Form	n 990 (20	14)	Page 2
Pa	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly o	describe the organization's mission:	
2	Did the	organization undertake any significant program serviceant	
			_
			_

Part IV **Checklist of Required Schedules**

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1	Is the organization	described in section	501(c)(3) or	4947(a)(1)	(other than	a private	foundation)?	If "	Yes,"
	complete Schedule	A							

- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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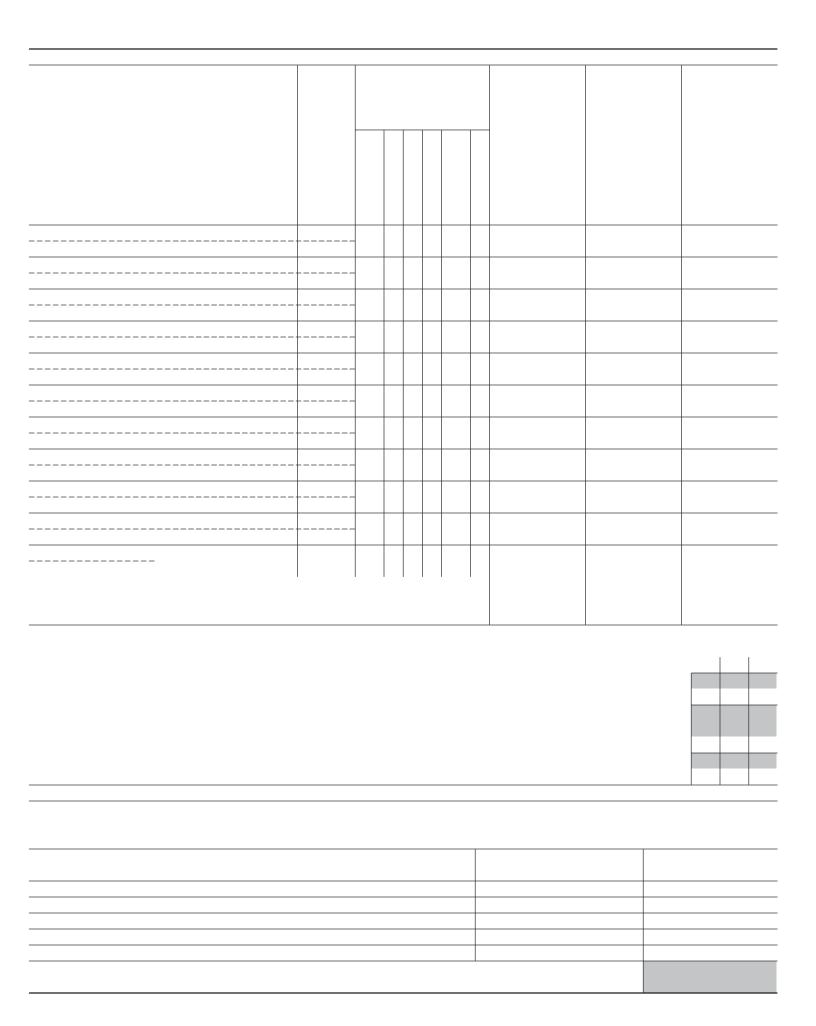
Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	$ \ \text{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organizatht8 202.0804 59J.3(iza)-2.8(y)5e.	1 ' '	-27.5r)
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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
						Yes	No
	· · · · · · · · · · · · · · · · · · ·	1a					
		1b					
С	Did the organization comply with backup withholding rules for reportable payments	to \	vendors	and	1c		
2a	reportable gaming (gambling) winnings to prize winners?		ı		10		
Zu		2a					
b					2b		
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b					3b		
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Form 990 (2014)			Page
