

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2009 calendar year, or tax year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_, 20

<b>B</b> Check if applicable: Address change	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization		<b>D</b> Employer identification number
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	:
Terminated Amended return		City or town, state or country, and ZIP + 4		<b>E</b> Telephone number
		<b>F</b> Name and address of principal officer:		

Form of organization: \_\_\_\_\_ **L**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . . _____
	<b>6</b>	_____
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . _____
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b>	
	<b>10</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . . _____
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . _____
	<b>16a</b>	_____
		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .
	<b>18</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . . _____
<b>Net Assets or Fund Balances</b>		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**

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 \$ 117,740,544 including grants of \$ 46,633,934) (Revenue \$ 161,183,759)  
**Instruction of 3,757 undergraduate students and 2,310 graduate students (6,067 students)**

4b (Code: \_\_\_\_\_) (Expenses \$ 27,602,917 including grants of \$ \_\_\_\_\_) (Revenue \$ 5,185,489)  
**Providing academic and personal services to students (6,067 students)**

4c (Code: \_\_\_\_\_) (Expenses \$ 18,741,975 including grants of \$ \_\_\_\_\_) (Revenue \$ 31,035,632)  
**Housing, food service and other physical accomodations (6,067 students)**

4d Other program services. (Describe in Schedule O.) **See Schedule O, Statement 1**  
(Expenses \$ 3,280,391 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses © 167,365,827



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

		Yes	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	<b>28a</b>	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	<b>28b</b>	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	<b>28c</b>	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	<b>30</b>	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	<b>31</b>	
<b>32</b>	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>	<b>32</b>	
<b>33</b>	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>	<b>33</b>	
<b>34</b>	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>	<b>34</b>	
<b>35</b>	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>		
<b>36</b>			
<b>37</b>	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>		

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0



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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9a</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		<input checked="" type="checkbox"/>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed © MD
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: © Kelly R Nelson, (410)617-2341  
4501 N Charles Street, Baltimore, MD 21210-2699

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

c 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.

c List all of the organization's **current** key employees. See instructions for definition of "key employee."

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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Brian Linnane SJ President	50	✓		✓				0	0	0
Gerard Reedy SJ Trustee	0.5	✓						0	0	0
Kevin Keelty Trustee	0.5	✓						0	0	0
William Campbell SJ Trustee	0.5	✓						0	0	0
Trustee	0.5	✓						0	0	0
W Bradley Bennett Trustee	0.5	✓						0	0	0
John R Cochran Trustee	0.5	✓						0	0	0
Louis Cestello Trustee	0.5	✓						0	0	0
Richard Hug Trustee	0.5	✓						0	0	0
Robert Kelly Trustee	0.5	✓						0	0	0
Trustee	0.5	✓						0	0	0
John Paterakis Trustee	0.5	✓						0	0	0
David Ferguson Trustee	0.5	✓						0	0	0
Edward Burchell Trustee	0.5	✓						0	0	0
T Frank Kennedy SJ Trustee	0.5	✓						0	0	0
M Cathleen Kaveny Trustee	0.5	✓						0	0	0







**Part IX Statement of Functional Expenses**

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

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

<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 Benefits paid to or for members				
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				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				111,156
18 Payments of travel or entertainment expenses for any federal, state, or local public officials			0	0
19 Conferences, conventions, and meetings	1,363,563	766,522	181,925	
20 Interest				
21 Payments to affiliates			0	
22 Depreciation, depletion, and amortization		7,966,687	502,850	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a .....				
b .....				
c .....				
d .....				
e .....				
f All other expenses .....				
25 Total functional expenses. Add lines 1 through 24f				
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Balance Sheet**

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing . . . . .		1	
2	Savings and temporary cash investments . . . . .		2	
3				
4	Accounts receivable, net . . . . .		4	
	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
			6	
7	Notes and loans receivable, net . . . . .		7	
	Inventories for sale or use . . . . .		8	
	Prepaid expenses and deferred charges . . . . .		9	
11				
	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			
	Accounts payable and accrued expenses . . . . .			
	Grants payable . . . . .			
	Deferred revenue . . . . .			
	Tax-exempt bond liabilities . . . . .			
	Escrow or custodial account liability. Complete Part IV of Schedule D			
	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			
	Secured mortgages and notes payable to unrelated third parties . . . . .			
25				
	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			
	Unrestricted net assets . . . . .			
28	Temporarily restricted net assets . . . . .			
29	Permanently restricted net assets . . . . .			
	<b>Organizations that do not follow SFAS 117, check here © and complete lines 30 through 34.</b>			
30			30	
31				

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Net Assets or Fund Balances

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b Were the organization's financial statements audited by an independent accountant? . . . . .
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>		
<b>2c</b>	✓	
<b>3a</b>		
<b>3b</b>		



**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.)

Calendar year (or fiscal year beginning in) <sup>Ⓢ</sup>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(f) Total
1					
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) . . . .					

