts \$	359,860,859.		
	Applic	cation	F Name and address of principal officer: RANDALL D. GENTZLE	R		H(a) Is this a grou		for Yes X No		
	_ pendi	ng	4501 N CHARLES STREET, BALTIMORE, MD 21210	0-2699		subordinates <b>H(b)</b> Are all subord		ded? Yes No		
ı	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(	(1) or 5	527			see instructions)		
			WWW.LOYOLA.EDU	.,,		H(c) Group exemp	ption num	ber ▶		
_			nization: X Corporation Trust Association Other	L Year	r of format	ion: 1853 <b>M</b>	<u> </u>			
	art I		mmary	1				g		
			v describe the organization's mission or most significant activities: LOYC	LA UNIVE	CRSITY	MARYLAND	INC	IS A		
Ф	ļ .		UIT CATHOLIC UNIVERSITY COMMITTED TO THE EDU							
auc			SOCIETY OF JESUS AND THE DEVELOPMENT OF THE							
Governance	2		this box if the organization discontinued its operations or dispose							
Š	3		er of voting members of the governing body (Part VI, line 1a)				3.	33.		
≪	4	Numb	er of independent voting members of the governing body (Part VI, line 1b				4	33.		
Activities &	5		number of individuals employed in calendar year 2018 (Part V, line 2a)				5	3,673.		
Ĭ	6						6	0.		
Act	70	Total	number of volunteers (estimate if necessary)				7a	-402,172.		
-			unrelated business revenue from Part VIII, column (C), line 12				7b	0.		
	D	ivet ui	nrelated business taxable income from Form 990-T, line 34	Prior Year	7.0	Current Year				
		Contri	ibutions and grants (Dort VIII line 4b)		_	23,462,40	14	22,108,663.		
ne	8	Contri	ibutions and grants (Part VIII, line 1h)	OPY FOR		67,293,46		269,485,862.		
Revenue	9		am service revenue (Part VIII, line 2g)	INSPECTION		11,626,50		14,684,376.		
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>┙</b> ├──	4,056,04		2,215,221.		
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			06,438,41		308,494,122.		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12			82,649,31		87,019,830.		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			02,049,31	0.	07,019,030.		
	14		its paid to or for members (Part IX, column (A), line 4)			109,200,364. 195,873.		119,651,015.		
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10		• —			5,271.		
ĕ	16a		ssional fundraising fees (Part IX, column (A), line 11e)	7.4		193,67	3.	3,2/1.		
Ä	_ b		fundraising expenses (Part IX, column (D), line 25) 5,627,67		-	95,028,06		00 750 006		
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		•			92,752,836.		
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		• —	87,073,62		299,428,952.		
_ v	19	Rever	nue less expenses. Subtract line 18 from line 12			19,364,79		9,065,170.		
ts o						ning of Current Y		End of Year		
sse 3ala	20 21 22		assets (Part X, line 16)			66,551,03		674,489,171.		
멸	21		liabilities (Part X, line 26)			64,652,92		171,931,909.		
Ź교	22		ssets or fund balances. Subtract line 21 from line 20		.   3	01,898,10	18.	502,557,262.		
	rt II		gnature Block							
true	der pei e, corre	nalties o ct, and	of perjury, I declare that I have examined this return, including accompanying sch complete. Declaration of preparer (other than officer) is based on all information of v	edules and stat which preparer	tements, a has any kr	ind to the best of nowledge.	my kno	owledge and belief, it is		
						0.4/1	4 /000	2.0		
Sig	n		Signature of officer			Date	4/202	20		
He			•	====/-	D. 0.7 / F					
	. •			OR FIN/A	ADMN/T	RSR				
			Type or print name and title	D-4-			D.T.	NI .		
Paid	i		Type preparer's name Preparer's signature	Date	0000	Check	if PTI			
	parer	RAY	MOND LY   MANNO LE	<u> </u>	2020	self-employ		01205643		
	Only		s name ► KPMG LLP	<u>(</u>		,		565207		
			address ▶ 8350 BROAD STREET, SUITE 900 MCLEAN,	VA 2210	2	Phone no.	703-2	286-8000		
May	the I	RS dis	cuss this return with the preparer shown above? (see instructions)					X Yes No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form **8868** 

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	: 6-Month Extension of Time. Only subm		, 							
	ions required to file an income tax return oth		· · · /	20-C filers) partnerships REMIC	e and truete					
•	orm 7004 to request an extension of time to		, -	10-0 mers), partnersmps, NEIMIC	75, and trusts					
	sim root to request an extension of time to	1110 111001110	tax rotarrio.	Enter filer's identifying number	er see instructions					
	Name of exempt organization or other filer, see i	nstructions.		Employer identification number (E						
ype or				Zimpioyor raomameatan mambor (2	() 0.					
rint	LOYOLA UNIVERSITY MARYLAND IN	IC		52-0591623						
ile by the	Number, street, and room or suite no. If a P.O. be		ctions.	Social security number (SSN)						
ue date for ling your	4501 N CHARLES STREET			Coolar occarry riamper (corv)						
eturn. See	City, town or post office, state, and ZIP code. Fo	or a foreign ad	ldress, see instructions.							
structions.	BALTIMORE, MD 21210-2699									
5	<u> </u>			·	0 1					
inter the R	eturn Code for the return that this application	n is for (file	a separate application t	or each return)	نات					
Application		Return	Application		Return					
For		Code	Is For		Code					
	r Form 990-EZ	01	Form 990-T (corpora	tion)	07					
orm 990-B		02	Form 1041-A	uon)	08					
	(individual)	03	Form 4720 (other tha	an individual)	09					
orm 990-P	` '	04	Form 5227	an maividual)	10					
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11					
	(trust other than above)	06	Form 8870		12					
01111 000-1	JOHN COPPOLA	1 00	1 01111 007 0		12					
If the org If this is for the whole	ne No. ► 410 617-2917  anization does not have an office or place of or a Group Return, enter the organization's for the group, check this box ►	business ir our digit Gro If it is for pa	n the United States, che oup Exemption Number	(GEN)	If this is					
1 I reque	est an automatic 6-month extension of time u	until	04/15 , 20	20 , to file the exempt organ	ization return					
	organization named above. The extension is									
		·								
▶	calendar year 20 or									
► X	tax year beginning06/	01 , <b>20</b> 1	8 , and ending	05/31 , <b>20</b> 19						
2 If the t	ax year entered in line 1 is for less than 12 r									
	application is for Forms 990-BL, 990-PF, 9	990-T. 4720	D. or 6069, enter the	tentative tax. less anv						
	fundable credits. See instructions.	,	, ,	3a \$	0.					
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
	ated tax payments made. Include any prior ye		<del>-</del>		0.					
	ce due. Subtract line 3b from line 3a. Include									
	onic Federal Tax Payment System). See instru		•	3c \$	0.					
aution: If yo	u are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, s		EO for payment					
structions.	- <del>-</del>	•								
	Act and Paperwork Reduction Act Notice, see ins	tructions.		Form 8	<b>868</b> (Rev. 1-2019)					
•	•				. ,					

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\*\*COPY FOR PUBLIC INSPECTION\*\* LOYOLA UNIVERSITY MARYLAND INC 52-0591623 Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 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? 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 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 \$ 169,481,400. including grants of \$ 87,019,830. ) (Revenue \$ 211,244,571. ) INSTRUCTION OF 3,879 UNDERGRADUATE AND 1,766 GRADUATE STUDENTS (5,645 STUDENTS). 4b (Code: 37,907,601. including grants of \$ ) (Revenue \$ PROVIDING ACADEMIC AND SUPPORT SERVICES TO STUDENTS (5,645 STUDENTS). 4c (Code: ) (Expenses \$ 39,651,643. including grants of \$ ) (Revenue \$ 52,561,731. ) HOUSING, FOOD SERVICE, AND OTHER STUDENT SERVICES

ATTACHMENT 2 4d Other program services (Describe in Schedule O.) (Expenses \$ 3,600,768. including grants of \$ ) (Revenue \$

**4e** Total program service expenses ▶ 250,641,412.

JSA 8E1020 1.000 Form **990** (2018) 1138CR 2502 V 18-7.6F 2281489

Form 990 (2018) Page 3

aii	Checklist of Required Schedules		Yes	Τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			+
'		4	Х	
2	complete Schedule A	2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		Λ	+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Ī
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
'		_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		+
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	_	3.7	
	complete Schedule D, Part III	8	X	4
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? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			Ī
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			ı
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а		440	Х	
	complete Schedule D, Part VI	11a	Λ	-
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		3.7	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	_
С	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? If "Yes," complete Schedule D, Part VIII	11c		
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? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	I
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			1
1 <b>2</b> a	Schedule D, Parts XI and XII	12a	Х	
_		120		+
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.			+
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	4
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15		
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? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17		'		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	, ,	Х	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		_
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		
	domestic government on that it, column (1), into 1: it into, complete confedure i, that of the it.			_
SA 1 1.00		Form	000	