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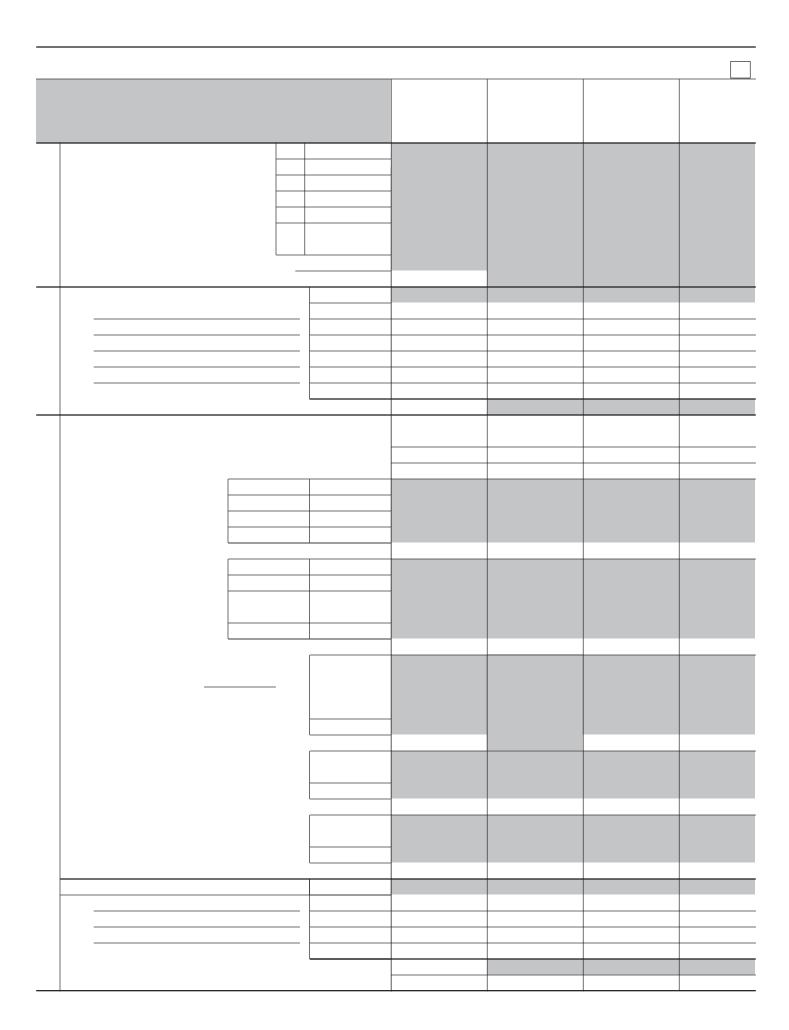
Form 990 (2014	4)														Page 7
Part VII	Compensation of Officers, Dir Independent Contractors	ectors, T	ruste	es,	K	еу	Emp	loy	ees,	High	est C	Comper	nsated I	Employees	
	Check if Schedule O contains a re	esponse o	r note	e to	an	y Iir	ne in 1	this	Part	VII					
Section A.											es				
	e this table for all persons required											ar year	ending	with or wit	hin the
	I of the organization's current office on. Enter -0- in columns (D), (E), and (F							ind	dividu	als or	orga	nizations), regard	lless of am	ount of
•	of the organization's current key empl					•		r de	finitio	n of "k	ey em	oloyee."			
List th	ne organization's five current highes ed reportable compensation (Box 5 and any related organizations.	t compens	sated	em	ploy	/ees	(oth	er t	han	an of	ficer, o	director,			
	ll of the organization's former offic f reportable compensation from the org									ensat	ed em	nployees	who re	eceived mo	re than
	I of the organization's former direct, more than \$10,000 of reportable com													or trustee	of the
List pers27	4 Tc. 122 annsir d that received, tAV	2779 Tw[ny re	late	d (orga	anizat	ions							
			-												
			_												