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ©	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

Calendar year (or fiscal year beginning in) ©	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(f) Total
<b>9</b>					
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .					

**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**



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

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

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

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

- 2a Did the organization include an amount on Form 990, Part X, line 21? . . .  Yes  No
- b

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
Beginning of year balance . . . . .					
Contributions . . . . .					
Net investment earnings, gains, and losses . . . . .					
Grants or scholarships . . . . .					
Other expenditures for facilities and programs . . . . .					
Administrative expenses . . . . .					
End of year balance . . . . .					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ %
  - b Permanent endowment ▶ %
  - c Term endowment ▶ %
- 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 . . . . .
  - related organizations . . . . .
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
Land . . . . .				
Buildings . . . . .				
Leasehold improvements . . . . .				
Equipment . . . . .				
Other . . . . .				

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



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	221,993,048
2	Total expenses (Form 990, Part IX, column (A), line 25)	212,798,493
3		9,194,555
4		7,499,865
5		0
6		0
7		0
8		8,027,946
9		24,722,366
10		24,722,366

**Part XII**

191,129,152

7,499,865

0

0

0

7,499,865

183,629,287

0

38,363,761

38,363,761

221,993,048

**Part XIII**

166,406,786

0

0

0

0

0

166,406,786

0

46,391,707

212,798,493

Schedule D, Part III, Line 4 - The University owns several pieces of artwork which are on display for the 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 X - Loyola has no liability for uncertain tax positions under FIN 48.

Schedule D, Part XI, Line 8 - Change in fair value of split interest agreements: 732,145; Change in fair value of swap: -500,685; endowment income designated for current operations: 7,796,486

**Part XIV - Supplemental Information (Continued)**

Schedule D, Part XII, Line 4b - Student financial aid: 46,633,934; change in fair value of split interest agreements: -732,145; change in fair value of swap: 500,685; endowment income designated for current operations: -7,796,486; Fundraising expense: 242,227

Schedule D, Part XIII, Line 4b - Student financial aid: 46,633,934; fundraising events: 242,227

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

Department of the Treasury  
Internal Revenue Service

**Schools**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**LOYOLA UNIVERSITY MARYLAND INC**

Employer identification number

**52 | 0591623**

	YES	NO
<b>1</b> 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? . . . . .	✓	
<b>2</b> 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? . . . . .	✓	
<b>3</b> 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 Schedule O (Form 990) . . . . . <b>The University displays the following on the Admissions section of the University's external</b> ----- <b>students of any race, sex, religion, color, age, national and ethnic origin, to all the rights,</b> <b>4a privileges, programs and activities generally accorded or made available to students at the</b> <b>(Continued on Schedule O, Statement 3)</b> -----	✓	
<b>4b</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	✓	
<b>4b</b> Records documenting that scholarships and other financial assistance are awarded on a racially <b>4d</b> nondiscriminatory basis? . . . . .	✓	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	✓	
Copies of all material used by the organization or on its behalf to solicit contributions?	✓	
<b>5a</b> ----- ----- -----		✓
	<b>5b</b>	✓
<b>5d</b>	<b>5c</b>	✓
<b>c</b>		✓
<b>d</b> Scholarships or other financial assistance? . . . . .		✓
<b>e</b> Educational policies? . . . . .	<b>5e</b>	✓
<b>f</b> Use of facilities? . . . . .	<b>5f</b>	✓
<b>g</b> Athletic programs? . . . . .	<b>5g</b>	✓
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990). ----- ----- -----	<b>5h</b>	✓
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	✓	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). <b>Sch O, Stmt 4</b>	<b>6b</b>	✓
<b>7</b> 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 Schedule O (Form 990) . . . . .	<b>7</b>	✓

# Statement of Activities Outside the United States

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

**2009**

▶ Attach to Form 990. ▶ See separate instructions.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**LOYOLA UNIVERSITY MARYLAND INC**

