

Number and street (or P.O. box if mail is not delivered to street address)

Telephone number

City or town, state or country, and ZIP + 4

Summary

1

Activities & Governance

- 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.
- 3 Number of voting members of the governing body (Part VI, line 1a)
- 4 Number of independent voting members of the governing body (Part VI, line 1b)
- 5 Total number of employees (Part V, line 2a)
- 6
- 7a Total gross unrelated business revenue from Part VIII, line 12, column (C)

8 Contributions and grants (Part VIII, line 1h)

9

10

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)

18

Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)

Net assets or fund balances. Subtract line 21 from line 20

Part III Statement of Program Service Accomplishments (see instructions)

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

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

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

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

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
See Statement 2

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

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

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

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

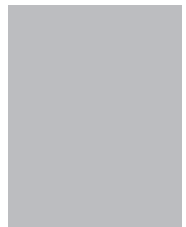
Checklist of Required Schedules

	Yes	No
1		
2 Is the organization required to complete Schedule B, Schedule of Contributors?		
3		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance



Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?



29
26

✓
✓
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✓



MD

✓

✓

See Statement 4

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

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

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

- c 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.
- c 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.
- c 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.

Name and Title	(C) Position (check all that apply)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Key employee	Highest compensated employee			
See Statement 5						

		0				
		0				
		0				
		0				
		6,853,218				
		4,998,320				
		510,444				
			11,851,538			
Tuition and Fees	611310		152,790,928	152,790,928	0	0
Residence, Food Service, Tele	611310		28,901,201	28,901,201	0	0
Special Educational Programs	611310		1,937,973	1,937,973	0	0
ID Cards, Orientation, Parking	611310		1,038,103	99,941	0	938,162
Athletics, Conferences, Retiree	611310			667,010	0	942,326
			0	0	0	0
			186,277,541			
			1,325,289	0	0	1,325,289
			119,934	0	0	119,934
			0	0	0	0
		359,259	0			
		0	0			
		359,259	0			
			359,259	0	0	359,259
		6,642,270	0			
		12,502,951	0			
		-5,860,681	0			
			-5,860,681	0	0	-5,860,681
Gross income from fundraising events (not including \$		0				
Fitness and Aquatic Center	611310		1,326,692	1,326,692	0	0
Restricted Revenues	611310		571,023	571,023	0	0
Miscellaneous	611310		674,052	674,052	0	0
			0	0	0	0
			196,644,647	186,968,820	0	-2,175,711

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
Payroll taxes				
Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other				
Advertising and promotion				
Office expenses				
Information technology				
Royalties				
Occupancy				
Travel				95,246
Payments of travel or entertainment expenses for any federal, state, or local public officials	0		0	0
Conferences, conventions, and meetings	482,290	234,581	227,577	
Interest				
Depreciation, depletion, and amortization		7,485,614	502,730	
Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
b				
c				
Total functional expenses. Add lines 1 through 24f				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing		1
	2 Savings and temporary cash investments		2
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment: cost basis	10a	
	Less: accumulated depreciation. Complete	10b	
11		11	
Total assets. Add lines 1 through 15 (must equal line 34)			
Liabilities	17 Accounts payable and accrued expenses		
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow account liability. Complete Part IV of Schedule D		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
24 Unsecured notes and loans payable			
25 Other liabilities. Complete Part X of Schedule D			
26 Total liabilities. Add lines 17 through 25			
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		27
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances		33	
34 Total liabilities and net assets/fund balances		34	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization LOYOLA UNIVERSITY MARYLAND INC	Employer identification number 52 0591623
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

- The organization is not a private foundation because it is: (Please check only **one** organization.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	11g(i)
(ii) A family member of a person described in (i) above?	11g(ii)	11g(ii)
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	11g(iii)
 - h Provide the following information about the organizations the organization supports.

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

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



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

Part III

[Redacted box]

[Redacted box]

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

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization Employer identification number

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and a yes/no question about donor advisement.

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

Form for Part II with checkboxes for various conservation purposes and a table for tracking conservation easements held at the end of the year.

Part III

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

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

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

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

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

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

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

	Amount
Beginning balance	
Additions during the year	
Distributions during the year	
Ending balance	

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
Beginning of year balance	174,758,444				
Contributions	1,011,917				
Investment earnings or losses	-44,369,531				
Grants or scholarships	1,806,850				
Other expenditures for facilities and programs	6,560,012				
Administrative expenses	428,781				
End of year balance					

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

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No

unrelated organizations

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

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

Description of investment	(a) Cost or other basis (investment)	(c) Depreciation	(d) Book value
	0	13,699,168	13,699,168
	0	308,138,669	74,950,089
	0	0	0
	0	27,359,988	23,187,197
	0	51,731,978	0
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			302,792,517

----- ----- ----- -----		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ©		

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

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

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

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

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

(a) Description of liability	(b) Amount	
Federal income taxes		

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	106,546,167
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	-55,505,990
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	-55,505,990
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	34,592,490
	c Add lines 4a and 4b	4c	34,592,490
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	196,644,647

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

1	Total expenses and losses per audited financial statements	1	166,176,815
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	166,176,815
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	42,959,353
	c Add lines 4a and 4b	4c	42,959,353
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	209,136,168

Part XIV Supplemental Information

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

See Statement 7

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

Schools

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

© Attach to Form 990 or Form 990-EZ.

