

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
LOYOLA UNIVERSITY OF CHICAGO  
% TERESA KRAFCISIN CONTROLLER  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
820 N Michigan Avenue  
City or town, state or province, country, and ZIP or foreign postal code  
Chicago, IL 606112147

**D** Employer identification number  
36-1408475  
**E** Telephone number  
(312) 915-7676  
**G** Gross receipts \$ 1,047,500,158

**F** Name and address of principal officer  
JO ANN ROONEY  
820 N MICHIGAN AVENUE  
CHICAGO, IL 60611

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ www.luc.edu

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1909 **M** State of legal domicile IL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
WE ARE ONE OF THE NATION'S LARGEST JESUIT, CATHOLIC UNIVERSITIES WITH OVER 17,000 STUDENTS WE WORK TO EXPAND KNOWLEDGE THROUGH LEARNING, JUSTICE, AND FAITH

**2** Check this box  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)	30
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	28
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	8,975
<b>6</b> Total number of volunteers (estimate if necessary)	1,154
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	553,374
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	481,212

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	68,878,400	79,243,989
<b>9</b> Program service revenue (Part VIII, line 2g)	678,375,047	708,677,409
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,453,390	30,665,062
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,021,010	1,121,461
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	761,727,847	819,707,921

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	192,101,271	213,024,469
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	318,920,977	327,892,276
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	128,579	80,145
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,446,123		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	207,143,938	209,823,995
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	718,294,765	750,820,885
<b>19</b> Revenue less expenses Subtract line 18 from line 12	43,433,082	68,887,036

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,143,342,552	2,183,629,063
<b>21</b> Total liabilities (Part X, line 26)	662,405,262	593,174,800
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,480,937,290	1,590,454,263

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2019-05-13  
WAYNE MAGDZIARZ SR VP AND CFO/CBO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: TAMARA TARAZI Preparer's signature: TAMARA TARAZI Date: \_\_\_\_\_  
Check  if self-employed PTIN: P01266026  
Firm's name: ▶ ERNST & YOUNG US LLP Firm's EIN: \_\_\_\_\_  
Firm's address: ▶ 155 N Wacker Drive Phone no: (312) 879-2000  
Chicago, IL 60606

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission  
 WE ARE CHICAGO'S JESUIT, CATHOLIC UNIVERSITY - A DIVERSE COMMUNITY SEEKING GOD IN ALL THINGS AND WORKING TO EXPAND KNOWLEDGE IN THE SERVICE OF HUMANITY THROUGH LEARNING, JUSTICE, AND FAITH

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 564,409,837 including grants of \$ 208,745,591 ) (Revenue \$ 636,178,266 )  
 See Additional Data

**4b** (Code ) (Expenses \$ 41,270,000 including grants of \$ 2,720,636 ) (Revenue \$ 0 )  
 See Additional Data

**4c** (Code ) (Expenses \$ 60,111,000 including grants of \$ 1,558,242 ) (Revenue \$ 73,813,555 )  
 See Additional Data

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e Total program service expenses** ▶ 665,790,837

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> 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	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b> 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		No
<b>7</b> 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	Yes	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
<b>9</b> 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	Yes	
<b>10</b> 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	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	Yes	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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 . . . . .	Yes	
<b>22</b> 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 . . . . .	Yes	
<b>23</b> 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 . . . . .	Yes	
<b>24a</b> 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 . . . . .	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	Yes	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	Yes	
<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? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<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? If "Yes," complete Schedule R, Part I . . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<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? If "Yes," complete Schedule R, Part VI . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and nonprofit health insurance issuers.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (30); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AK, CO, HI, MD, MA, MI, NH, ND, OK, OR, SC, WA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: TERESA KRAFCISIN CONTROLLER 820 N MICHIGAN AVENUE Chicago, IL 60611 (312) 915-7676

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	7,438,037	0	1,138,371

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 635

<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CORPORATION, 1125 W LOYOLA AVE SUITE 110 CHICAGO, IL 60626	FOOD SERVICES	21,197,060
B STROMBERG CONSTRUCTION CO, 5831 DEMPSTER ST MORTON GROVE, IL 60053	CONSTRUCTION	13,827,890
THE MILLARD GROUP, 7301 N CICERO AVE LINCOLNWOOD, IL 60712	HOUSEKEEPING	6,857,408
BULLEY ANDREWS MASONRY RESTORATIO, 1755 W ARMITAGE AVE CHICAGO, IL 60622	MASONRY AND ROOFING	4,206,394
SODEXO INC AFFILIATES, 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	HOUSEKEEPING	1,724,187