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than or the is both or/trus: e mployee	an	(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
						ä				
1b Sub-total										
c Total from continuation sheets to Part VII,	Section A						,)27.2(a)dd22(d	o)-31l.5(



Form 990 (2014)						Р	age 8
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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	vee	es,	and F	ligi	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than tor/trust e is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-total										
c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) 2 Total number of individuals (including but not		hose	lieto	d al	hov	a) who	- re	oceived more than	\$100,000 of	
reportable compensation from the organization		11036	11316	u ai	DOV	e) wiic		ceived inore triair	φ 100,000 of	
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the sorganization and related organizations graindividual 5 	ule J for suc sum of rep	ch ind oortab	livida le d	<i>ual</i> com	per	sation	n ai	nd other compens	sation from the	Yes No
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Part X Balance Sheet

		Check if Schedule O contains a response or	r note	e to a	any line	in this Pa	art X			
							(A) Beginning of year		(B) End of year	
	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		
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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		
С						
				2c		
а						
				3a		
				3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Pa	art I Reason for Public Ch	arity Status (All o	organizations must c	omplete	e this pa	art.) See instructions	
The	e organization is not a private for				-		
1	A church, convention of ch				ection 1	70(b)(1)(A)(i).	
2	A school described in sect				. 470(1)	(4) (4) (1)	
3	A hospital or a cooperative						/:::\
4	A medical research organic hospital's name, city, and so An organization operated	state:					
5			a college or universit	y owned	d or ope	erated by a governme	ntal unit described in
6	section 170(b)(1)(A)(iv). (A federal, state, or local g		rnmantal unit describe	d in sact	ion 170/	h)/1)//\/\/\/	
7	An organization that norm	_					om the general public
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T-		T	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	tion C. Computation of Public Sup			44		44	
14 15	Public support percentage for 2014 (li Public support percentage from 2013		•	: 11, column (I))		15	<u>%</u>
15 162	331/3% support test - 2014. If the o			hov on line 13	and line 14 is		
ıva	this box and stop here . The organization					5 33 1/3 /6 01 1110	ie, check
h	331/3% support test - 2013. If the o	-		_		15 is 331/3%	or more
	check this box and stop here. The organization	-				70 10 00 170 70	
17a	10%-facts-and-circumstances test - 2	=				a. or 16b. and l	line 14 is
	10% or more, and if the organization	-					
	Part VI how the organization meets t					-	
	organization			9	,	. , ,	
b	10%-facts-and-circumstances test - 2	2013. If the org	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organizati						•
	supported organization				-		
18	Private foundation. If the organization	did not check	a box on line 13	s, 16a, 16b, 17a	, or 17b, check	this box and see	e
	instructions						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Secu	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	110
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC	6		
•		7		
8		8		
9a				
		9a		
b		9b		
С		9c		
10		30		
		10a		

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Schedule A (Form 990 or 990-EZ) 2014		Page

Schedule A (Form 990 or 990-EZ) 2014 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)	Supplem Complete if the Part IV, line 6, 7,	nental Financial S he organization answered "Yo 8, 9, 10, 11a, 11b, 11c, 11d, 1	Statements es" to Form 990, 11e, 11f, 12a, or 12	2b.	OMB N	o. 1545-0047

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Schedule D (Form 990) 2014 Page **3**

Investments - Other Securities. Complete if the organization answered "Yes" to Form							
Complete it the organization anothered							

Schedule D (Form 990) 2014 Page **4**

Part XI	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.							
1 T	otal revenue, gains, and other support per audited financial statements							
2 A	mounts included on line 1 but not on Form 990, Part Vco73j5f73j-67.6(s)][J3j-67a73j5c[[j-723lit3	Bj-67ie o4p						
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Part XIII Supplemental Information (continued)

FORM SCH D PART V LINE 4

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

FORM SCH D PART X LINE 2

THE UNIVERSITY IS QUALIFIED AS A NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVUE CODE, AS AMENDED. ACCORDINGLY, THE UNIVERSITY IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL YEARS 2015 OR 2014.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNIVERSITY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNIVERSITY HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED

Part XIII Supplemental Information (continued)

FORM SCH D PART XI LINE 4B

FINANCIAL AID 68,371,336

DIRECT FUNDRAISING EXPENSES (226,614)