Form 990 (2018) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 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 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Χ d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?...... 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I........... 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? Χ 25b 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 26 Χ 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 X 27 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? If "Yes," complete Schedule L, Part IV . . . . . . . Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.............. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . . . . 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)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . 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. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V. . . . . . . . . . . . Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 595 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . | 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?......... Χ

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Form 990 (2018) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,673			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ▶ <u>ATTACHMENT 3</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			ĺ
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Cross meeting item members of characteristics.			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 ^	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

52-0591623

Form 990 (2018) LOYOLA UNIVERSITY MARYLAND INC 52-0591623 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst	ructions.
Charle if Cabadula O contains a recommon or note to any line in this Dout VI	3.7

Sect	ion A. Governing Body and Management		• • •	· · ·	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 33	3		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 33	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or ur				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval		l		.,
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:			37	
а	The governing body?		8a	X	_
b	Each committee with authority to act on behalf of the governing body?		8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte		Code	.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	urposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	•		3.7	
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the pe		40-	Х	
	describe in Schedule O how this was done		12c	X	_
13	Did the organization have a written whistleblower policy?		13 14	- 1	X
14	Did the organization have a written document retention and destruction policy?		14		21
15	Did the process for determining compensation of the following persons include a review an				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a		Х
a	The organization's CEO, Executive Director, or top management official		15b	X	
b	Other officers or key employees of the organization				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
···u	with a taxable entity during the year?	•	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
_	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion 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 (1024 or 1024-A if applicable),		(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	•	erest	polic	/, 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 by John Coppola 4501 N Charles Street Baltimore, MD 21210-2699 410-617-2917	oooks and record	s <b>&gt;</b>		

Form **990** (2018)

JSA

#### Form 990 (2018) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII **Independent Contractors**

52-0591623

#### 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.

	L	Check this box if neither	the organization nor	any related	organization	compensated	any current	officer, director, or trus	tee.
--	---	---------------------------	----------------------	-------------	--------------	-------------	-------------	----------------------------	------

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)BRIAN F LINNANE SJ	50.00										
TRUSTEE & PRESIDENT	0.	Х		Х				0.	0.	20,560.	
(2)RONAL J. AMIOT SJ	.50									,	
TRUSTEE	0.	Х						0.	0.	0.	
(3)KENNETH F BOEHL	.50										
TRUSTEE	0.	Х						0.	0.	0	
(4)CHARMAINE BONDOC	.50										
TRUSTEE	0.	Х						0.	0.	0	
(5)ANTHEA BUTLER	.50										
TRUSTEE	0.	Х						0.	0.	0	
(6)JOSEPH E CARNEY	.50										
TRUSTEE	0.	Х						0.	0.	0	
(7)ROBERT CAWLEY	.50										
TRUSTEE	0.	Х						0.	0.	0	
(8) JOSEPH COSTANTINO SJ	.50										
TRUSTEE	0.	Х						0.	0.	0	
(9)CIANA CREIGHTON	.50										
TRUSTEE	0.	Х						0.	0.	0	
(10)ANTHONY I DAY	.50										
TRUSTEE	0.	Х						0.	0.	0	
(11) JOHN M DENNIS SJ	.50										
TRUSTEE	0.	Х						0.	0.	0	
(12)SUSAN M. DONOVAN	.50										
TRUSTEE	0.	Х						0.	0.	0	
(13) PAUL G EIBELER	.50										
TRUSTEE	0.	Х						0.	0.	0	
(14)SHARON A EUART RSM	.50										
TRUSTEE	0.	Х						0.	0.	0	

Form 990 (2018)

JSA

Form 990 (2018)

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

(A) Name and title	(B) Average hours per	Average Position Reportable Reportable hours per (do not check more than one compensation compensation								( <b>F</b> ) Estimated amount of		
	week (list any					is both or/trust		from	related		other	on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization trelated inization	n d
15) DAVID L FERGUSON	.50											
TRUSTEE	0.	X						0.	0.			0.
16) MIKE B FERNANDEZ	.50											
TRUSTEE	0.	X						0.	0.			0.
17) JAMES D FORBES	.50											
TRUSTEE	0.	Х						0.	0.			0.
18) CARRIE FOX	.50											
TRUSTEE	0.	Х						0.	0.			0.
19) J RICHARD FREDERICKS	.50											
TRUSTEE	0.	Х						0.	0.			0.
20) GREGORY J GAILIUS	.50											
TRUSTEE	0.	Х						0.	0.			0.
21) KEVIN GILLEPSIE SJ	.50											
TRUSTEE	0.	Х						0.	0.			0.
22) ELAINE GRILLO	.50											
TRUSTEE	0.	Х						0.	0.			0.
23) H EDWARD HANWAY	.50											
TRUSTEE	0.	Х						0.	0.			0.
24) GERARD E HOLTHAUS	.50											
TRUSTEE	0.	X						0.	0.			0.
25) ROSEMARY M JURAS	.50											
TRUSTEE	0.	Х						0.	0.			0.
1b Sub-total							$\blacktriangleright$	0.	0.		20,5	
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	3,838,309.	0.		35 <b>,</b> 7	
d Total (add lines 1b and 1c)							<b>&gt;</b>	3,838,309.	0.	5	56 <b>,</b> 3	04.
2 Total number of individuals (including but not reportable compensation from the organization		hose 171		d al	bove	e) who	o re	ceived more than	\$100,000 of			
									<u> </u>		Yes	No
	3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							3	X			
4 For any individual listed on line 1a, is the organization and related organizations great	eater than	\$15	0,0	00?	· If	"Yes	3,"	complete Schedu	le J for such			
individual										4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5		Χ
Section B. Independent Contractors	•											
1 Complete this table for your five highest com	nancated i	ndene	nde	nt i	con	tracto	re t	hat received more	than \$100 000 c	f		

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 ▶ 81

Form **990** (2018)

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) hours for compensation the organizations Highest compenement Individual trustee or director Institutional trustee related from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) below dotted and related organizations nsatec JAMES F KEENAN SJ .50 TRUSTEE 0. Χ 0 0 0. 27) GREGORY KELLY 50 TRUSTEE 0. Χ 0 0. 0. JAMES J LATCHFORD 50 28) TRUSTEE 0. 0 0. 0. 29) JJ MATTHEWS 50 TRUSTEE 0. Χ 0 0. 0. DAVID METZGER 50 30) TRUSTEE 0. Χ 0 0. 0. 31) MARK W MULLIN .50 TRUSTEE 0. Χ 0 0. 0. 32) JEFFREY A NATTANS .50 TRUSTEE 0. 0 0. 0. Χ 33) KAREN P PHILIPPOU .50 TRUSTEE 0. 0 0 Χ 0. 34) DANIEL RIZZO .50 0. TRUSTEE X 0 0 0. MAURA RYAN .50 TRUSTEE 0 0. 0 Χ 0. JAMES S SKESAVAGE JR .50 TRUSTEE 0. 0 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 171 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Χ Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Χ **Section B. Independent Contractors** 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

(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 ▶

Form **990** (2018)

Form 990 (2018) Page **8** 

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	ıplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	ss pe d a d	ition more rson irect	e than o	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) ARUN SUBHAS	.50									
TRUSTEE	0.	Х						0.	0.	0.
38) ROBERT TROSSET	.50									
TRUSTEE	0.	Х						0.	0.	0.
39) ROGER WAESCHE	.50									
TRUSTEE	0.	Х						0.	0.	0.
40) CURTIS WILSON	.50									
TRUSTEE	0.	Х						0.	0.	0.
41) JOHN A WOLF	.50									
TRUSTEE	0.	Х						0.	0.	0.
42) DONELDA A COOK	50.00									
VICE PRESIDENT	0.			Х				205,301.	0.	25,974.
43) RANDALL D GENTZLER	50.00									
VICE PRESIDENT	0.			Х				313,411.	0.	37,485.
44) ROBERT D KELLY	50.00									
VICE PRESIDENT	0.			Х				218,491.	0.	31,175.
45) MARK L LINDENMEYER	50.00								_	
VICE PRESIDENT	0.			Х				196,635.	0.	24,718.
46) TERRENCE M SAWYER	50.00								_	
VICE PRESIDENT	0.			Х				339,862.	0.	42,633.
47) AMANDA M THOMAS  VICE PRESIDENT	50.00			Х				242,360.	0.	40,261.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)		hose	iste	 			► ► • re	eceived more than	\$100,000 of	
reportable compensation from the organization	n <b>▶</b>	171	-							Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3 X
<b>4</b> For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors."										5 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 ▶

Form **990** (2018)