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 93



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	525,015			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	375,584			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	32,636,439			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	45,706,951			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		8,392,510			
	<b>h Total.</b> Add lines 1a-1f . . . . .		79,243,989			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> Tuition and fees . . . . .	611710	593,586,277	593,586,277	0	
	<b>b</b> Auxiliary . . . . .	611710	73,813,555	73,813,555	0	
	<b>c</b> ACADEMIC SUPPORT-TRINITY HEALTH . . . . .	611710	23,910,187	23,910,187	0	
	<b>d</b> OTHER STUDENT SERVICES . . . . .	611710	17,367,390	17,367,390	0	
	<b>e</b> _____ . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		708,677,409				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		13,636,685		185,774	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		925,439	925,439		
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		13,342,604				
		<b>b</b> Less rental expenses . . . . .		13,715,620		
	<b>c</b> Rental income or (loss) . . . . .		-373,016	0		
	<b>d</b> Net rental income or (loss) . . . . .		-373,016		-373,016	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		230,143,916		650,000		
		<b>b</b> Less cost or other basis and sales expenses . . . . .		212,989,274	776,265	
	<b>c</b> Gain or (loss) . . . . .		17,154,642	-126,265		
	<b>d</b> Net gain or (loss) . . . . .		17,028,377		17,028,377	
<b>8a</b> Gross income from fundraising events (not including \$ 525,015 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		110,843			
	<b>b</b> Less direct expenses . . . . .		304,728			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		-193,885		-193,885	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		12,700			
	<b>b</b> Less direct expenses . . . . .		6,350			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		6,350		6,350	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0			
	<b>b</b> Less cost of goods sold . . . . .		0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> Interest on student loans . . . . .	611600	388,973	388,973	0	0	
<b>b</b> FITNESS CENTER . . . . .	713940	335,655	0	335,655	0	
<b>c</b> CONFERENCE SERVICES . . . . .	523000	8,651	0	8,651	0	
<b>d</b> All other revenue . . . . .		23,294		23,294	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		756,573				
<b>12 Total revenue.</b> See Instructions . . . . .		819,707,921	709,991,821	553,374	29,918,737	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,576,717	2,576,717		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	209,324,756	209,324,756		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,122,996	1,122,996		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,153,915	1,157,710	4,384,351	611,854
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	244,358	128,406	115,952	0
<b>7</b> Other salaries and wages.	251,510,688	217,951,073	28,284,283	5,275,332
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,288,475	19,810,502	2,854,582	623,391
<b>9</b> Other employee benefits.	29,330,395	25,268,192	3,316,249	745,954
<b>10</b> Payroll taxes.	17,364,445	14,989,774	2,040,050	334,621
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	509,798	246,976	261,941	881
<b>c</b> Accounting.	474,063	0	474,063	0
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	80,145			80,145
<b>f</b> Investment management fees.	3,177,673	0	3,177,673	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	23,877,894	20,417,859	2,639,846	820,189
<b>12</b> Advertising and promotion.	3,719,209	2,084,566	1,537,748	96,895
<b>13</b> Office expenses.	25,651,520	24,005,843	1,043,302	602,375
<b>14</b> Information technology.	10,118,094	4,126,607	5,866,447	125,040
<b>15</b> Royalties.	6,499	6,499	0	0
<b>16</b> Occupancy.	21,290,739	16,733,417	4,121,413	435,909
<b>17</b> Travel.	4,269,379	4,019,871	43,226	206,282
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	7,260,660	6,772,395	349,597	138,668
<b>20</b> Interest.	15,238,435	12,930,968	1,949,965	357,502
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	55,376,456	47,134,542	7,162,851	1,079,063
<b>23</b> Insurance.	2,847,616	2,033,559	682,550	131,507
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> AUXILIARY	14,949,055	14,686,032	230,195	32,828
<b>b</b> INSTITUTIONAL SUPPORT	6,455,797	4,608,343	1,280,890	566,564
<b>c</b> SPONSORED RESEARCH	2,987,723	2,987,723		
<b>d</b> OPERATIONS AND MAINTENANCE	2,551,384	2,317,702	202,191	31,491
<b>e</b> All other expenses	9,062,001	8,347,809	564,560	149,632
<b>25</b> Total functional expenses. Add lines 1 through 24e.	750,820,885	665,790,837	72,583,925	12,446,123
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	9,909,157	<b>1</b>	8,780,522	
	<b>2</b> Savings and temporary cash investments . . . . .	62,927,268	<b>2</b>	61,539,635	
	<b>3</b> Pledges and grants receivable, net . . . . .	30,837,623	<b>3</b>	33,628,377	
	<b>4</b> Accounts receivable, net . . . . .	37,307,936	<b>4</b>	20,533,071	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	201,169	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .	19,899,984	<b>7</b>	19,484,098	
	<b>8</b> Inventories for sale or use . . . . .	3,381	<b>8</b>	7,975	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,335,328	<b>9</b>	7,062,492	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,772,418,544			
	<b>b</b> Less accumulated depreciation	690,530,743	1,109,769,592	<b>10c</b>	1,081,887,801
	<b>11</b> Investments—publicly traded securities . . . . .	427,577,927	<b>11</b>	464,948,535	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	405,610,116	<b>12</b>	462,360,233	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	832,363	<b>13</b>	889,973	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	33,331,877	<b>15</b>	22,305,182	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,143,342,552	<b>16</b>	2,183,629,063		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	54,390,613	<b>17</b>	56,358,014	
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0	
	<b>19</b> Deferred revenue . . . . .	57,868,498	<b>19</b>	49,356,185	
	<b>20</b> Tax-exempt bond liabilities . . . . .	190,293,803	<b>20</b>	165,946,898	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	2,064,182	<b>21</b>	1,497,314	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	9,905,113	<b>23</b>	9,929,175	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	245,438,013	<b>24</b>	227,908,037	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	102,445,040	<b>25</b>	82,179,177		
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	662,405,262	<b>26</b>	593,174,800		
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	1,115,742,930	<b>27</b>	1,190,515,895	
	<b>28</b> Temporarily restricted net assets . . . . .	187,396,158	<b>28</b>	209,690,954	
	<b>29</b> Permanently restricted net assets	177,798,202	<b>29</b>	190,247,414	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33 Total net assets or fund balances . . . . .</b>	1,480,937,290	<b>33</b>	1,590,454,263	
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	2,143,342,552	<b>34</b>	2,183,629,063	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	819,707,921
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	750,820,885
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	68,887,036
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	1,480,937,290
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	26,289,641
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	14,340,296
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,590,454,263