68,144,722

FORM SCH D PART XII LINE 2D

226,614 DIRECT FUNDRAISING EXPENSE

FORM SCH D PART XII LINE 4B

DESCRIPTION

68,371,336 FINANCIAL AID EXPENSE

OTHER NONOPERATING ACTIVITIES 2,744,886

71,116,222

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

BOOK VALUE

ATTACHMENT 1

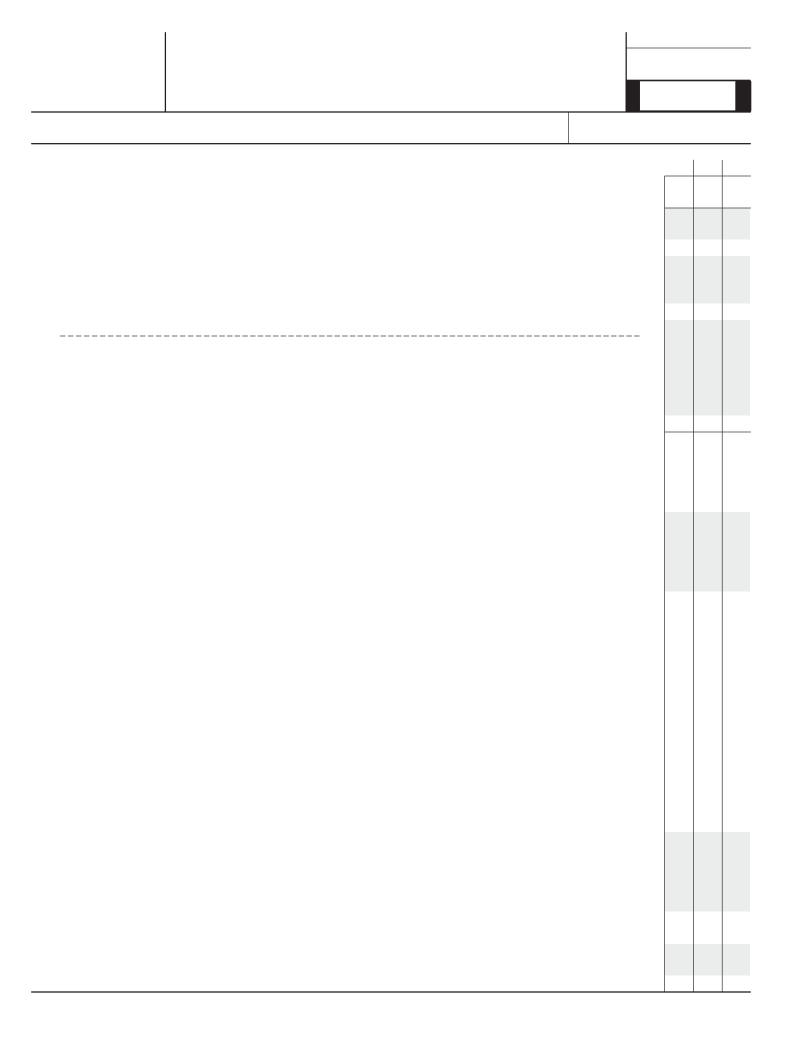
COST OR FMV

FMV

OTHER 1,805,236.

> TOTALS 101,784,979.

> > Schedule D (Form 990) 2014



Schedule E (Form 990 or 990-EZ) (2014)
Page 2

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

FORM SCH E PART I LINE 3

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

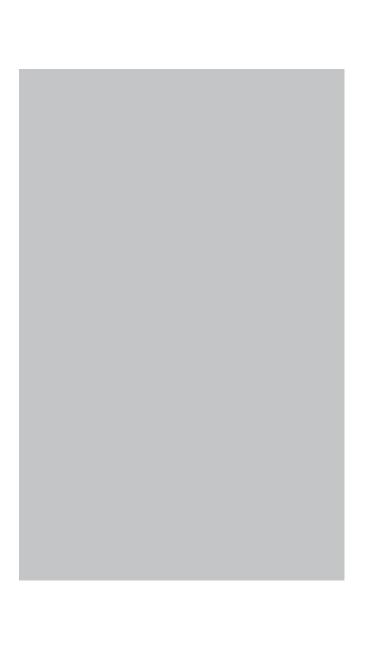
OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answ	ered "Yes" on
	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	nization mainta			=	Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's pi	rocedures for monitoring	the use of its grants	and other
3	Activities per Region. (The follow	ving Part I. line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					



Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States.							

