

Return of Organization Exempt From Income Tax

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

06/01	05/31	11
LOYOLA UNIVERSITY MARYLAND INC		
		52-0591623
4501 N Charles Street		410-617-2341
Baltimore, MD 21210-2699		265,306,018
Rev Brian Linnane SJ		✓
4501 North Charles Street, Baltimore, MD 21210		
✓ www.loyola.edu		
	1853	MD

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.

	26
	24
	3,727
	0
	67,879
	13,234,240
	16,942,915
	196,555,515
	206,651,769
	9,149,570
	12,349,067
	3,053,723
	2,462,454
	221,993,048
	238,406,205
	46,633,934
	51,025,083
	0
	0
	87,312,445
	50,000
4,537,909	54,922
	78,802,114
	84,895,762
	212,798,493
	226,488,920
	9,194,555
	11,917,285
	508,469,924
	531,869,357
	186,390,447
	183,594,450
	322,079,477
	348,274,907

Brian Linnane SJ, President

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 \$ 117,720,181 including grants of \$ 51,025,083) (Revenue \$ 170,759,185)

Instruction of 3,807 undergraduate and 2,254 graduate students (6,061 students)

4b (Code: _____) (Expenses \$ 29,209,548 including grants of \$ 0) (Revenue \$ 4,357,220)

Providing academic and personal services to students (6,061 students)

4c (Code: _____) (Expenses \$ 23,695,576 including grants of \$ 0) (Revenue \$ 31,246,175)

Housing, food service and other student services

4d Other program services. (Describe in Schedule O.) See Schedule O, Statement 1
(Expenses \$ 3,179,365 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 173,804,670

Part IV Checklist of Required Schedules

1	Yes	No
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	✓	
	✓	
		✓
		✓
		✓
		✓
		✓
	✓	
		✓
	✓	
	✓	
	✓	
		✓
	✓	✓
	✓	✓
	✓	✓
	✓	✓
	✓	✓
		✓
	✓	
	✓	
	✓	
		✓
		✓

404
0

✓

3727

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See Schedule O, Statement 2

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		
3	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?		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		
6	Does the organization have members or stockholders?		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?		
8b	b Each committee with authority to act on behalf of the governing body?		
9	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		

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization		
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sister Karen McNally RSM Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Gino Gemignani Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Jose Badenes SJ Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
IH Hammerman II Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Hugh Mohler Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Aine O'Connor RSM Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Michael Tunney SJ Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Kenneth Boehl Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Michael Cataneo Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Kevin Finnerty Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Mark Knott Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
John Mesko Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Gerry Holthaus Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Susan Falco Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns				

Part IX **Statement of Functional Expenses**

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

Part X Balance Sheet

		(A)	
		Beginning of year	
		21,145,564	23,440,423
		4,087,463	3,804,958
		1,223,735	1,547,835
			0
			0
		5,346,969	0
		4,197,971	5,254,262
	438,125,320		
	117,119,998	320,689,111	321,005,322
		68,400,002	94,201,096
		74,609,290	67,787,782
			0
			0
		8,769,819	10,235,502
		508,469,924	531,869,357
		16,058,591	12,459,494
			0
		7,942,300	7,087,226
		155,928,131	153,037,842
			0
			0
			0
		6,461,425	11,009,888
		186,390,447	183,594,450
			0
			0
			0
		251,254,653	264,520,977
		20,331,966	28,260,309
		50,492,858	55,493,621
		322,079,477	
		508,469,924	531,869,357

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question 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	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

Yes

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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

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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
---	----------	----------	----------	----------	----------	-----------

1

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**

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIV.