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>	No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes
<p><b>c</b> 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</p>	<b>2c</b>	Yes
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes
<p><b>b</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</p>	<b>3b</b>	Yes

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1408475

**Name:** LOYOLA UNIVERSITY OF CHICAGO

Form 990 (2017)

---

**Form 990, Part III, Line 4a:**

HIGHER EDUCATION LOYOLA UNIVERSITY CHICAGO EDUCATED APPROXIMATELY 12,000 UNDERGRADUATE & 5,000 GRADUATE & PROFESSIONAL STUDENTS LOYOLA STRIVES TO DELIVER THE PREMIER UNDERGRADUATE EDUCATIONAL EXPERIENCE IN CHICAGO, CHARACTERIZED BY A TRANSFORMATIVE EXPERIENCE IN THE JESUIT TRADITION & A COMMITMENT TO THE UNDERSERVED IN 2015 LOYOLA LAUNCHED ARRUE COLLEGE, A 2 YEAR ASSOCIATE'S DEGREE PROGRAM FOR MOTIVATED STUDENTS WITH LIMITED FINANCIAL RESOURCES & AN INTEREST IN ATTENDING A 4 YEAR INSTITUTION AT THE GRADUATE & PROFESSIONAL LEVELS, LOYOLA DELIVERS A HIGH-QUALITY EDUCATION THAT IS CHARACTERIZED BY EXCELLENCE, INNOVATION, JUSTICE, & LEADERSHIP

---

**Form 990, Part III, Line 4b:**

RESEARCH LOYOLA UNIVERSITY CHICAGO ENGAGES IN EXTERNALLY FUNDED RESEARCH PROJECTS PRIMARILY IN MEDICINE AND THE BASIC SCIENCES THROUGH LOYOLA'S STRITCH SCHOOL OF MEDICINE, THE UNIVERSITY IS FOCUSED ON THE DEVELOPMENT AND ADVANCEMENT OF MEDICAL KNOWLEDGE AS WELL AS THE TRAINING OF STUDENTS IN THE RESEARCH PROCESS

---

**Form 990, Part III, Line 4c:**

HIGHER EDUCATION AUXILIARY SERVICES LOYOLA UNIVERSITY CHICAGO PROVIDES VARIOUS GOODS AND SERVICES FOR THE BENEFIT OF ITS STUDENTS, FACULTY AND STAFF, AND IN SUPPORT OF EDUCATIONAL ACTIVITIES SERVICES INCLUDE STUDENT HOUSING, FOOD SERVICE, BOOKSTORES, RECREATIONAL FACILITIES AND TRANSPORTATION

---

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ELLEN S ALBERDING ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
MARGARET MARY COSGROVE BVM ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
CHRISTOPHER J DEVRON SJ ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
MELANIE C DREHER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
JOHN P FITZGIBBONS SJ ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
THOMAS P GREENE SJ ..... TRUSTEE (RESIGNED 6/18)	1 0 ..... 0 0	X						0	0	0
RICHARD J GILFILLAN MD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
RICK HAMMOND ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
MARVIN I HERMAN ..... TRUSTEE (TERM ENDED 6/18)	1 0 ..... 0 0	X						0	0	0
JACKIE TAYLOR HOLSTEN ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARK A HOPPE ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
PATRICK J KELLY ..... TRUSTEE (TERM ENDED 6/18)	1 0 ..... 0 0	X						0	0	0
WILLIAM G KISTNER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
TIMOTHY R LANNON SJ ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
PATRICK C LYNCH ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ROCCO J MARTINO ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
BARRY C MCCABE ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
CARLOS MONTOYA ..... TRUSTEE (TERM ENDED 6/18)	1 0 ..... 0 0	X						0	0	0
RUTHELLYN MUSIL ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ROBERT L NIEHOFF SJ ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ROBERT L PARKINSON JR ..... CHAIRMAN OF THE BOARD, TRUSTEE	1 0 ..... 0 0	X						0	0	0
RICHARD L RODRIGUEZ ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
JO ANN ROONEY ..... PRESIDENT	40 0 ..... 0 0	X		X				646,636	0	38,411
MARK S RZEP CZYNSKI ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
RICHARD P SALMI SJ ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
JOHN G SCHREIBER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
JOSEPH T SEMINETTA ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
SUSAN S SHER ..... VICE CHAIR OF BOARD, TRUSTEE	1 0 ..... 0 0	X						0	0	0
BRIAN K SPEERS ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
STEPHEN P SQUINTO ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
CYNTHIA H STARK ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
JOAN E STEEL ..... TRUSTEE (TERM ENDED 6/18)	1 0 ..... 0 0	X						0	0	0
JULIE H SULLIVAN ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ROBERT A SULLIVAN ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
CHERRYL THOMAS ..... TRUSTEE (RESIGNED 6/18)	1 0 ..... 0 0	X						0	0	0
MARY A TOLAN ..... TRUSTEE (TERM ENDED 6/18)	1 0 ..... 0 0	X						0	0	0
KEVIN WILLER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
Mary Ann Zollmann BVM ..... Trustee (TERM ENDED 6/18)	1 0 ..... 0 0	X						0	0	0
SUSAN BODIN ..... TREASURER (eff 9/17)	40 0 ..... 0 0			X				137,123	0	35,789
MARGARET FAUT CALLAHAN ..... ACTING PROVOST	40 0 ..... 0 0			X				403,948	0	58,304