Schedule F (Form 990) 2014

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2014

4E1277 1.000 1138CR 2502 V 14-7.16 2281489 PAGE 39 Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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

FORM SCH F PART I LINE 2

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

Schedule F (Form 990) 2014

				OMB No. 1545-0047

than \$15,000 of fundraising every gross receipts greater than \$5,	ent contributions and gro 000.	ss income on Form 98	90-EZ, lines 1 and 6b.	List events with
gross receipts greater than 40,	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
	(event type)	(event type)	(total number)	col. (c))

Sched	ule G (Form 990 or 990-EZ) 2014	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	<u>%</u>
b	An outside facility	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	□ v _{aa} □ v _a
h	revenue?	Yes No
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	2 2 2 4 1 2 2 5 (1) 2 7 2 4 1 2 2
а	Is the organization required under state law to make charitacm 0 0nacm 0 0l0nacamw tate I.3(it)-2734 0 0	9.6y(am)-28.5(i)27.3(n)28
h	ati	
	au	

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name	e of the organization						Employer identification	n number
Pai	General Information on Grants and	l Assistance						
	Does the organization maintain records to su			a grants or assista	nce the grantees	' eligibility for the grants	or assistance and	
•	the selection criteria used to award the grants			granto or acciota	noo, mo gramood	ongionity for the grante		
2	Ç							
		-						
		-						
		-						
		-						
		-						
		-						
		_						
		-						
		<u> </u>	1	<u>I</u>	<u>I</u>			<u> </u>

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	^{m 990) (2014)} Grants and Other Assistance to Ir	ndividuals in the United S	tates. Complete if the o	rganization answered	d "Yes" on Form 990, Part IV, line
	Statics and Other Assistance to it	idividuais iii tiic Offitea C	tates: complete il tile o	rgariization answered	2 103 0111 01111 000, 1 0111 17, 1111
				1	

Grants and Other Assistance to Part III can be duplicated if addition	nal space is needed.	Julies. Complete II	the organization answered if	es on Form 990, Fartiv, line
(a) Type of grant or assistance			(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

LOYOLA UNIVERSITY MARYLAND INC 52-0591623

Schedule I (Form 990) (2014)

Part III	Grants and Other Assistance to Individe Part III can be duplicated if additional spa			mplete if the o	rganization answered	I "Yes" on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
_5						
_6						
7						
Part IV	Supplemental Information. Complete th	is part to pro	vide the informa	tion required in	Part I. line 2. Part III.	column (b), and any other additional

JSA

4E1504 1.000

1138CR 2502 V 14-7.16 2281489 PAGE 47

SCHEDULE J (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.
Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the haves on line to are absolved did the arranjection follows a written notice recording narrant			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	E o		
	The organization?	5a 5b		
Ŋ	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	อม		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
2	The organization?	6a		
	Any related organization?	6b		
D	If "Yes" to line 6a or 6b, describe in Part III.	0.0		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a cosa to consem a27.5(t)-8329in			
-		3		
		8		
		9		

Schedule J (Form 990) 2014

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

	-				
-					
	-				

LOYOLA UNIVERSITY MARYLAND INC 52-0591623

Schedule J (Form 990) 2014

Part | Supplemental Information

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

FORM SCH J PART I LINE 1A

HEALTH OR SOCIAL CLUB DUES: THE FOLLOWING INDIVIDUALS RECEIVED

MEMBERSHIPS IN LOCAL COUNTRY CLUBS OR SOCIAL CLUBS AS PART OF THEIR JOB

DUTIES WITH THE UNIVERSITY: FR BRIAN F LINNANE SJ, MARC CAMILLE, MEGAN

GILLICK, TERRENCE SAWYER, AND JAMES PAQUETTE. THE UNIVERSITY TRACKS USAGE

OF THESE CLUBS AND REPORTS PIVEILLEENLUBULUBARTTAXABLE

SCHEDULE K (Form 990)