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (B) (D) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) and related below dotted organizations AMY WOLFSON 48) 50.00 PROFESSOR/FORMER VP 0. Χ 207,046. 0 31,804. 49) STEPHEN E FOWL 50.00 DEAN 0. Χ 180,150. 0 29,189. KATHLEEN A GETZ 50.00 50) DEAN 0. Χ 321,346. 0 37,786. JOSHUA S SMITH 51) 50.00 DEAN 0. Χ 188,825. 0. 35,045. TAVARAS HARDY 50.00 52) HEAD COACH MEN'S BASKETBALL 0. Χ 213,566. 0. 14,150. JOSEPH LOGAN 53) 50.00 HEAD COACH WOMEN'S BASKETBALL 0. X 218,673. 0. 37,666. 54) CHARLES TOOMEY 50.00 HEAD COACH MEN'S LACROSSE 0. 0. 44,203. X 286,643. 55) BOBBY WALDRUP 50.00 ASSOCIATE DEAN 0. 0. 204,356. X 36,048. 56) DONNA WOODRUFF 50.00 0. DIRECTOR OF ATHLETICS X 271,037. 0. 33,522. KARYL LEGGIO 50.00 PROFESSOR/ FORMER DEAN 0. 0. Χ 34,085. 230,607. 1b Sub-total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 171 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Χ Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Χ **Section B. Independent Contractors** 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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

Form **990** (2018)

LOYOLA UNIVERSITY MARYLAND INC Form 990 (2018)

52-0591623

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	ise or note to an	y line in this Part VII	<u> </u>		<u>,</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
An A	С	Fundraising events 1c	145,573.				
<u>a</u> i	d	Related organizations 1d					
Sir.	е	Government grants (contributions) 1e	9,829,697.				
her	f	All other contributions, gifts, grants,					
틸		and similar amounts not included above . 1f	12,133,393.				
and	g	Noncash contributions included in lines 1a-1f: \$	3,602,585.	20.100.550			
- 1	h	Total. Add lines 1a-1f		22,108,663.			
eun		MILITON AND DDDG	Business Code	211 244 571	211 244 571		
Program Service Revenue	2a	TUITION AND FEES RESIDENCE, FOOD SERVICE, TELEPHONE	900099	211,244,571. 52,561,731.	211,244,571. 52,561,731.		
e	b	SPECIAL EDUCATION PROGRAMS	900099	668,164.	668,164.		
ē	С.	ID CARDS, ORIENTATION, PARKING	900099	1,039,360.	1,039,360.		
E S	d	ATHLETICS, CONFERENCES, OTHER AUX	900099	2,658,491.	708,318.	33,093.	1,917,080.
gra	e			1,313,545.	1,313,545.		
Pro	g	All other program service revenue Total. Add lines 2a-2f		269,485,862.			
	3	Investment income (including dividen					
		and other similar amounts)		7,390,575.		-435,265.	7,825,840.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	72,615.			72,615
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d		▶	782,637.			782,637.
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 58,374,888.					
	b	Less: cost or other basis					
		and sales expenses 51,081,087.					
	C	Gain or (loss)		7 000 004			7,000,001
	d	Net gain or (loss)		7,293,801.			7,293,801.
e l	8a	Gross income from fundraising					
»ver		events (not including \$145,573.					
Other Revenue		of contributions reported on line 1c).	299,100.				
the	h	See Part IV, line 18 a  Less: direct expenses b	285,650.				
0	b	•		13,450.			13,450.
	9a	Gross income from gaming activities. See Part IV, line 19	0.				
	<b>L</b>						
	b c	Less: direct expenses b  Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
	IVa	returns and allowances a	0.				
	b c	Less: cost of goods sold b  Net income or (loss) from sales of inventory.	**	0.			
}		Miscellaneous Revenue	Business Code	0.			
ŀ	11-	MISCELLANEOUS	901009	1,346,519.	1,346,519.		
	11a b			,,	,,		
	C						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		1,346,519.			
	12	Total revenue. See instructions		308,494,122.	268,882,208.	-402,172.	17,905,423.

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## 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								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
	Grants and other assistance to domestic organizations		окроносс	general expenses	охроново			
	and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic							
_	individuals. See Part IV, line 22	86,370,875.	86,370,875.					
2	Grants and other assistance to foreign							
3	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	648,955.	648,955.					
4	Benefits paid to or for members	0.						
	Compensation of current officers, directors,							
·	trustees, and key employees	3,501,368.	2,312,533.	920,175.	268,660.			
6	Compensation not included above, to disqualified							
٠	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	92,576,274.	76,392,134.	13,363,563.	2,820,577.			
	Pension plan accruals and contributions (include							
J	section 401(k) and 403(b) employer contributions)	6,222,204.	4,374,691.	1,660,794.	186,719.			
q	Other employee benefits	11,443,352.	8,044,645.	3,028,705.	370,002.			
10	Payroll taxes	5,907,817.	4,582,172.	1,120,314.	205,331.			
11	· ·				·			
	Management	0.						
	Legal	422,134.		422,134.				
	Accounting	182,000.		182,000.				
	Lobbying	30,000.	30,000.					
	Professional fundraising services. See Part IV, line 17	5,271.			5,271.			
	Investment management fees	1,379,194.		1,379,194.				
	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	26,244,211.	20,848,703.	5,355,313.	40,195.			
12	Advertising and promotion	1,984,801.	1,271,280.	566,960.	146,561.			
13		4,808,722.	2,176,211.	2,513,199.	119,312.			
14	Information technology	8,176,622.	1,359,955.	6,791,631.	25,036.			
15	Royalties	9,674.	9,674.					
16	Occupancy	3,598,737.	3,155,771.	442,966.				
17	Travel	4,249,872.	3,612,084.	533,936.	103,852.			
	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	1,386,967.	1,208,371.	60,672.	117,924.			
20	Interest	5,477,649.	5,472,928.	4,721.				
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	11,170,803.	10,255,424.	828,920.	86,459.			
23	Insurance	1,630,742.	28,293.	1,602,449.				
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.)							
u	STUDY ABROAD TUITION	4,493,366.	4,493,366.					
~	LIBRARY OPERATIONS	3,579,897.	3,579,897.					
C	ALL OTHER EXPENSES	13,927,445.	10,413,450.	2,382,220.	1,131,775.			
d	·							
	All other expenses	000 100 1	0.50	40.150.55				
	Total functional expenses. Add lines 1 through 24e	299,428,952.	250,641,412.	43,159,866.	5,627,674.			
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							
	following SOP 98-2 (ASC 958-720)	0.						
_	J (	<u> </u>			Form <b>990</b> (2018)			

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## 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>(B)</b> End of year
	1	Cash - non-interest-bearing			29,000.	1	29,000.
	2	Savings and temporary cash investments	31,693,754.	2	32,700,700.		
	3	Pledges and grants receivable, net	10,767,260.	3	11,359,198.		
	4	Accounts receivable, net			2,872,264.	4	3,663,435.
	5	Loans and other receivables from current and t					
		trustees, key employees, and highest co					
	6	Complete Part II of Schedule L	ons (as	s defined under section	0.	5	0.
"		and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	ntary	employees' beneficiary	0.	6	0.
ets	7	Notes and loans receivable, net			1,924,461.	7	1,603,816.
Assets	8	Inventories for sale or use			0.	8	0.
`	9	Prepaid expenses and deferred charges			4,982,074.	9	3,255,207.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	510,008,116.			
	b	Less: accumulated depreciation	10b	200,354,710.	314,222,958.	10c	309,653,406.
	11	Investments - publicly traded securities			141,502,546.	11	156,585,599.
	12	Investments - other securities. See Part IV, line 11			142,812,654.	12	140,726,242.
	13	Investments - program-related. See Part IV, line 11			1,551,597.	13	1,229,480.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			14,192,464.	15	13,683,088.
	16	Total assets. Add lines 1 through 15 (must equal			666,551,032.	16	674,489,171.
	17	Accounts payable and accrued expenses		17,577,813.	17	28,878,169.	
	18	Grants payable	0.	18	0.		
	19	Deferred revenue			6,281,930.	19	6,460,623.
	20	Tax-exempt bond liabilities			132,308,959.	20	128,526,613.
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	rmer	officers, directors,			
Liabilities		trustees, key employees, highest compen-					
jab		disqualified persons. Complete Part II of Schedule			0.	22	0.
	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			8,484,222.	25	8,066,504.
	26	<b>Total liabilities.</b> Add lines 17 through 25			164,652,924.	26	171,931,909.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here ► 🔼 and			
<u>a</u>	27	Unrestricted net assets			351,280,846.	27	350,262,199.
Ва	28	Temporarily restricted net assets			52,092,069.	28	48,205,416.
pu	29	Permanently restricted net assets			98,525,193.	29	104,089,647.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ▶ and			
e)ts	30	Capital stock or trust principal, or current funds .				30	
<b>SS</b> (	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
ţ	32	Retained earnings, endowment, accumulated inco				32	
Š	33	Total net assets or fund balances		[	501,898,108.	33	502,557,262.
	34	Total liabilities and net assets/fund balances			666,551,032.	34	674,489,171.