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DAMON W CATES ..... SR VP ADVANCEMENT	40 0 ..... 0 0			X				266,067	0	17,747
PAMELA G COSTAS ..... VP GENERAL COUNSEL & SECRETARY	40 0 ..... 0 0			X				287,390	0	39,396
PHILIP D HALE ..... VP GOVERNMENT AFFAIRS	40 0 ..... 0 0			X				204,529	0	41,912
THOMAS M KELLY ..... SR VP ADMIN SERVICES	40 0 ..... 0 0			X				312,211	0	122,788
WAYNE MAGDZIARZ ..... SR VP & CFO/CBO	40 0 ..... 0 0			X				362,964	0	38,674
SUSAN M MALISCH ..... VP CHIEF INFORMATION OFFICER	40 0 ..... 0 0			X				297,229	0	82,011
JANE NEUFELD ..... VP STUDENT DEVELOPMENT	40 0 ..... 0 0			X				227,895	0	35,728
JOHN P PELISSERO ..... PROVOST (thru 12/17)	40 0 ..... 0 0			X				428,217	0	49,724
JAMES PREHN SJ ..... VP & CHIEF OF STAFF	40 0 ..... 0 0			X				0	0	0
PAUL G ROBERTS ..... VP ENROLLMENT MANAGEMENT	40 0 ..... 0 0			X				245,768	0	42,005

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JOHN M SCHIETINGER ..... ASSISTANT SECRETARY	40 0 ..... 0 0			X				137,456	0	46,003
KELLY SHANNON ..... VP MKTNG & COM (THRU 7/17)	40 0 ..... 0 0			X				291,179	0	34,742
WINIFRED WILLIAMS ..... VP FOR HR & CHIEF DIV OFFICER	40 0 ..... 0 0			X				219,743	0	29,131
STEVEN AN GOLDSTEIN ..... DEAN, SSOM (EFF 5/17)	40 0 ..... 0 0				X			454,621	0	46,643
KEVIN STEVENS ..... DEAN, QUINLAN SCHOOL OF BUS	40 0 ..... 0 0				X			310,538	0	32,936
WALTER K JONES ..... PROFESSOR OF PHARMACOLOGY	40 0 ..... 0 0					X		325,501	0	47,303
MICHAEL J KAUFMAN ..... DEAN, SCHOOL OF LAW	40 0 ..... 0 0					X		362,145	0	55,970
KATHERINE KNIGHT ..... PROFESSOR OF MICROBIOLOGY	40 0 ..... 0 0					X		328,144	0	38,296
ROBERT KOLB ..... PROFESSOR OF FINANCE	40 0 ..... 0 0					X		315,197	0	49,341
PORTER MOSER ..... HEAD BASKETBALL COACH	40 0 ..... 0 0					X		465,613	0	52,653

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
PATRICK M BOYLE ..... FORMER OFFICER	40 0 ..... 0 0						X	275,738	0	77,103	
ROBERT A MUNSON ..... FORMER OFFICER	40 0 ..... 0 0						X	132,185	0	25,761	

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

Employer identification number  
36-1408475

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	92,679,412	79,561,102	68,385,171	68,878,400	79,243,989	388,748,074
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	92,679,412	79,561,102	68,385,171	68,878,400	79,243,989	388,748,074
<b>5</b> 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)						0
<b>6 Public support.</b> Subtract line 5 from line 4						388,748,074

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	92,679,412	79,561,102	68,385,171	68,878,400	79,243,989	388,748,074
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,047,572	26,207,233	24,917,760	24,454,239	26,927,598	126,554,402
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	1,328,439	328,520	49,935	73,696	553,374	2,333,964
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11 Total support.</b> Add lines 7 through 10						517,636,440

**12** Gross receipts from related activities, etc (see instructions) **12** 3,220,933,722

**13 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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	75.101 %
<b>15</b> Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	75.279 %

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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** ▶

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1408475

**Name:** LOYOLA UNIVERSITY OF CHICAGO

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
**Open to Public Inspection**

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LOYOLA UNIVERSITY OF CHICAGO	Employer identification number 36-1408475
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	0
<b>d</b> Mailings to members, legislators, or the public?	Yes		0
<b>e</b> Publications, or published or broadcast statements?		No	0
<b>f</b> Grants to other organizations for lobbying purposes?		No	0
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		274,483
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
<b>i</b> Other activities?	Yes		1,953
<b>j</b> Total Add lines 1c through 1i			276,436
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE 1B	PAID STAFF OF MANAGEMENT Philip Hale, Vice President for Governmental Affairs, is registered as a lobbyist with the U S House of Representatives, the United States Senate, and the State of Illinois
FORM 990, SCHEDULE C, PART II-B, LINE 1D	MAILINGS TO MEMBERS Members of Congress were contacted and asked to support the DREAM Act
FORM 990, SCHEDULE C, PART II-B, LINE 1G	DIRECT CONTACT WITH LEGISLATORS During fiscal year 2018, the lobbying activities of the University involved contacts with legislators and their staffs at the federal, state, and city levels These contacts, through office visits, phone conversations, and large gatherings were principally for purposes of goodwill and for issues related to student financial aid and tax issues at the federal, state, and city levels At the federal level, contacts also involved support for the DREAM Act In addition, lobbying efforts were taken at the end of 2017 to advocate against proposed tax reform bill provisions that negatively impacted students
FORM 990, SCHEDULE C, PART II-B, LINE 1I	Several Loyola medical students traveled to Washington, D C to advocate for the DREAM Act on January 30, 2018