Employer identification number  
**52 : 0591623**

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

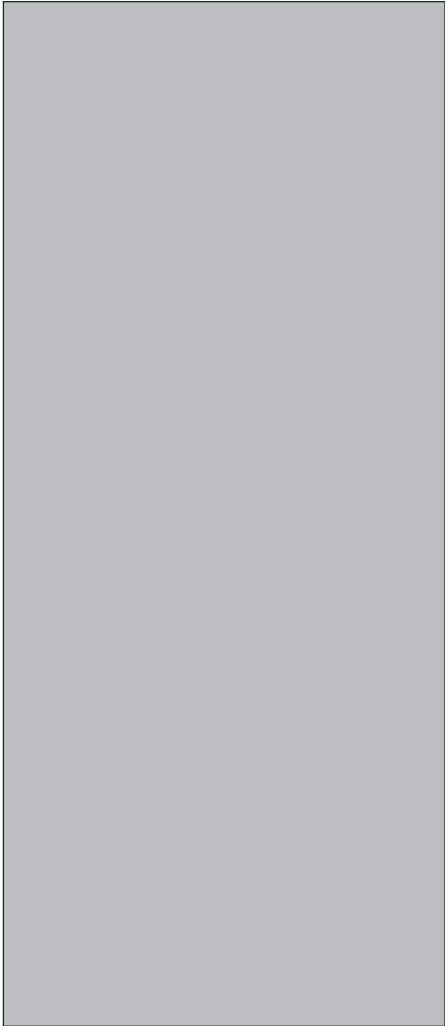
**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
<b>Sch F, Stmt 1</b>					
<b>Totals</b> . . . . . ▶	<b>2</b>	<b>8</b>			<b>6,088,945</b>

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States.











**Grants To Individuals Located Outside US**

		<b>Recipients</b>	<b>Cash Grant</b>	<b>Non-Cash Assistance</b>
<b>Assistance</b>	Financial aid	2		56,2502



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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ©

- 9** Enter the state(s) in which the organization operates gaming activities:
  - a** Is the organization licensed to operate gaming activities in each of these states? . . . . .
  - b** If "No," explain:
  
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
  
- 11** Does the organization operate gaming activities with nonmembers? . . . . . **11**  
 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

			Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:	<b>a</b> The organization's facility . . . . .	<b>13a</b>	%	
	<b>b</b> An outside facility . . . . .	<b>13b</b>	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name © .....				
Address © .....				
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>			
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization © \$ ....., and the amount of gaming revenue retained by the third party © \$ .....				
<b>c</b> If "Yes," enter name and address of the third party:				
Name © .....				
Address © .....				
<b>16</b> Gaming manager information:				
Name © .....				
Gaming manager compensation © \$ .....				
Description of services provided © .....				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
<b>17</b> Mandatory distributions:				
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>			
<b>b</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 © \$				

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

OMB No. 1545-0047





**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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
Athletic scholarships	199		4,937,114	Fair market value	Financial aid
Resident assistanceships	112		1,158,212	Fair market value	Financial aid
Graduate assistanceships	107		277,530	Fair market value	Financial aid
Endowed scholarships	143		703,850	Fair market value	Financial aid
Tuition exchange	108		1,885,106	Fair market value	Financial aid
	2184		37,672,122	Fair market value	Financial aid

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

Schedule I, Part I, Line 2 - All financial aid is applied directly to the students' outstanding receivable balances. No cash is physically transmitted. Eligibility for need-based grant, loan, and work-study forms of federal student aid is determined using the results of the Federal Methodology need analysis formula. Eligibility for need-based grant and loan forms for institutionally-funded student aid is determined using the results of the College Board's Institutional Methodology need analysis formula. Student aid awards from both federal and institutional sources and monitored continuously throughout the fiscal year through various budget status reports, student account status reports, and federal and institutional program reconciliation reports.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
© Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

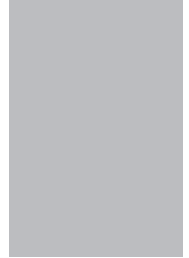
Name of the organization

Employer identification number

**Part I** Questions Regarding Compensation

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- 



(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
<b>John Palmucci</b>	<b>277,431</b>	<b>0</b>	<b>0</b>		<b>8,734</b>	<b>388,114</b>
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>239,562</b>		<b>0</b>	<b>24,773</b>	<b>6,472</b>	<b>270,807</b>
		<b>0</b>	<b>0</b>		<b>0</b>	
				<b>12,540</b>		<b>210,158</b>
	<b>0</b>				<b>0</b>	<b>0</b>
				<b>0</b>		<b>0</b>
				<b>51,950</b>	<b>12,699</b>	<b>0</b>
				<b>0</b>		<b>0</b>
	<b>223,218</b>			<b>23,650</b>	<b>12,061</b>	<b>258,929</b>
	<b>0</b>			<b>0</b>		<b>0</b>
<b>Marc Camille</b>	<b>201,497</b>	<b>0</b>	<b>0</b>	<b>22,220</b>	<b>12,136</b>	<b>235,853</b>
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Karyl Leggio</b>	<b>242,654</b>	<b>0</b>	<b>0</b>	<b>26,950</b>		<b>0</b>
	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>
	<b>180,596</b>	<b>0</b>	<b>0</b>	<b>19,800</b>	<b>6,333</b>	<b>206,729</b>
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Peter Murrell</b>	<b>171,424</b>		<b>0</b>	<b>17,600</b>	<b>8,686</b>	<b>197,710</b>
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
		<b>0</b>				<b>0</b>
<b>Peter Lorenzi</b>						<b>0</b>
		<b>0</b>			<b>8,637</b>	<b>210,045</b>
					<b>0</b>	<b>0</b>
<b>Gloria Wren</b>	<b>165,250</b>	<b>0</b>		<b>13,862</b>	<b>5,858</b>	<b>184,970</b>
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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.