Part V

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	0	
	0	
Common collective trust	3,774,055	End-of-Year Market Value
Inflation funds	4,706,844	End-of-Year Market Value
Hedge equity fund of funds	38,756,941	End-of-Year Market Value
Absolute return fund		End-of-Year Market Value
Private equity diversified	8,268,810	End-of-Year Market Value
Deposits with bond trustees	1,002,044	End-of-Year Market Value
		End-of-Year Market Value
	67,787,782	
	0	
Swap liability	4,263,057	
Annuity liability	1,281,448	
Perkins loan fund	2,848,138	
Asset retirement obligation	2,617,245	
	11,009,888	

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)	1	238,406,205
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	226,488,920
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	11,917,285
4	Net unrealized gains (losses) on investments	4	13,073,490
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	1,204,655
9	Total adjustments (net). Add lines 4 through 8	9	14,278,145
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	26,195,430

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	201,517,026
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	13,073,490
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants		0
			826,385
			13,899,875
			187,617,151
			0
			50,789,054
			50,789,054
			238,406,205
			175,321,596
			0
			0
			0
			236,030
			236,030
			175,085,566
			378,271
			51,025,083
			51,403,354
			226,488,920

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 XI, Line 8 - Change in fair value of split interest agreement: 1,573,091; change in fair value of swap: -368,436

Schedule D, Part XII, Line 2d - Change in value of split interest agreement: -1,573,091; change in value of swap: 368,435; investment service charge: 378,271

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ 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.

2010
Open to Public
Inspection

Employer identification number

52-0591623

Part I

YES NO

1 Does the organization have a racially nondiscriminatory policy toward students by

The University displays the following on the Admissions section of the University's external website: "Loyola strongly believes in the principle of equal opportunity. The University admits students of any race, sex, religion, color, age, national and ethnic origin, to all the rights, privileges, programs and activities generally accorded or

✓

✓

✓

✓

✓

✓

✓

✓

Part II

Schedule E, Part I, Line 6 - The Joseph A. Sellinger State Aid program awards State aid to independent colleges and universities through a formula linked to their enrollment and to the per-student appropriation of selected four-year Maryland public institutions. In addition to aid provided directly through the Sellinger Program, Maryland students also receive need-based grant assistance, subsidized and unsubsidized loan assistance, and need-based work-study assistance through various Federal Title IV Student Aid Programs administered

Veterans Administration tuition benefits are funded and awarded by the Department of Veterans Affairs.

Statement of Activities Outside the United States

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

a Attach to Form 990. a See separate instructions.

Name of the organization

Employer identification number

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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)					

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter a _____

3 Enter total number of other organizations or entities



Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

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); 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).

Schedule F, Part I, Line 2 - All financial aid is applied directly to the students' outstanding receivable balances. No cash is physically

Methodology need analysis formula. Student aid awards from both federal and institutional sources and is monitored continuously throughout the fiscal year through various budget status reports, student account status reports, and federal and institutional program reconciliation reports.

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

AK, AZ, CO, DC, KY, MA, MD, ME, MI, NH, NJ, NY, OH, OK, OR, SC, WA, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		_____	_____	_____	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3				

- 11 Does the organization operate 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 operated in:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

to substantiate the

✓

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶

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.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	205	0	5,116,123	Fair market value	Financial aid
2 Resident assistantships	109	0	1,197,620	Fair market value	Financial aid
3 Graduate assistantships	141	0	300,285	Fair market value	Financial aid
4 Endowed scholarships		0	784,850	Fair market value	Financial aid
5 Tuition exchange	113	0	2,082,170	Fair market value	Financial aid
6	2529	0	41,544,035	Fair market value	Financial aid
7					

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. Student aid awards from both federal and institutional sources and is monitored continuously throughout the fiscal year through various budget status reports, student account status reports, and federal and institutional program reconciliation reports.

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

Department of the Treasury
Internal Revenue Service

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

Questions Regarding Compensation

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.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) 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 described in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

a The organization?

b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation described in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

a The organization?

b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.