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
LOYOLA UNIVERSITY OF CHICAGO

**Employer identification number**  
36-1408475

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	6
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	6
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_ 1

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?       Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_ 10 00

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_ 1,084

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?       Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_ 0

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_ 19,419,795

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**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 SEE PART XIII
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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" on 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 XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	593,449,557	533,614,292	541,667,492	538,523,390	461,948,836
<b>b</b> Contributions . . . . .	18,647,756	17,066,350	9,640,439	14,444,806	19,159,344
<b>c</b> Net investment earnings, gains, and losses	47,169,652	61,258,592	-923,514	3,971,451	69,243,593
<b>d</b> Grants or scholarships . . . . .	7,330,146	6,985,351	5,799,437	5,433,629	3,592,125
<b>e</b> Other expenditures for facilities and programs . . . . .	8,456,534	8,391,462	8,155,531	7,286,289	6,520,480
<b>f</b> Administrative expenses . . . . .	3,177,673	3,112,864	2,815,157	2,552,237	1,715,778
<b>g</b> End of year balance . . . . .	640,302,612	593,449,557	533,614,292	541,667,492	538,523,390

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 50 690 %
  - b** Permanent endowment ▶ 26 090 %
  - c** Temporarily restricted endowment ▶ 23 220 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>(i)</b> unrelated organizations . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>(ii)</b> related organizations . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	23,412,290	133,677,451		157,089,741
<b>b</b> Buildings . . . . .	66,106,290	1,291,317,267	540,859,044	816,564,512
<b>c</b> Leasehold improvements	747,188	57,381,378	38,428,957	19,699,609
<b>d</b> Equipment . . . . .	857,010	149,588,686	98,265,422	52,180,274
<b>e</b> Other . . . . .	0	49,330,985	12,977,320	36,353,665
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				1,081,887,801

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) MARKETABLE EQUITY INVESTMENTS	297,089,811	F
(B) PRIVATE EQUITY INVESTMENTS	73,537,490	F
(C) FIXED INCOME INVESTMENTS	51,493,074	F
(D) REAL ESTATE	26,166,615	F
(E) CASH CLEARING ACCOUNT	14,073,243	F
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	462,360,233	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
COND ASSET RETIREMENT OBLIGATION	3,089,456
REFUNDABLE ADVANCES - LOANS	17,265,595
PENSION AND OTHER POST RETIREMENT	61,161,171
CAPITAL LEASE OBLIGATION	662,955
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	82,179,177

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1408475

**Name:** LOYOLA UNIVERSITY OF CHICAGO

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART II, LINES 5, 6, 7 AND 9	CONSERVATION EASEMENTS THE UNIVERSITY HAS ONE PROPERTY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES THE MUNDELEIN CENTER THE UNIVERSITY HAS FIVE PROPERTIES THAT ARE DESIGNATED AS CHICAGO LANDMARKS THE MADONNA DELLA STRADA CHAPEL, LEWIS TOWERS, THE MUNDELEIN CENTER, BURROWES HALL AND PIPER HALL THERE IS NO SPECIFIC WRITTEN POLICY REGARDING THE PERIODIC MONITORING, INSPECTION, VIOLATIONS, AND ENFORCEMENT OF THE CONSERVATION EASEMENTS HELD BY THE UNIVERSITY HOWEVER, THE OFFICE OF THE GENERAL COUNSEL AND THE UNIVERSITY'S CAPITAL PLANNING DEPARTMENT ARE AWARE OF THE REGULATIONS AND RESTRICTIONS ATTACHED TO THESE BUILDINGS, AS DICTATED BY THE NATIONAL REGISTER OF HISTORIC PLACES, THE NATIONAL PARK SERVICE, AND THE COMMISSION ON CHICAGO LANDMARKS AS SUCH, BEFORE ANY CHANGES, MODIFICATIONS OR RENOVATIONS ARE MADE TO THESE STRUCTURES, THE APPROPRIATE RULES AND REGULATIONS ARE REVIEWED AND FOLLOWED IT IS ESTIMATED THAT STAFF MEMBERS SPEND APPROXIMATELY TEN HOURS ANNUALLY ON THESE ACTIVITIES ADDITIONALLY, THE CONSERVATION EASEMENTS RELATED TO THE AFOREMENTIONED BUILDINGS ARE NOT REPORTED IN EITHER THE BALANCE SHEET OR THE REVENUE AND EXPENSE STATEMENT OF THE UNIVERSITY, AS THERE IS NO BOOK VALUE TO THOSE EASEMENTS THEY ARE SOLELY MEASURED IN PLACES TO PROTECT THE HISTORICAL INTEGRITY OF THE BUILDINGS