Department of the Treasury

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Is:	sue price	(f) De	scription of pu	ırpose	(g) De	efeased	(h) (beha issu	alf of	(i) Po	oled cing
										Yes	No	Yes	No	Yes	No
Α															
В															
С															_
_															
D															
Pa	rt II Proceeds					•									—
4	Amount of bonds retired					Α		В	С				D		
	Amount of bonds retired Amount of bonds legally defeased														
	Total proceeds of issue														
	Gross proceeds in reserve funds														—
	Capitalized interest from proceeds														—
	Proceeds in refunding escrows														
	Issuance costs from proceeds														_
	Credit enhancement from proceeds														
	Working capital expenditures from proceeds												-		_
	Capital expenditures from proceeds														
	Other spent proceeds														
12	Other unspent proceeds													-	
13	Year of substantial completion														
					Yes	No	Yes	No	Yes	No	•	Yes	;	No)
	Were the bonds issued as part of a current refundir														
	Were the bonds issued as part of an advance refun	ding issue?													
	Has the final allocation of proceeds been made?														
17	Does the organization maintain adequate boo	ks and record	s to supp	ort the											
	final allocation of proceeds?														
	Private Business Use								I						
						I									
	()-27.8-10041004(iv)26.3(ate)-273.7(B)-7.	.73dTf0 3os.9(s	s)1(e) T JET	504.001 3									+		
													+		

Page **2**

Part	Private Business Use (Continued)								
			4	E	3		С	I	D
	re there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
b	usiness use of bond-financed property?								
	"Yes" to line 3a, does the organization routinely engage bond counsel or other outside bunsel to review any management or service contracts relating to the financed property?								
	re there any research agreements that may result in private business use of ond-financed property?								
	"Yes" to line 3c, does the organization routinely engage bond counsel or other utside counsel to review any research agreements relating to the financed property?								
	nter the percentage of financed property used in a private business use by entities ther than a section 501(c)(3) organization or a state or local government		%	,	%		%		%
re	nter the percentage of financed property used in a private business use as a esult of unrelated trade or business activity carried on by your organization, nother section 501(c)(3) organization, or a state or local government		%		%		%		%
	otal of lines 4 and 5		%		%		%		%
7 D	oes the bond issue meet the private security or payment test?								
8a H	as there been a sale or disposition of any of the bond-financed property to a non- overnmental person other than a 501(c)(3) organization since the bonds were issued?								
	"Yes" to line 8a, enter the percentage of bond-financed property sold or isposed of		%		%		%		%
	"Yes" to line 8a, was any remedial action taken pursuant to Regulations ections 1.141-12 and 1.145-2?								
n	as the organization established written procedures to ensure that all onqualified bonds of the issue are remediated in accordance with the equirements under Regulations sections 1.141-12 and 1.145-2?								
Part I			<u> </u>			ı			
			A	E	3		С	I	D
	as the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and enalty in Lieu of Arbitrage Rebate?	Yes	No	Yes	No	Yes	No	Yes	No
2 If	"No" to line 1, did the following apply?						•		
a R	ebate not due yet?								
b E	xception to rebate?								
c N	o rebate due?								
	"Yes" to line 2c, provide in Part VI the date the rebate computation was erformed								
3 ls	the bond issue a variable rate issue?								
4a H	as the organization or the governmental issuer entered into a qualified edge with respect to the bond issue?								
b N	ame of provider								
Т	erm of hedge								
₩	as the hedge superinteg28(e)28(r)23(e)28(r8D(A27.4(d)28?,))[JT*.0004 Tc.2813 Tw[V	V)847.3(a-	27.6(s)-28	3.2(t)-28.1(h).2(e)-27	6(h(e)-27.	(d)-27.6ag	e)27.8(te	m)-28.5(i)27
		,	, ,	,				. ,	. ,,

Schedule K (Form 990) 2014

							1	
		A	E	3	(C)
	Yes	No	Yes	No	Yes	No	Yes	No
Vere gross proceeds invested in a guaranteed investment contract (GIC)?								
Name of provider								
Term of GIC								
Vas the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Nere any gross proceeds invested beyond an available temporary period?								
Has the organization established written procedures to monitor th	е							
requirements of section 148?								
V Procedures To Undertake Corrective Action								
		A	E	3		С)
las the organization established written procedures to ensure that violation of federal tax requirements are timely identified and corrected through the	is Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the context of the conte	le le							
Supplemental Information.								