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Form 990 (2018) Page **12** Part XI **Reconciliation of Net Assets** Χ Check if Schedule O contains a response or note to any line in this Part XI. . . . . . . . 308,494,122. 299,428,952. 2 9,065,170. 3 3 501,898,108. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . 4 -7,684,262. 5 5 6 6 0. 7 7 0. 8 8 -721,754. 9 9 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . . Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 10 502,557,262. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a 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: Separate basis Consolidated basis Both consolidated and separate basis Χ 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight X 2c 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. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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Χ

3a

3b

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## \*\*COPY FOR PUBLIC INSPECTION\*\*

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

LO.	YOL	A UNIVERSITY MARYLAI	ND INC				52-05916	23	
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	5.	
The	orga	anization is not a private fou	ndation because it	: is: (For lines 1 throu	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).		
2	Χ	A school described in <b>secti</b>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described i	in <b>sectio</b>	n 170(b)	)(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A	(iii). Enter the	
		hospital's name, city, and st							
5	Ш	An organization operated to section 170(b)(1)(A)(iv). (C)		a college or universit	y owne	d or ope	erated by a governme	ental unit described in	
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	(b)(1)(A)(v).		
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe	ed in <b>section 170(</b> b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	d in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or	
		university:							
10 11		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio An organization organized a	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to our inclated business tax in the section 509 in	certain e able inco ( <b>a)(2)</b> . (0	xception ome (les Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	ın 331/3 % of its	
12	П	An organization organized	•	•	-			carry out the purposes	
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2).	See section 509(a)(3).	
		Check the box in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.	
а		$\overline{}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the	
		_ supporting organization. <b>\</b>	You must complet	e Part IV, Sections A	and B.				
b		$oxedsymbol{oxed}$ <b>Type II.</b> A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	nage the supported	
		_ organization(s). <b>You must</b>	-						
С								lly integrated with,	
_		its supported organization		•					
d		☐ Type III non-functionally			-				
		that is not functionally inte			-		•	d an attentiveness	
_		requirement (see instruct	•	-				II Turo III	
е		Check this box if the orga functionally integrated, or						п, туре ш	
f	Fn	ter the number of supported			porting	nyanizai	uon.		
g		ovide the following information							
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see	other support (see instructions)	
				above (see ilistructions))	Yes	No	instructions)	instructions)	
(A)									
(A)									
(B)									
(C)	(C)								
(D)									
(E)									
Tot	al								

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **2** 

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,442,537.	17,989,197.	20,068,803.	23,462,404.	22,108,663.	101,071,604.
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	17,442,537.	17,989,197.	20,068,803.	23,462,404.	22,108,663.	101,071,604.
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)						682,631.
6	Public support. Subtract line 5 from line 4						100,388,973.
	tion B. Total Support						100,000,310.
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	17,442,537.	17,989,197.	20,068,803.	23,462,404.	22,108,663.	101,071,604.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,333,639.	3,971,048.	4,098,483.	4,463,622.	8,245,827.	25,112,619.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
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						126,184,223.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,296,243,936.
13	First five years. If the Form 990 is forganization, check this box and stop here.	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup		•		1		
14	Public support percentage for 2018 (lin						79.56%
15	Public support percentage from 2017	·	•			15	82.20 <b>%</b>
16a	331/3% support test - 2018. If the org						
	box and <b>stop here</b> . The organization qu						
b	33 1/3 % support test - 2017. If the org						
	this box and <b>stop here</b> . The organization			-			
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization Part VI how the organization meets the	meets the "fac	cts-and-circumsta	ances" test, che	eck this box ar	nd <b>stop here</b> . E	xplain in
	organization			•	•		
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	1017. If the organization meets on meets the "	ganization did no the "facts-and- facts-and-circum	ot check a box -circumstances" stances" test.	on line 13, 16a test, check th The organizatio	a, 16b, or 17a, nis box and <b>sto</b> n qualifies as a	and line op here. publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	▶

Schedule A (Form 990 or 990-EZ) 201

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Schedule A (Form 990 or 990-EZ) 2018

## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	Amounts included on lines 1, 2, and 3						
. u	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						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
o	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6,	(4) 20	(3) 20:0	(0) 20 10	(4) 20 11	(0) 20 . 0	(1) 1 516.
9 10 a	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						
С	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.)					1	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is form	-			•		
	organization, check this box and stop here			<u></u>			▶ 🔼
Sec	tion C. Computation of Public Sup		•				
15	Public support percentage for 2018 (line 8,					. 15	%
16	Public support percentage from 2017 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2018 (lin	ne 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org	ganization did n	ot check the box	x on line 14, and	d line 15 is moi	re than 331/3 %,	and line
	17 is not more than 331/3 %, check th	is box and <b>sto</b>	<b>p here</b> . The org	anization qualifie	s as a publicly	supported organ	ization . ►
b	331/3% support tests - 2017. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/	3 %, and
	line 18 is not more than 331/3 %, check						. $\square$
20	Private foundation. If the organization		-	•			. —

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Schedule A (Form 990 or 990-EZ) 2018

#### 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
   Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
- organization was described in section 509(a)(1) or (2).

  3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- (b) and (c) below.

  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and (7) and (8) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
  - **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI**.
- **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? *If "Yes," provide detail in Part VI.*
- 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? If "Yes," provide detail in **Part VI.**
- 10 a 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)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

scneau	ile A (Form 990 or 990-Ez) 2018		- 1	age 0
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations		<b>V</b>	NI -
			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 <b>Part VI</b> 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.	1		
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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	_		
2004:	on C. Type II Supporting Organizations	2		
secu	on C. Type ii Supporting Organizations		Yes	Na
			res	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
2 o o t i		1		
secu	on D. All Type III Supporting Organizations		Vaa	N <sub>a</sub>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
	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?	4		
•		1		
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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
•		2		
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	one)	
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	ucu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	rtions)	
Ü	The organization supported a governmental ontity. Describe in that willow you supported a government entity (see	monuc	Yes	Nο
2	Activities Test. Answer (a) and (b) below.		103	110
а	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 <b>Part VI identify</b>			
	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.	2a		
		Za		
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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2 h		
-		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or no supported organizations: ii 100, absorbe iii <b>rait vi</b> tiib fole playbu by tiib Organization iii tiils legalu.	่งม		

Schedule A (Form 990 or 990-EZ) 2018

52-0591623

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Page 6 Schedule A (Form 990 or 990-F7) 2018

LOYOLA UNIVERSITY MARYLAND INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			T age
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi	-		•
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		
<b>6</b> 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>b</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		
<b>6 Distributable Amount.</b> 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-functional instructions).		ted Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

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LOYOLA UNIVERSITY MARYLAND INC

Part V

Schedule A (Form 990 or 990-EZ) 2018 Page **7** 

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

Secti	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations				
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 resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
-	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI</b> . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
-	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
C	Excess from 2016						
d	Excess from 2017						
e	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

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LOYOLA UNIVERSITY MARYLAND INC

Schedule A (Form 990 or 990-EZ) 2018 Page 8

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 A (Form 990 or 990-EZ) 2018

52-0591623

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#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

OMB No. 1545-0047

**Employer identification number** 

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

LOYOLA UNIVERSITY MARYLAND INC 52-0591623 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

Parti	Contributors (see instructions). Ose duplicate copi	es of Part Fil additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ \$ 575,468.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Page 3

Name of organization LOYOLA UNIVERSITY MARYLAND INC

Employer identification number 52-0591623

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	LAND		
		\$1,700,000.	01/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

_	4
Page	4

Name of of	rganization LOYOLA UNIVERSITY MARY	LAND INC		52-0591623
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total of formation once. Se	ribed in section 501(c)(7), (8), or complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transi		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf nd ZIP + 4		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transt	er of gift	
	Transferee's name, address, an	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	er of gift	
	Transferee's name, address, ar			ship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 501(c)(3) organizations	that have filed Form 5768 (election u	under section 501(h)): Co	mplete Part II-A. Do not com	plete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elec	ction under section 501(h)	)): Complete Part II-B. Do no	t complete Part II-A.
		on Form 990, Part IV, line 5 (Prox	y Tax) (see separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Pro
-	(see separate instructions), there section 501(c)(4), (5), or (6) organized from the section 501(c)(6), (6) organized from the section				
	e of organization	anzatione. Complete Fart III.		Employer ide	ntification number
	YOLA UNIVERSITY MARYI	AND INC		52-059	
		organization is exempt unde	r section 501(c) or		
Га 1		organization's direct and indirect			
1	·	•	political campaign at	cuvilles in Part IV. (See ii	ISTRUCTIONS TO
_	definition of "political campa			▶ ♠	
2		xpenditures (see instructions)			
		campaign activities (see instruction rganization is exempt under			
				F • •	
1		cise tax incurred by the organizat			
2		cise tax incurred by organization			
3	_	a section 4955 tax, did it file Forn	-		
					Yes No
	If "Yes," describe in Part IV.	organization is exempt unde	r coction E01(c) ox	roont coction E01/c)/2	`
	<u> </u>	<u> </u>			).
1		expended by the filing organization			
2		ng organization's funds contribute es			
3	Total exempt function expe	enditures. Add lines 1 and 2. E	nter here and on Fo	orm 1120-POL,	
4		e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification num	ber (EIN) of all section	on 527 political organiza	ations to which the filin
	organization made payment	s. For each organization listed, e	enter the amount paid	d from the filing organiz	ation's funds. Also ente
		tributions received that were pro			
	as a separate segregated fur	nd or a political action committee	(PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
,					
(2)					
(— <b>,</b>					
(3)					
(•)					
(4)					
/			$\dashv$		
(5)					
/			$\dashv$		
(6)					
٠,			1		