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

8 With the initial construction of Form 990, Part VII, Regulations sections 53.4958-6(a)(2) that "Yes" subscribers in Part III

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

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

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 instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and		
Peter Murrell	162,041		6,000	17,776	14,216	200,033
James Buckley	165,562		100	18,162	8,036	191,860
John Palmucci	134,568		192,518			437,405
Susan Donovan	248,905	25,000	6,677	51,950	26,127	358,659
Terrence Sawyer	221,583		2,235	24,750	22,031	270,599
Timothy Snyder	241,969		3,684	26,675	7,038	279,366
	200,055		10,727	23,045	22,415	256,242
Thomas Scheye	15,841	298,616		2,200	15,307	331,964
James Patsos	197,090	69,195	1,015	21,725	6,964	295,989
Karyl Leggio	245,881			26,950	18,130	291,627
Peter Lorenzi	182,319			18,824	18,392	219,535
Roger Kashlak	170,199			15,968	15,030	201,798
George Casey	165,458			13,256	2,071	180,785

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 - Social club dues: Marc Camille - \$6,158, Susan Donovan - \$713, Karyl Leggio - \$1,205, Brian Linnane - \$6,854, John Palmucci - \$1,205, Terrence Sawyer - \$6,158. This was not taxable, as all were considered business expenses. Housing allowance: Thomas Kingston - \$20,936. This was taxable and included in his W-2.

Schedule J, Part I, Line 4 - John Palmucci and Susan Donovan participate in a supplemental nonqualified retirement plan (the Plan) sponsored by the University. John Palmucci and Susan Donovan earned \$75,000 and \$25,000, respectively under the plan during 2010, which is reported on Schedule J, Part II, Box C. In addition, John Palmucci received a payment of \$189,578 from the Plan during 2010, which is reported on Schedule J, Part II, boxes B(iii) and F.

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 received housing from the University during the year ended May 31, 2011 in order to fulfill the obligation of the Society of Jesus to provide housing to Fr Linnane.

|

✓		✓	✓
✓		✓	✓
✓		✓	✓
0		0	0
0		0	0
0		0	0

✓

✓

✓

✓		✓	✓
✓	✓		✓
✓		✓	✓

Wells Fargo Bank

20

✓

✓		✓	✓
---	--	---	---

✓		✓	✓
✓		✓	✓

Transactions With Interested Persons

Department of the Treasury
 Internal Revenue Service

F 990, 25, 26, 27, 28, 28, 28,
F 990-E, 38, 40.
F 990 F 990-E .

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. **▶ \$** _____

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

() Name of interested person and purpose	() Loan to or from the organization?		() Original principal amount	() Balance due	() In default?	() Approved by board or committee?		() Written agreement?	
	To	From							
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		



**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

2	Art—Historical treasures			
3	Art—Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

Form 990, Part VI, Section B, Line 11a - 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

responsibilities to the University. If a University administrator believes that he or she may have a conflict of interest, the administrator shall promptly fully disclose the conflict to the President of the University and shall refrain from participating in any way in the matter to which the conflict relates until the question has been resolved. The President shall consult with the University counsel regarding all conflict questions of which he is informed and shall report regularly to the Board of Trustees regarding unresolved conflict questions.

Form 990, Part VI, Section B, Line 13 - Loyola has a formal written whistleblower policy which was created in 2007 and is intended to be approved by the Board by the end of the fiscal year.

Form 990, Part VI, Section B, Line 14 - Loyola has a draft document retention policy which is intended to be completed and approved by the Board by the end of the fiscal year.

Form 990, Part VI, Section B, Line 15 - 15a - Fr Brian Linnane SJ has taken a vow of poverty and does not receive a W-2 for his services to the University. 15b - 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 market condistions, 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.

Form 990, Part XI, Line 5 - Unrealized gains on investment: 13,073,490; change in fair value of split interest agreements: 1,573,091; change in fair value of swap: -368,435

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Research and development programs provided by faculty and public service programs performed to benefit the public in general	3,179,365	0	0
Total:		3,179,365	0	0