Schedule K (Form 990) 2014

Supplemental Information. Provide additi

Schedule K (Form 990) 2014 Page 4

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

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

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

SCHEDULE K, PART II, COLUMN B, LINE 6:

THE PROCEEDS IN THE ADVANCED REFUNDING ESCROW WILL BE COMPLETELY USED ON 10/01/2015.

SCHEDULE K, PART III, COLUMN C AND D:

THIS BOND ISSUE RELATES TO REFUNDING OF PRE 12/31/2002 ISSUES. THE BOND

ISSUE REFUNDED A 2008 ISSUE WHICH, THROUGH A SERIES OR REFUNDINGS,

REFUNDED THE SERIES 1996 AND 1985 BONDS; THE ISSUE IS THEREFORE EXEMPT

FROM REPORTING ON PART III OF SCHEDULE K.

JSA 4E1511 1.000

Schedule K (Form 990) 2014

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SCHEDULE L (Form 990 or 990-EZ)	Tra	Transactions With Interested Persons							OMB No. 1545-0047				
										-			
										-			
										•			
			\perp										
									1				

Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I	Types of Property				
Parti	Types of Froperty	I		(-)	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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24					
25					
26					
27					
28					

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

REGULARLY TO THE BOARD OF TRUSTEES ANY UNRESOLVED CONFLICT QUESTIONS.

FORM 990 PART VI LINE 15A

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

FORM 990 PART VI LINE 15B

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

FORM 990 PART VI LINE 19

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

FORM 990 PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN FAIR VALUE OF SPLIT INTEREST AGREEMENTS \$1,789,775

ATTACHMENT 1

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

LOYOLA UNIVERSITY MARYLAND INC IS A JESUIT CATHOLIC UNIVERSITY

COMMITTED TO THE EDUCATIONAL AND SPIRITUAL TRADITIONS OF THE SOCIETY

OF JESUS AND TO THE IDEALS OF LIBERAL EDUCATION AND THE DEVELOPMENT

OF THE WHOLE PERSON. ACCORDINGLY, THE UNIVERSITY WILL INSPIRE

STUDENTS TO LEARN, LEAD AND SERVE IN A DIVERSE AND CHANGING WORLD.

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

DESCRIPTION

GRANTS

EXPENSES

REVENUE

TOTALS

0 2,668,505.
0

ATTACHMENT 3

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

BELGIUM

IRELAND

SPAIN

THAILAND

UNITED KINGDOM

Name of the organization	Employer identification number				
LOYOLA UNIVERSITY MARYLAND INC	52-0591623				
Λ TTACUMENT A					

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PARKHURST DINING PO BOX 644091 PITTSBURGH, PA 15264	FOOD SVC OPERATIONS	10,740,027.
MERRITT PROPERTIES LLC 2066 LORD BALTIMORE DRIVE BALTIMORE, MD 21244	PROPERTY MGMT/RENT	2,027,793.
HMC INCORPORATED 7190 OAKLAND MILLS ROAD, STE 10 COLUMBIA, MD 21046	CONSTRUCTION	1,281,951.
WHITING-TURNER CONTRACTING PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	1,153,769.
PLANO-COUDON LLC 2101 WASHINGTON BLVD BALTIMORE, MD 21230	CONSTRUCTION	881,360.

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships									545-0047
							'		
		l							

Schedule R (Form 990) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	
								Yes No
(1) POOLED INCOME FUND -1								
4501 N CHARLES STREET BALTIMORE, MD 21210	POOLED INCOME FD	MD	N/A	TRUST				
(2)								
<u>(3)</u>								
(4)								
(5)								
(6)								
	1							
(7)								
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Part V	Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Par	rt IV, line 34, 35b, or 36.	
Note.				Yes No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		Are all p	(e) e all partners section		(h) Disproportionate allocations?				
								•		

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Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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