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018	LOYOLA	UNIVERS	SITY MARYLAND	INC	52-0	591623 Page <b>2</b>
Part II-A Complete if the organization 501(h)).	ganizati	on is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (elec	ction under
			affiliated group (an excess lobbying exp		ach affiliated group mem	ber's name,
B Check ▶  if the filing organi	zation ch	ecked box A	A and "limited contr	ol" provisions app	oly.	
Limits (The term "expendi		ying Expendence		l.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to	influence	public opini	ion (grass roots lob	bying)		
<b>b</b> Total lobbying expenditures to	influence	a legislative	e body (direct lobby	ring)		
c Total lobbying expenditures (ac	ld lines 1	a and 1b) .				
d Other exempt purpose expend						
e Total exempt purpose expendit	ures (add	d lines 1c an	ıd 1d)			
<b>f</b> Lobbying nontaxable amount.	Enter th	e amount	from the following	table in both		
columns.						
If the amount on line 1e, column (a	a) or (b) is:	The lobbyir	ng nontaxable amount	is:		
Not over \$500,000		20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,000 pl	us 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000				
<b>g</b> Grassroots nontaxable amount	•			-		
<b>h</b> Subtract line 1g from line 1a. If						
i Subtract line 1f from line 1c. If						
j If there is an amount other the			•	•		
reporting section 4911 tax for						Yes No
			aging Period Unde			
(Some organizations tha			11(h) election do no te instructions for			ins below.
	Lobk	ovina Expe	nditures During 4-Y	ear Averaging Pe	riod	
		· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in)	(a)	2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
<b>f</b> Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No **Amount** description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. С d е 40,925 Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . . . g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . h Other activities? i 40,925 i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . If "Yes," enter the amount of any tax incurred under section 4912 . . . . . . . . . . . . . . . . . If "Yes." enter the amount of any tax incurred by organization managers under section 4912 . . . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . . Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members . . . . . . 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SEE PAGE 4

Schedule C (Form 990 or 990-EZ) 2018

JSA

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LOYOLA UNIVERSITY MARYLAND INC

Schedule C (Form 990 or 990-EZ) 2018 Page **4** 

#### Part IV Supplemental Information (continued)

PART II-B, LINE 1G

THE UNIVERSITY UTILIZED THE SERVICES OF A CONSULTING FIRM TO ASSIST WITH LOBBYING ACTIVITIES AND ALSO HAS AN EMPLOYEE WHO SPENDS A SMALL PORTION OF THEIR TIME IN THE SAME REGARD. THESE LOBBYING ACTIVITIES ARE TYPICALLY PERFORMED IN STATE AND LOCAL VENUES, BUT MAY ESCALATE IN CERTAIN SITUATIONS TO THE FEDERAL LEVEL. THESE ACTIVITIES TO DO NOT CONSTITUTE A SIGNIFICANT PORTION OF THE UNIVERSITY'S ACTIVITIES.

Schedule C (Form 990 or 990-EZ) 2018

52-0591623

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#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► 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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
LO	YOLA UNIVERSITY MARYLAND INC		52-0591623
Pa	organizations Maintaining Donor Adv	sed Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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		
<del>-</del> 5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
5	funds are the organization's property, subject to the	<u> </u>	
_		9	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene-		
_	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements.	"\\\a_" = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
_	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	`,	
	Preservation of land for public use (e.g., rec	· 🖂	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution ir	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		nated by the organization during the
	tax year	, , , , ,	, 5
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy reg		tion, handling of
-	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, inspec		
•	• • • • • • • • • • • • • • • • • • •	and, nationing of violations, and emoroting our	noorvation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting handling of violations, and enforcing o	conservation easements during the year
•	S	ing, nanding of violations, and emoleting c	onservation easements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of secti	ion 170(b)(4)(B)(i)
0	•		
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme	<u> </u>	ciai statements that describes the
Dء	art III Organizations Maintaining Collections		ar Similar Assats
	Complete if the organization answered	"Yes" on Form 990 Part IV line 8	ommar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	-AS 116 (ASC 958), not to report in its or assets held for public exhibition, edu	revenue statement and balance sneet leation or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its r	revenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, edu	ucation, or research in furtherance of
	public service, provide the following amounts relati		0.050
	(i) Revenue included on Form 990, Part VIII, line 1		► \$9,950.
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a	t, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these item	ns:
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): а Public exhibition Loan or exchange programs Other Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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? . . . . . . X No Yes **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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not X No included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . . . . . **Endowment Funds.** Part V 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 214,865,828. 192,806,133. 206,254,056. 197,928,831. 228, 151, 432. 1a Beginning of year balance . . . . 4,229,803. 6,801,423. 7,291,690. 4,159,704. 5,619,386. c Net investment earnings, gains, 4,224,500. 18,044,051. 25,413,645. -7,038,377. 12,237,711. and losses........ 2,083,845. 2,889,242. 2,669,955. 2,203,376. 2,346,002. d Grants or scholarships . . . . . . Other expenditures for facilities 7,707,814. 7,562,145. 7,127,978. 7,342,971. 6,612,859. 1,327,770. 1,379,194. 1,314,286. 880,277. 835,168. f Administrative expenses . . . . . 224,629,485. 228,151,432. 214,865,828. 192,806,133. 206,254,056. g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 50.0500 % **b** Permanent endowment ► 49.9500 % 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 Yes No organization by: 3a(i) Χ 3a(ii) Χ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?........ Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (d) Book value (a) Cost or other basis (b) Cost or other basis (c) Accumulated (investment) depreciation (other) 26,989,273. 26,989,273. 428,666,492. 162,695,439 265,971,053. **b** Buildings . . . . . . . . . . . . . . . . . . c Leasehold improvements...... 1,903,065. 38,452,053. 36,548,988 d Equipment........ 15,900,298. 1,110,283 14,790,015.

Schedule D (Form 990) 2018

309,653,406.

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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(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	11,217,244.	FMV
(B) HEDGE FDS: NONAGENCY RES MBS	9,322,333.	FMV
(C) HEDGE FDS: LONG/SHORT	29,689,299.	FMV
(D) PRIVATE EQUITY	42,051,156.	FMV
(E) EQUITY FUNDS	37,515,316.	FMV
(F) PUBLIC GLOBAL REAL ESTATE	7,303,054.	FMV
(G) OTHER	3,627,840.	FMV
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	140,726,242.	
Part VIII Investments - Program Related.		
Complete if the organization answered	I "Yes" on Form 990 Part	t IV, line 11c. See Form 990, Part X, line 13.
Complete if the organization answered	1 105 0111 01111 000, 1 01	114, 1116 116. 666 1 6111 666, 1 411 7, 1116 16.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(a) Description of investment	· · · · · · · · · · · · · · · · · · ·	(c) Method of valuation:
(a) Description of investment  (1)	· · · · · · · · · · · · · · · · · · ·	(c) Method of valuation:
(a) Description of investment  (1) (2)	· · · · · · · · · · · · · · · · · · ·	(c) Method of valuation:
(a) Description of investment  (1) (2) (3)	· · · · · · · · · · · · · · · · · · ·	(c) Method of valuation:
(a) Description of investment  (1) (2) (3) (4)	· · · · · · · · · · · · · · · · · · ·	(c) Method of valuation:
(a) Description of investment  (1) (2) (3) (4) (5)	i i	(c) Method of valuation:
(a) Description of investment  (1) (2) (3) (4) (5)	i i	(c) Method of valuation:
(a) Description of investment  (1) (2) (3) (4) (5) (6) (7)	i i	(c) Method of valuation:
(a) Description of investment  (1) (2) (3) (4) (5)	i i	(c) Method of valuation:

(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	2,115,640.
(3) ASSET RETIREMENT OBLIGATION	2,948,651.
(4) PERKINS LOAN FUND	2,623,220.
(5) ANNUITY LIABILITY	372,313.
(6) POOLED INCOME LIABILITY	6,680.
(7) OTHER LIABILITIES	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,066,504.