**Supplemental Information**

Return Reference	Explanation
FORM 990, SCHEDULE D, PART III, LINE 4	DESCRIPTION AND PURPOSE OF ORGANIZATION'S ART COLLECTIONS THE LOYOLA UNIVERSITY MUSEUM OF ART (LUMA) COLLECTION WAS DEVELOPED FOR NEW ACQUISITIONS OF ART THAT ADDRESS THE LUMA MISSION AS A COMPLEMENT TO THE D'ARCY COLLECTION AND INCLUDES ART AND ARTIFACTS FROM ANTIQUITIES TO THE PRESENT RECENT ACQUISITIONS HAVE INCLUDED NEOLITHIC SCULPTURE, CONTEMPORARY PRINTS, DRAWINGS, PHOTOGRAPHS AND TEXTILES LUMA IS DEDICATED TO THE EXPLORATION, PROMOTION AND UNDERSTANDING OF ART AND ARTISTIC EXPRESSION THAT ATTEMPTS TO ILLUMINATE THE ENDURING SPIRITUAL QUESTIONS AND CONCERNS OF ALL CULTURES AND SOCIETIES THE MUSEUM INTERPRETS AND DISPLAYS THE UNIVERSITY'S MEDIEVAL AND RENAISSANCE COLLECTION, KNOWN AS THE MARTIN D'ARCY, S J COLLECTION, OTHER MUSEUM PERMANENT COLLECTIONS AND ROTATING EXHIBITIONS AS A MUSEUM WITH AN INTEREST IN EDUCATION AND EDUCATIONAL PROGRAMMING, THE LOYOLA UNIVERSITY MUSEUM OF ART REFLECTS THE UNIVERSITY'S JESUIT MISSION AND IS DEDICATED TO HELPING MEN AND WOMEN OF ALL CREEDS EXPLORE THE ROOTS OF THEIR OWN FAITH AND SPIRITUAL QUEST



## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART IV, LINE 2B	BALANCE SHEET ESCROW LIABILITIES EXPLANATION LOYOLA HOLDS ASSETS FOR VARIOUS STUDENT ORGANIZATIONS, STUDY ABROAD PROGRAMS, AND THIRD-PARTY SCHOLARSHIP AWARDS IN AGENCY ACCOUNTS, WHICH ARE PASS-THROUGH LIABILITY ACCOUNTS WHERE ASSETS ARE HELD FOR THE BENEFIT OF THE THIRD-PARTY LOYOLA DOES NOT CONTROL HOW THESE FUNDS ARE SPENT AND HAS THESE ACCOUNTS SET UP FOR THE CONVENIENCE OF OUTSIDE ORGANIZATIONS TO USE LOYOLA'S SERVICES

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE ENDOWMENT FUNDS HAVE BEEN ESTABLISHED TO PROVIDE A STABLE SOURCE OF FUNDING FOR UNIVERSITY ACADEMIC PROGRAMS, FINANCIAL AID, AND FACULTY SUPPORT ON A LONG-TERM TIME HORIZON

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

# Schools

OMB No 1545-0047

## 2017

**Open to Public Inspection**

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

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury

Name of the organization

LOYOLA UNIVERSITY OF CHICAGO

Employer identification number

36-1408475

**Part I**

	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?	Yes	
<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?	Yes	
<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 Part II.	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially 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? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges? <b>b</b> Admissions policies? <b>c</b> Employment of faculty or administrative staff? <b>d</b> Scholarships or other financial assistance? <b>e</b> Educational policies? <b>f</b> Use of facilities? <b>g</b> Athletic programs? <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<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 Part II.	Yes	No
<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 Part II.	Yes	

**Part II 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).

Return Reference	Explanation
FORM 990, SCHEDULE E, PART I, LINE 3	Racially Nondiscriminatory Policy ON MAY 22, 2018 THE UNIVERSITY PUBLISHED ITS RACIALLY NONDISCRIMINATORY POLICY IN THE CHICAGO TRIBUNE, A WIDELY READ NEWSPAPER IN THE COMMUNITY THIS YEAR'S ADVERTISEMENT WAS TITLED 'DIVERSITY IN THOUGHT, FAITH, AND PRACTICE ' FORM 990, SCHEDULE E, PART I, LINE 6A FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT AGENCY A NUMBER OF FEDERAL, STATE AND LOCAL AGENCIES ISSUE GRANTS AND CONTRACTS TO THE UNIVERSITY FOR RESEARCH, TRAINING AND GENERAL EDUCATIONAL SUPPORT

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to 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](http://www.irs.gov/form990).

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

**Employer identification number**  
36-1408475

**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 its grants and other 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 its grants and other assistance 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) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
<b>3a</b> Sub-total	2	110			10,580,825
<b>b</b> Total from continuation sheets to Part I					204,249,375
<b>c</b> Totals (add lines 3a and 3b)	2	110			214,830,200

**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. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>	See Add'l Data								
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									
<b>( 5 )</b>								<b>Schedule F (Form 990) 2017</b>	
<b>( 6 )</b>									
<b>( 7 )</b>									
<b>( 8 )</b>									
<b>( 9 )</b>									
<b>( 10 )</b>									
<b>( 11 )</b>									
<b>( 12 )</b>									
<b>( 13 )</b>									
<b>( 14 )</b>									
<b>( 15 )</b>									
<b>( 16 )</b>									

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 . . . . . **▶** \_\_\_\_\_ **5**