Name of the organization

Employer identification number

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 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?
- 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
- 4 Does the organization maintain the following?
 - a Records indicating the racial composition of the student body, faculty, and administrative staff? . . .

1		
2		
3		
4a		
4b		
4c		
4d		
5a		
5b		
5c		
5d		
5e		
5f		

Statement of Activities Outside the United States

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization _____ Employer identification number **52**

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

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

© Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I General Information on Grants and Assistance

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

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

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

See Statement 12

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

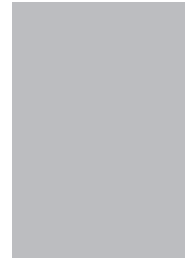
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

Name of the organization

Employer identification number

Part I Questions Regarding Compensation 7 a3ndce1J [(4)] TJETBT9 0 0 9 4.2 375.6 Tm[()] TJETBT9 0 0 9 4.2 300.18 T



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

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

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

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

Part III Supplemental Information

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

See Statement 14

Dotted lines for supplemental information.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52 0591623

Part I Bond Issues *(Required for 2008)*

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

Part II Proceeds *(Optional for 2008)*

	B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
3								
4								
5								
6	Working capital expenditures from proceeds							
7	Capital expenditures from proceeds							
8	Year of substantial completion							
9	Were the bonds issued as part of a current refunding issue?							
10	Were the bonds issued as part of an advance refunding issue?							
11	Has the final allocation of proceeds been made?							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?							

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

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage (Optional for 2008)

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Open To Public
Inspection

Name of the organization

Employer identification number

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

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

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

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 © _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization © _____

Part II Loans to and/or From Interested Persons.

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization


Employer identification number


Part I Types of Property


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


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

Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 

b If "Yes," describe the arrangement in Part II. 

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52 0591623

See Statement 18

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52 | 0591623

Area with horizontal dashed lines for supplemental information.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

© See separate instructions.

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52 | 0591623

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

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

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

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

Part V Transactions With Related Organizations

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

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

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

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

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

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

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

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

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

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

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

Statement 1

Form: 990

Page: 1

Line Number: Part I Line 1

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Activity Or Mission Description

Description

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

Statement 2

Form: 990

Page: 2

Line Number: Part III Line 4a

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Education, General/Other: Research and development programs provided by the faculty and public service programs performed to benefit the public in general (6080 students)	\$3,438,186	\$0	\$0
	Higher Education: Instruction of 3716 full-time undergraduate students and 2364 full and part-time graduate students (6080 students).	\$107,540,174	\$42,959,352	\$152,790,928
	Student Services Programs: Providing academic and personal services to students (6080 students)	\$29,696,283	\$0	

Statement 3

Form: 990

Page: 5

Line Number: Part V Line 4b

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Name Of Foreign Country

Name

Belgium

United Kingdom (England, Northern Ireland, Scotland, and Wales)

Ireland

Spain

Thailand

Statement 5

Form: 990

Page: 7

Line Number: Part VII Section A

Form990 PartVII SectionA

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

Statement 5**LOYOLA UNIVERSITY MARYLAND INC**

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

C1 = Individual Trustee Or Director

C2 = Institutional Trustee

C3 = Officer

C4 = Key Employee

C5 = Highest Compensated Employee

C6 = Former

Statement 6

Form: 990

Page: 8

Line Number: Part VII Section B

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Contractor Compensation

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

Statement 7

Form: Schedule D

Page: 4

Line Number: Part XIV

LOYOLA UNIVERSITY MARYLAND INC**52-0591623****Schedule D - Supplemental Information**

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

Statement 8

Form: Schedule E

Page: 1

Line Number: Line 3

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Racially Nondiscriminatory Media Policy Explanation

Explanation

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

Statement 9

Form: Schedule E

Page: 1

Line Number: Line 6

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Government Financial Aid Explanation

Explanation

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

Statement 10

Form: Schedule F

Page: 1

Line Number: Part I Line 3

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Accounts and Activities Outside the United States

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

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

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

Statement 12

Form: Schedule I

Page: 2

Line Number: Part IV

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

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

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

Statement 14

Form: Schedule J

Page: 3

Line Number: Part III

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Explanation of Questions Regarding Compensation

Reference

Explanation

Schedule J, Part I, Line 1a

Statement 15

Form: Schedule K

Page: 1

Line Number: Part I Column (a)

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Bond Issues

		Issue Price
Issuer Name	MHHEFA Loyola College in Maryland Series 2006A	\$62,995,000
Issuer EIN	52-0591623	
CUSIP #	574217VU6	
Date Issued	01/04/2006	
Description Of Purpose	Capital projects	
Defeased	No	
On Behalf Of Issuer	No	
<hr/>		
Issuer Name	MHHEFA Loyola College in Maryland Series 2007	\$11,000,000
Issuer EIN	52-0591623	
CUSIP #	5742174Y8	
Date Issued	12/06/2007	
Description Of Purpose	Capital projects	

Description of Business Transactions Involving Interested Persons

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

Statement 17

Form: Schedule M

Page: 1

Line Number: Part I Line 25-28

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Description of Other Types of Property

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

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

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

Description of Related Organizations Taxable as a Corporation or Trust

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