<sup>2.</sup> 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

JSA 8E1270 1.000

Schedul	le D (Form 990) 2018		Page <b>4</b>
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	212,696,486.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-7,684,262.
3	Subtract line 2e from line 1	3	220,380,748.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,379,194.		
b	Other (Describe in Part XIII.)		00 110 074
С	Add lines 4a and 4b	4c	88,113,374.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	308,494,122.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	211,315,578.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	285,650.
3	Subtract line 2e from line 1	3	211,029,928.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,379,194.		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	88,399,024.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	299,428,952.
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt \/	ino 4: Part V lina
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
•	PAGE 5		
	TAGE J		

JSA 8E1271 1.000 Schedule D (Form 990) 2018

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### Part XIII Supplemental Information (continued)

SCHEDULE 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.

SCHEDULE D PART X LINE 2

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 2019 OR 2018.

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, 2019, 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 JURISDICTIONS; THERE ARE CURRENTLY NO TAX AUDITS OF THE FINANCIAL STATEMENTS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

FINANCIAL AID 87,019,830

DIRECT FUNDRAISING EXPENSES (285,650)

-----

86,734,180

FORM SCH D PART XII LINE 2D

DIRECT FUNDRAISING EXPENSE 285,650

FORM SCH D PART XII LINE 4B

FINANCIAL AID EXPENSE 87,019,830

SCHEDULE E (Form 990 or 990-EZ) **Schools** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC 52-0591623 Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		TES	NO
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	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	3	X	
	SEE SUPPLEMENTAL PAGE			
	Done the consciention as sixtein the fallowing?			
4 a	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		v	
d	with student admissions, programs, and scholarships?	4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	74		
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		X
	Educational policies?	<b>.</b>		Х
е	Educational policies?	5e		
f	Use of facilities?	5f		X
		_		3.7
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	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?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.  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	7	Х	
	Constitution Act Nation and the Institution for Form 200 F7	_		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. JSA 8E1273 1.000 1138CR 2502

Schedule E (Form 990 or 990-EZ) 2018

Schedule E (Form 990 or 990-EZ) (2018) Page **2** 

**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).

SCHEDULE E 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

► 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.

OMB No. 1545-0047 2018 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number LOYOLA UNIVERSITY MARYLAND INC 52-0591623 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 X For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in employees, region (by type) (such as, a program service, expenditures for fundraising, program services, describe specific type of the region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) CENTRAL AMERICA/CARIBBEAN Ω Ω INVESTMENTS 45,709,231. (2) EAST ASIA AND THE PACIFIC 0. PROGRAM SERVICES INTERNATIONAL STUDIES 1,116,534. (3) EUROPE 2. 5. PROGRAM SERVICES INTERNATIONAL STUDIES 5,569,830. Ω PROGRAM SERVICES INTERNATIONAL STUDIES 89,192. (4) MIDDLE EAST AND NORTH AFRICA Ω SUB-SAHARAN AFRICA Ω Ω PROGRAM SERVICES INTERNATIONAL STUDIES 175,270. (6) CENTRAL AMERICA/CARIBBEAN 0. Ω PROGRAM SERVICES FINANCIAL AID 1,920. (7) EAST ASIA AND THE PACIFIC 0. 0. PROGRAM SERVICES FINANCIAL AID 68,445. (8) EUROPE 0. 0. PROGRAM SERVICES FINANCIAL AID 210,831. (9) MIDDLE EAST AND NORTH AFRICA 0. 0. PROGRAM SERVICES FINANCIAL AID 64,800. (10) NORTH AMERICA PROGRAM SERVICES FINANCIAL AID 65,046. (11) RUSSIA/INDEPENDENT STATES 0. 0. PROGRAM SERVICES FINANCIAL AID 58,198. (12) SOUTH ASIA 74,122. 0. Ω PROGRAM SERVICES FINANCIAL AID (13) SUB-SAHARAN AFRICA 105,593. 0. 0. PROGRAM SERVICES FINANCIAL AID (14)(15)(16)(17)3a 2. 7. 53,309,012.

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

from continuation

sheets to Part I Totals (add lines 3a and 3b)

53,309,012. Schedule F (Form 990) 2018

Total

LOYOLA UNIVERSITY MARYLAND INC

Part II

Schedule F (Form 990) 2018

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)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 2

Enter total number of other organizations or entities.

Schedule F (Form 990) 2018

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LOYOLA UNIVERSITY MARYLAND INC

Schedule F (Form 990) 2018

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.			1,920.	FIN AID	FMV
(2) FINANCIAL ASSISTANCE	EAST ASIA/PACIFIC	1.			68,445.	FIN AID	FMV
(3) FINANCIAL ASSISTANCE	EUROPE/ICELAND/GREENLAND	4.			210,831.	FIN AID	FMV
(4) FINANCIAL ASSISTANCE	MIDDLE EAST/NORTH AFRICA	3.			64,800.	FIN AID	FMV
(5) FINANCIAL ASSISTANCE	NORIH AMERICA	К			65,046.	FIN AID	FMV
(6) FINANCIAL ASSISTANCE	RUSSIA/NEWLY IND. STATES	2.			58,198.	FIN AID	FMV
(7) FINANCIAL ASSISTANCE	SOUTH ASIA	4.			74,122.	FIN AID	FMV
(8) FINANCIAL ASSISTANCE	SUB-SAHARAN AFRICA	, e			105,593.	FIN AID	FMV
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						400	Schodiile F (Form 990) 2018

Schedule F (Form 990) 2018

LOYOLA UNIVERSITY MARYLAND INC

Schedule F (Form 990) 2018 Page 4

Part	V 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)	X	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	X 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)	X	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)	X	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)	X	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	X No

Schedule F (Form 990) 2018

52-0591623

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LOYOLA UNIVERSITY MARYLAND INC

Schedule F (Form 990) 2018 Page **5** 

Part V Suppler

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).

52-0591623

SCHEDULE 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 F (Form 990) 2018

JSA 8E1502 1.000

### SCHEDULE G (Form 990 or 990-EZ)

In-person solicitations

registration or licensing.

### Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Χ b Internet and email solicitations Solicitation of government grants Χ Phone solicitations Special fundraising events С

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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	custody	ndraiser have or control of outions?	(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						
0						
-						F 0.7
stal	<del></del>	<del></del>	▶			5,27

AL, AK, 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,

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

Schedule G (Form 990 or 990-EZ) 2018

LOYOLA UNIVERSITY MARYLAND INC

Schedule G (Form 990 or 990-EZ) 2018

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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events BUSINES LEADER GOLF INVITAT'L 1. (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 263,000. 166,850. 14,823. 444,673. 1 Gross receipts 2 Less: Contributions ..... 94,728. 50,845. 145,573. 3 Gross income (line 1 minus 168,272. 116,005. 14,823. 299,100. 4 Cash prizes . . . . . . . . . . . . 5 Noncash prizes . . . . . . . . . . . . . 792. 36,375. 37,167. Direct Expenses 6 Rent/facility costs . . . . . . . . 60,166. 18,994. 79,160. 7 Food and beverages . . . . . . . | 117,624. 117,624. 8 Entertainment ...... 9 Other direct expenses . . . . . . . . 49,885. 1,474. 340. 51,699. **10** Direct expense summary. Add lines 4 through 9 in column (d) 285,650.  $\triangleright$ 13,450.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. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Direct Expenses 2 Cash prizes . . . . . . . . . . . . 3 Noncash prizes . . . . . . . . . . . . . . . . 4 Rent/facility costs . . . . . . . . . Yes Yes Yes 6 Volunteer labor No No 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: Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Sched	ule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Nama N
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 ▶ \$
Par	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).

Schedule G (Form 990 or 990-EZ) 2018

# LOYOLA UNIVERSITY MARYLAND INC

52-0591623

ATTACHMENT

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER	ID FUNDRAISER		
NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEI
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL	FROM ACTIVI
		OF CONTRIBUTIONS?	
		YES NO	
GRENZEBACH GLIER & ASSOC			

200 SOUTH MICHIGAN AVENUE SUITE 2100

IL 60604 CHICAGO

Employer identification number 52-0591623 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. General Information on Grants and Assistance LOYOLA UNIVERSITY MARYLAND INC Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part I

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

OMB No.
---------

×

the 2 De	the selection criteria used to award the grants or assistance?	or assistano	a?i	of grant funds in the	in the United States.			X Yes No
Part II	<b>Grants and Other Assistance to Domestic Org</b> Part IV, line 21, for any recipient that received	<b>mestic Org</b> at received	janizations an more than \$5,	id Domestic Gov 000. Part II can b	ernments. Com e duplicated if a	ganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.	ation answered "Y. ieeded.	es" on Form 990,
	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)								
(2)								
(3)								
9								
(2)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
3 En	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	overnment o	rganizations list	ted in the line 1 tab	<u>.                                    </u>			
or Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 99	90.				Sch	Schedule I (Form 990) (2018)

USA 8E1288 1.000 1138CR 2502

V 18-7.6F

Page 2

LOYOLA UNIVERSITY MARYLAND INC

Schedule I (Form 990) (2018)

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.