3 Enter total number of other organizations or entities . . . . . **▶** \_\_\_\_\_ **0**

**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 ) SCHOLARSHIP	Europe (Including Iceland and Greenland)	21	797,534	WIRE TRSFR			
( 2 ) FELLOWSHIP	Europe (Including Iceland and Greenland)	14	181,544	WIRE TRSFR			
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No



**Part V Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 2	Procedures for Monitoring Use of Grants ANY ORGANIZATIONS AND ENTITIES RECEIVING GRANTS FROM LUC ARE REQUIRED TO SUBMIT ANNUAL PROGRESS REPORTS ON THE USE OF THESE FUNDS THESE PROGRESS REPORTS ARE MONITORED AND REVIEWED BY THE PRINCIPAL INVESTIGATORS TO ENSURE FUNDS ARE BEING USED APPROPRIATELY

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN (F)	DESCRIPTION OF HOW EXPENDITURES ARE REPORTED WE MAINTAIN A SEPARATE SUB-LEDGER RELATED TO OUR ROME CENTER STUDY ABROAD CAMPUS, WHICH INCLUDES THE EXPENSES RELATED TO THAT PROGRAM FOR STUDY ABROAD PROGRAMS WHICH ARE CONDUCTED THROUGH OTHER EDUCATIONAL INSTITUTIONS WE MAINTAIN SEPARATE ACCOUNTING UNITS WITHIN OUR GENERAL LEDGER IN ORDER TO TRACK THESE EXPENSES

Return Reference	Explanation
FORM 990, SCHEDULE F, PART II	METHOD USED TO ACCOUNT FOR CASH GRANTS IN PART II GRANT ASSISTANCE IS RECOGNIZED WHEN THE EXPENSES ARE INCURRED WE MAINTAIN A SEPARATE ACCOUNTING UNIT FOR EACH GRANT WITHIN OUR GENERAL LEDGER IN ORDER TO TRACK THESE EXPENSES

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1408475

**Name:** LOYOLA UNIVERSITY OF CHICAGO

### Form 990 Schedule F Part I - Activities Outside The United States

(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
South America			Program services	Study Abroad Programs	75,032
Europe (Including Iceland and Greenland)	1	76	Program services	Study Abroad Campus	9,341,757

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
Middle East and North Africa			Program services	Study Abroad Programs	11,660
East Asia and the Pacific	1	20	Program services	Study Abroad Programs	760,864

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
Central America and the Caribbean		1	Program services	Study Abroad Programs	47,191
North America			Program services	Study Abroad Programs	8,822

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
East Asia and the Pacific		1	Program services	Research & Marketing	36,300
Europe (Including Iceland and Greenland)		5	Program services	Conf Travel, Mktg	104,494

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
North America		2	Program services	Conf Travel & Researc	23,380
South America			Program services	Conf Travel	1,701



**Form 990 Schedule F Part I - Activities Outside The United States**

(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
South Asia		1	Program services	Research	27,200
Sub-Saharan Africa		1	Program services	Research	15,517

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
Middle East and North Africa			Program services	Conf Travel	1,500
Russia and the Newly Independent States		3	Program Services	Field Research	10,944

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
Middle East and North Africa			Grantmaking		17,583
Europe (Including Iceland and Greenland)			Grantmaking		28,926

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
Sub-Saharan Africa			Grantmaking		67,954
Central America and the Caribbean			Grantmaking		29,455

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
Europe (Including Iceland and Greenland)			Investments		19,448,283
Central America and the Caribbean			Investments		184,771,637

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		Central America and the Caribbean	SFCA'S AND OBESITY	29,455	WIRE TRSFR			
		Europe (Including Iceland and Greenland)	SFCA'S AND OBESITY	28,926	WIRE TRSFR			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		Sub-Saharan Africa	SICKLE CELL RESEARCH	13,954	WIRE TRSFR			
		Sub-Saharan Africa	SFCA'S AND OBESITY	54,000	WIRE TRSFR			

<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(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)
		Middle East and North Africa	ANTHRAX RESEARCH	17,583	WIRE TRSFR			



**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" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

**Employer identification number**  
36-1408475

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <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 CAMPBELL COMPANY	CONSULTING		No		20,670	-20,670
2 BENTZ WHALEY FLESSNER	CONSULTING		No		51,635	-51,635
3 OLENA M MARSHALL	CONSULTING		No		7,840	-7,840
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>					80,145	-80,145

- 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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>STRITCH DINNER</u> (event type)	<u>BISTRO MICETICH</u> (event type)	<u>3</u> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	506,459	36,546	92,853	635,858
<b>2</b>	Less Contributions . . . . .	434,099	36,546	54,370	525,015
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	72,360		38,483	110,843
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	98,034	2,672	11,763	112,469
	<b>7</b> Food and beverages . . . . .	142,966	6,385	11,313	160,664
	<b>8</b> Entertainment . . . . .	14,935			14,935
	<b>9</b> Other direct expenses . . . . .	2,090	429	14,141	16,660
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				304,728
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-193,885	

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |
- 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** 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 provide any additional information (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE G, PART I, LINE 2B	AMOUNTS PAID TO CONSULTANTS FOR TRAINING AND CONSULTING DURING FISCAL YEAR 2018, THE UNIVERSITY SPENT \$80,145 FOR TRAINING AND CONSULTING SERVICES RELATED TO FUNDRAISING THESE SERVICES DID NOT INCLUDE ACTUAL OR DIRECT FUNDRAISING BUT INSTEAD PROVIDED GENERAL TRAINING AND CONSULTING TO EMPLOYEES OF THE UNIVERSITY WORKING IN THE AREA OF FUNDRAISING