Schedule J, Part I, Line 1a - First class travel: Gerard Reedy - \$1,934, Kevin Finnerty - \$582. This was not taxable. Housing allowance: Peter Murrell - \$12,000. This was taxable and included in his W-2. Social Club Dues: Terrence Sawyer - \$4,789, David Sears - \$3,804, Marc Camille - \$4,789, John Palmucci - \$985, Fr Brian Linnane - \$5,413. This was not taxable, as all were considered business expenses.

Schedule J, Part I, Line 4 - John Palmucci and Susan Donovan participated in a supplemental nonqualified retirement plan sponsored by the University.

Schedule J, Part II - Fr Brian Linnane SJ has taken a vow of poverty and does not receive a W-2 for his services to the University. In addition, Fr Linnane



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer
A							
B							
C							
D							
E							

**Part II Proceeds**

	A	B	C	D	E
1 Total proceeds of issue . . . . .					
2 Gross proceeds in reserve funds . . . . .					
3 Proceeds in refunding or defeasance escrows . . . . .					
4 Other unspent proceeds . . . . .					
5					
6					
7					

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .		✓		✓		✓				
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .		✓								
<b>c</b> 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? . . . . .		✓		✓		✓				
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ©		0 %		0 %		0 %		%		%
<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 government . . . ©		0 %		0 %		0 %		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		0 %		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	✓		✓		✓					

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		✓		✓		✓				
<b>2</b> Is the bond issue a variable rate issue? . . . . .		✓	✓		✓					
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? . . . . .										
<b>b</b> Name of provider . . . . .					Wells Fargo Bank					
<b>c</b> Term of hedge . . . . .						18				
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		✓				✓				
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of GIC . . . . .										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		✓		✓		✓				
<b>6</b> 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).

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

(a) Name of disqualified person

**Part II**



# Part IV

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



20

29



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

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Description of Other Types of Property

		lines on Part I	Contributions	Revenues
<b>Description</b>	Miscellaneous equipment	Yes	31	513,476
<b>Method of determining revenues</b>	Fair market value			

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

© Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52 : 0591623

Form 990, Part VI, Section B, Line 11 - Prior to filing, the Form 990 is reviewed by the Vice President for 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 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 interest 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 is he informed and shall report regularly to the Board of Trustees regarding unresolved conflict questions.

Form 990, Part VI, Section B, Line 15 - An independent search consultant was retained for each search. This person assisted the setting of an appropriate salary and considered the position responsibilities and the market. Salary data of comparable AJCU (Association of Jesuit Colleges and Universities) institutions was used in the determination of the salary range. Annually, salaries are reviewed based upon job analysis, market conditions, and performance.

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.

**Other Program Services Accomplishments**

<b>Activity Code</b>	<b>Description</b>	<b>Expense</b>	<b>Grants</b>	<b>Revenue</b>
	Research and development programs provided by faculty and public service programs performed to benefit the public in general	3,280,391	0	0
<b>Total:</b>		<b>3,280,391</b>	<b>0</b>	<b>0</b>

Name Of Foreign Country

---

**Name**

---

Belgium

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

Ireland

Spain

Thailand

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**Racially Nondiscriminatory Media Policy Explanation**

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**Explanation**

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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."

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**Government Financial Aid Explanation**

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**Fundraiser Activity Information**

<b>Name</b>	<b>Activity</b>	<b>C1</b>	<b>Gross Receipts</b>	<b>Amount Or Retained By Contractor</b>	<b>Net To Organization</b>
Compass Group	Feasibility study	No	0	50,000	-50,000
<b>Total:</b>			<b>0</b>	<b>50,000</b>	<b>-50,000</b>

C1 = Fundraiser control of funds?

Related Organizations and Unrelated Partnerships

©





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b

	Yes	No

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