(f) Description of non-cash assistance FIN AID (e) Method of valuation (book, FMV, appraisal, other) FMV86,370,875. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients 3,788. (a) Type of grant or assistance 1 FINANCIAL ASSISTANCE 8 ო 4 Ŋ 9

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

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

Schedule I (Form 990) (2018)

V 18-7.6F

Page 2

LOYOLA UNIVERSITY MARYLAND INC Schedule I (Form 990) (2018)

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.

		5				
, ij	(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
_						
2						
က						
4						
rc.						
9						
7						
Part IV Supp	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I,	line 2, Part III, o	olumn (b); and any o	ther additional

information.

THROUGHOUT THE FISCAL YEAR USING VARIOUS BUDGET STATUS REPORTS, STUDENT

ACCOUNT STATUS REPORTS, AND DEFERRAL AND INSTITUTIONAL PROGRAM

RECONCILIATION REPORTS.

Schedule I (Form 990) (2018)

2281489

PAGE 55

### **SCHEDULE J** (Form 990)

**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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 52-0591623

LOY	OLA UNIVERSITY MARYLAND INC 52-0591623			
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	If any of the boson on line 40 are charled did the consciention follows a smither malicy assembles assembly			
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	1b	Χ	
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?	2	Χ	
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:	-		Х
a	The organization?	5a 5b		X
b	Any related organization?	อม		21
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ü	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
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.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
5	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Page 2

Schedule J (Form 990) 2018

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

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.

		(B) Breakdown of W-2 and		/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DONELDA A COOK	Ξ	205,301.	0	0	18,812.	7,162.	231,275.	0.
VICE PRESIDENT	€	0	0	0	.0	0	0	0
RANDALL D GENTZLER	ε	310,107.	0	3,304.	25,148.	12,337.	350,896.	0
2 VICE PRESIDENT	€	0	0	0	.0	0	0	0
ROBERT D KELLY	ε	218,491.	0	0	20,250.	10,925.	249,666.	0
3VICE PRESIDENT	€	0	0	0	0	0	0	0
MARK L LINDENMEYER	ε	196,635.	0	0	17,822.	6,896.	221,353.	0
4 VICE PRESIDENT	€	0	0	0	.0	0	0	0
TERRENCE M SAWYER	ε	296,408.	36,982.	6,472.	25,169.	17,464.	382,495.	0
5VICE PRESIDENT	€	0	0	0	0	0	0.	0
AMANDA M THOMAS	ε	242,360.	0	0	22,797.	17,464.	282,621.	0
6VICE PRESIDENT	€	0	0	0	0	0	0	0
AMY WOLFSON	ε	206,546.	500.	0	19,539.	12,265.	238,850.	0
7 PROFESSOR/FORMER VP	€	0	0	0	0	0	0	0
STEPHEN E FOWL	ε	180,050.	100.	0	16,985.	12,204.	209,339.	0
8 DEAN	€	0	0	0	0	0	0	0
KATHLEEN A GETZ	€	321,346.	0	0	25,443.	12,343.	359,132.	0
9 <sup>DEAN</sup>	€	0	0	0	0	.0	0	0
JOSHUA S SMITH	ε	188,825.	0	0	17,977.	17,068.	223,870.	0
10 DEAN	€	0	0	0	.0	0	0	0
TAVARAS HARDY	ε	203,284.	0	10,282.	0	14,150.	227,716.	0
11 HEAD COACH MEN'S BASKETBALL	€	0	0	0	0	0	0	0
JOSEPH LOGAN	ε	204,080.	10,000.	4,593.	19,440.	18,226.	256,339.	0
12 HEAD COACH WOMEN'S BASKETBALL	€	0	0	0	.0	0	0	0
CHARLES TOOMEY	ε	278,241.	5,500.	2,902.	25,875.	18,328.	330,846.	0
13 HEAD COACH MEN'S LACROSSE	€	0	0	0	0	0	0	0
BOBBY WALDRUP	€	194,356.	10,000.	0	18,667.	17,381.	240,404.	0
14 ASSOCIATE DEAN	€	0	0	0	0	.0	0	0
DONNA WOODRUFF	Ξ	244,628.	15,000.	11,409.	19,800.	13,722.	304,559.	0
15 DIRECTOR OF ATHLETICS	€	0	0	0	0	.0	0	0
KARYL LEGGIO	(E)	228,857.	1,750.	0	21,086.	12,999.	264,692.	0
16 PROFESSOR/ FORMER DEAN	€	0	0	0	0	0	0	0
							Sch	Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 3

### Part | 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.

PART I LINE 1

HEALTH OR SOCIAL CLUB DUES: THE FOLLOWING INDIVIDUALS RECEIVED

PART OF THEIR JOB MEMBERSHIPS IN LOCAL COUNTRY CLUBS OR SOCIAL CLUBS AS DUTIES WITH THE UNIVERSITY: FR BRIAN F LINNANE SJ, MARC CAMILLE, TERRENCE

THESE CLUBS SAWYER, AND RANDALL GENTZLER. THE UNIVERSITY TRACKS USAGE OF

AND REPORTS PERSONAL USE AS TAXABLE INCOME ON THE EMPLOYEES' W-2.

HOUSING: FR BRIAN F LINNANE SJ HAS TAKEN A VOW OF POVERTY AND DOES NOT

FR LINNANE RECEIVE A W-2 FOR HIS SERVICES TO THE UNIVERSITY. IN ADDITION,

RECEIVED HOUSING FROM THE UNIVERSITY DURING THE YEAR ENDED MAY 31, 2019

IN ORDER TO FULFILL THE OBLIGATION OF THE SOCIETY OF JESUS TO PROVIDE

HOUSING FOR FATHER LINNANE.

V 18-7.6F

MD HEALTH AND HIGHER EDUC FACILITIES AUTHORITY

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

20**18** 

► 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.

Inspection

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

Employer identification number 52-0591623 ×

×

11,052,025. 2012B-2014 PARTIAL REISSUANCE

12/03/2014

52-0936091

C MD HEALTH AND HIGHER EDUC FACILITIES AUTHORITY

12/03/2014

52-0936091

17,882,975. 2012B-2014 PARTIAL REISSUANCE

**Bond Issues** Part I

LOYOLA UNIVERSITY MARYLAND INC

Name of the organization Department of the Treasury

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

 $oldsymbol{\mathsf{D}}$  md health and higher educ facilities authority Proceeds Part ||

			4	В	_	ပ		٥	
_	1 Amount of bonds retired	12,8	835,000.			1,0	056,120.	1,708	8,879.
7	? Amount of bonds legally defeased								
က	3 Total proceeds of issue	53, 9	943,256.	63,87	876,116.	11,0	1,052,025.	17,88	882,975.
4	Gross proceeds in reserve funds								
2	. Capitalized interest from proceeds								
9	Proceeds in refunding escrows								
_	Issuance costs from proceeds	7	498,916.	5 (	67,776.				
ω	Credit enhancement from proceeds								
ြ	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
7	Other spent proceeds	53,4	44,340.	63,30	308,340.	11,0	052,025.	17,88	2,975.
12	Other unspent proceeds								
13	13 Year of substantial completion	2009	6	2006		1999	6	1999	
		Yes	٥N	Yes	No	Yes	No	Yes	No
14	14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	×			×	×		×	
15	. Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		×	×			×		×
16	Has the final allocation of proceeds been made?	×		×		×		×	
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	×		×		×		×	

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

Schedule K (Form 990) 2018

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JSA

8E1295 1.000

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Page 2

Schedule K (Form 990) 2018

Part III Private Business Use		HEALTH AND HIGHER EDUC	HER EDU	C FACILITIES		AUTHORITY		
	`	4		8	ပ			٥
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	8 ×	Yes	8 ⋈	Yes	o N	Yes	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×		×				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	×		×					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	×		×					
c Are there any research agreements that may result in private business use of bond-financed property?	:	×	:	×				
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 ▶		%		%		%		%
<b>5</b> 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 go		%		% %		%		%
6 Total of lines 4 and 5		%  ×		8 ×		%		0%
l co		×		×				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		<b>%</b>
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?	×			×				
Part IV Arbitrage								
	1	4		8	S			0
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	S ×	Yes	§×	Yes	S ×	Yes	S ×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×	×		×		X	
b Exception to rebate?		×		×		×		×
<b>c</b> No rebate due?	×			×		×		×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
issue a variable rate issue?		×		×	×		×	
						S	chedule K (Fo	Schedule K (Form 990) 2018

8E1296 1.000 1138CR 2502

JSA

V 18-7.6F

2281489

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LOYOLA UNIVERSITY MARYLAND INC

Schedule K (Form 990) 2018

Page 3

11.830 ŝ ŝ × × WELLSFARGO Yes Yes  $\bowtie$  $\bowtie$  $\bowtie$ 11.830 ŝ ŝ  $\bowtie$ ×  $\times$  $\bowtie$ ပ WELLSFARGO Yes Yes × × × Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ŝ ŝ  $|\times$ × × ω Yes Yes  $\bowtie$  $\bowtie$ ŝ ŝ  $|\times|$  $\bowtie$  $\bowtie$ Yes Yes  $\bowtie$ 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . . . . . c Term of GIC..... d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 4a Has the organization or the governmental issuer entered into a qualified Has the organization established written procedures to ensure that violations c Term of hedge ........... of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under d Was the hedge superintegrated?.......... monitor Were any gross proceeds invested beyond an available temporary period? <u>۽</u> organization established written procedures hedge with respect to the bond issue?....... Procedures To Undertake Corrective Action applicable regulations? . . . . . . . . . . . Arbitrage (Continued) requirements of section 148? 7 Has the Part VI

Schedule K (Form 990) 2018

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

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

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

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

.. [ц SCHEDULE K, PART I, ROW D, COLUMN 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

LOYOLA UNIVERSITY MARYLAND INC

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.

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

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 OR 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

V 18-7.6F

### **SCHEDULE L**

### Transactions With Interested Persons

(Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Open To Public Inspection

52-0591623

Name of the organization

Department of the Treasury

Internal Revenue Service

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

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	(c) Description of transaction	( <b>d</b> ) Co	orrected?
	(a) Name of disqualified person	organization	(c) Description of transaction	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		_

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year		
	under section 4958	٠ (	\$
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	fron	an to or the zation?	<b>(e)</b> Original principal amount	(f) Balance due	( <b>g)</b> In o	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	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)		95,040.	FINANCIAL AID	
(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) 2018

LOYOLA UNIVERSITY MARYLAND INC

Schedule L (Form 990 or 990-EZ) 2018

### 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	organi	naring of ization's nues?
				Yes	No
(1) ANDREW FUTTERMAN	SPOUSE OF FORMER OFFICER	124,660.	EMPLOYMENT/COMPENSATION		Х
(2) YUN-DIH CHIA-SMITH	SPOUSE OF KEY EMPLOYEE	53,913.	EMPLOYMENT/COMPENSATION		Х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

### Part V Supplemental Information

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

JSA 8E1507 1.000

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

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

Employer identification number 52-0591623

LOYOLA UNIVERSITY MARYLAND INC **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g items contributed noncash contribution amounts applicable 2. Χ 9,950. FMV Art - Works of art . . . . . . . . 1 Art - Historical treasures . . . . . Art - Fractional interests . . . . . Books and publications Clothing and household goods . . . . . . . . . . . . . . . . 6 Cars and other vehicles. . . . . . Boats and planes . . . . . . . . . 7 8 Intellectual property . . . . . . . 28. 1,889,837. FMV Χ 9 Securities - Publicly traded . . . . 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests . . . . . . . . . Securities - Miscellaneous . . . . 12 Qualified conservation contribution - Historic structures . . . . . . . . . . . . . . . . . . 14 Qualified conservation contribution - Other..... 1,700,000. APPRAISAL 15 Real estate - Residential . . . . . . Real estate - Commercial . . . . . 16 Real estate - Other . . . . . . . . 17 Collectibles . . . . . . . . . . . . 18 19 Food inventory . . . . . . . . . . . . . . . . . . 20 Drugs and medical supplies . . . 21 22 23 Scientific specimens . . . . . . . Archeological artifacts . . . . . . 24 Other ▶( MISCELLANEOUS 2,798. 25 26 Other ►( Other ►( 27 28 Other ►( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . . 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 X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a contributions?........ b If "Yes," describe in Part II. 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) 2018

LOYOLA UNIVERSITY MARYLAND INC

Schedule M (Form 990) (2018) Page **2** 

Part II Supplement

**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.

52-0591623

JSA Schedule M (Form 990) (2018)

8E1508 1.000

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

### 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

52-0591623

LOYOLA UNIVERSITY MARYLAND INC

FORM 990, PART VI, LINE 11B

PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT FOR

FINANCE AND AN INDEPENDENT TAX ACCOUNTANT AT KPMG. 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.

2281489

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

FORM 990, PART VI, LINE 15A

FATHER 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

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN FAIR VALUE OF SPLIT INTEREST AGREEMENTS \$ (478,526)

CHANGE IN FAIR VALUE OF SWAP \$ (243,228)

\_\_\_\_\_

Schedule O (Form 990 or 990-EZ) 2018

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

TOTAL \$ (721,754)

ATTACHMENT 1

FORM 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 2

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

DESCRIPTION GRANTS EXPENSES REVENUE

RESEARCH AND DEVELOPMENT AND PUBLIC SERVICE PRGM 3,600,768.

TOTALS 3,600,768.

ATTACHMENT 3

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

BELGIUM

IRELAND

SPAIN

THAILAND

UNITED KINGDOM

Schedule O (Form 990 or 990-EZ) 2018

JSA 8E1228 1.000

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PARKHURST DINING PO BOX 644091 PITTSBURGH, PA 15264	FOOD SVC OPERATIONS	16,697,766.
WHITING-TURNER CONTRACTING PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	4,103,368.
RIPARIUS CONSTRUCTION INC. 25 SCHILLING ROAD HUNT VALLEY, MD 21031	CONSTRUCTION	2,466,178.
MERRITT PROPERTIES LLC 2066 LORD BALTIMORE DRIVE BALTIMORE, MD 21244	PROPERTY MGMT / RENT	1,937,107.
JOHNSON CONTROLS PO BOX 730068 DALLAS, TX 75373	HVAC MAINTENANCE	1,268,256.

JSA Schedule O (Form 990 or 990-EZ) 2018

8E1228 1.000

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 Open to Public

**Employer identification number** Inspection

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

52-0591623

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

Name of the organization Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

	(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)							
(9)							
Part	Identification of Related Tax-Exempt Organizations. Complete in one or more related tax-exempt organizations during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year.	on answer	ed "Yes" on For	rm 990, Part IV,	line 34, because	it had
						•	

מוכ כן יווכן כן כומנכת ומע כעכוו לו ממווים ממווים מ	ille 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?	) 12(b)(13) olled 3/?
						Yes	9 8
(1) THE LOYOLA NOTRE DAME LIBRARY INC 52-0881396 200 WINSTON AVENUE BALTIMORE, MD 21212	T,TBRARY	Σ	501(0)(3)	A/N TH-TTTEA007	4/N		×
		1	()) () (1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		:
(2)							
(3)							
	1						
(4)							
(5)							
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 9	90) 2018

V 18-7.6F

LOYOLA UNIVERSITY MARYLAND INC

Page 2

Section 512(b)(13) controlled entity? Yes No Percentage ownership 3 (h) Percentage (j) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes No 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. (g) Share of end-of-year assets (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of-(C corp, S corp, or trust) year assets line 34, because it had one or more related organizations treated as a corporation or trust during the tax year TRUST (f) Share of total (d)
Direct controlling
entity income N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c)
Legal domicile
(state or foreign country)  $\stackrel{\mathsf{M}}{\mathbb{M}}$ POOLED INCOME FD Primary activity (d) Direct controlling (c) Legal domicile foreign country) (state or (a)
Name, address, and EIN of related organization (b) Primary activity MD 21210 4501 N CHARLES STREET BALTIMORE, (a) Name, address, and EIN of POOLED INCOME FUND -1 related organization Schedule R (Form 990) 2018 Part III Part IV  $\Xi$ 2 3 4 Ξ 3 ල 4 9 9 5 9 9 5

1138CR 2502 8E1308 1.000

Schedule R (Form 990) 2018

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52-0591623

Schedule R (Form 990) 2018

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

Schedule R (Form 990) 2018  $\times |\times |\times |\times |\times$  $|\times|\times|\times|$  $\times |\times |\times |\times |\times$  $\bowtie$  $\times$ 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. 1b E 10 1 1 19 1 = = Other transfer of cash or property to related organization(s).................... Purchase of assets from related organization(s), ............................... FMV 4,040,706 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? Transaction type (a-s) 召 Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity..... Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of related organization LOYOLA NOTRE DAME LIBRARY INC THE æ م ه Ξ 3 (3) (2) 9 4

Schedule R (Form 990) 2018

LOYOLA UNIVERSITY MARYLAND INC

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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	(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
5				Yes No			Yes No		Yes	0
1.1										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Schedule R (Form 990) 2018

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LOYOLA UNIVERSITY MARYLAND INC

Schedule R (Form 990) 2018

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Part VII Supplemental Information

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