**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," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

**Employer identification number**  
36-1408475

**Part I General Information on Grants and Assistance**

- 1** 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** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 56

**3** Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FELLOWSHIPS	442		1,088,972		
(2) SCHOLARSHIPS	12826		208,235,784		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I	ORGANIZATION'S PROCEDURES TO MONITOR GRANT USE ALL GRANTS AND SCHOLARSHIPS ARE AWARDED ON A NONDISCRIMINATORY BASIS AMOUNTS ARE APPLIED DIRECTLY TOWARDS A STUDENT'S TUITION, ROOM, AND BOARD COSTS, THEREBY ENSURING THE FUNDS ARE USED AS INTENDED ADDITIONALLY, ANY ORGANIZATIONS AND ENTITIES RECEIVING SUBCONTRACT GRANTS FROM LOYOLA UNIVERSITY CHICAGO ARE REQUIRED TO SUBMIT ANNUAL PROGRESS REPORTS ON THE USE OF THESE FUNDS THESE PROGRESS REPORTS ARE MONITORED AND REVIEWED BY THE PRINCIPAL INVESTIGATORS TO ENSURE FUNDS ARE BEING USED APPROPRIATELY

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-1408475  
**Name:** LOYOLA UNIVERSITY OF CHICAGO

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER BUILDI BRONX, NY 10461	47-2209056	501(c)(3)	65,662				HIV RESEARCH
AMERICAN HEART ASSOCIATION PO Box 50035 Prescott, AZ 86304	13-5613797	501(c)(3)	13,200				AWARDS CEREMONY SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARCHDIOCESE OF CHICAGO 835 N Rush Street CHICAGO, IL 60611	36-2170826	501(c)(3)	14,000				IMMIGRANT JUSTICE
Argonne National Laboratory PO Box 87916 Carol Stream, IL 60188	68-0628477	170(c)(1)	98,203				NUCLEAR MATERIAL RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boise State University 1910 UNIVERSITY DRIVE BOISE, ID 83725	82-0290701	170(c)(1)	36,359				FROGBIT RESEARCH
Centro Romero 6216 N Clark Chicago, IL 60660	36-3517408	501(c)(3)	67,927				Minority Youth Program



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Chicago Assn For Res & Education in Science PO BOX 250 Hines, IL 60141	36-3334177	501(c)(3)	5,705				Stroke Recovery Research
Chicago Children's Museum 700 East Grande Ave Suite 127 Chicago, IL 60611	36-3162474	501(c)(3)	34,629				STEM RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cincinnati Children's Hospital 3333 Burnet Avenue DEPARTMENT OF PERSONNEL SERVICES Cincinnati, OH 45229	31-0833936	501(c)(3)	37,956				Spina Bifida Research
Columbia University PO Box 29789 New York, NY 10087	13-5598093	501(c)(3)	18,464				urinary research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cristo Rey Jesuit High School 1852 West 22nd Place Chicago, IL 60608	36-4067306	501(c)(3)	9,500				community health
Dartmouth College 11 Rope Ferry Rd Suite 6210 Hanover, NH 03755	02-0222111	501(c)(3)	19,874				Great Lakes research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Edgewater Chamber Of Commerce 1210 W Rosedale Ave Chicago, IL 60660	36-3311042	501(c)(3)	7,500				SPONSORSHIP
Evanston Public Library 1703 Orrington Ave Evanston, IL 60201	36-6005870	170(c)(1)	47,958				STEM RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Harvard University PO Box 415649 MSC 804 Boston, MA 02241	04-2103580	501(c)(3)	39,510				EDUCATION RESEARCH
Health And Medicine Policy Research Group 29 E Madison St Suite 602 Chicago, IL 60602	36-3143826	501(c)(3)	20,000				HEALTH REFORM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Albert Schweitzer Fellowship 29 E Madison St Suite 602 Chicago, IL 60602	36-3143826	501(c)(3)	10,000				HEALTH & MEDICINE POLICY SPONSORSHIP
Heartland Alliance 33 W Grand Ave Suite 500 Chicago, IL 60654	36-1877640	501(c)(3)	24,275				ISEIF RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Heartland International Health Center 3048 North Wilton Ave Chicago, IL 60657	36-3843377	501(c)(3)	25,000				GALE SCHOOL SMART CLINIC DONATION
Johns Hopkins University 1800 Orleans Street Baltimore, MD 21267	52-0595110	501(c)(3)	5,222				URINARY RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Los Alamos National Laboratory PO Box 1663 Mall Stop P245 Los Alamos, NM 87545	20-3104541	170(c)(1)	229,624				HEPATITIS C VIRUS DETECTION
Medical University Of South Carolina 19 Hagood Ave Suite 303 MSC 804 Charleston, SC 29425	57-6000722	170(c)(1)	90,292				Vitiligo Research



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Michigan Technological University 1400 Townsend Dr Houghton, MI 49931	38-6005955	170(c)(1)	27,943				FROGBIT RESEARCH
National Medical Fellowships 347 Fifth Ave Suite 510 M/C 672 New York, NY 10016	01-0963657	501(c)(3)	10,000				NAT MED FELLOWSHIP SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Northwestern University 750 N Lake Shore Drive 7th Floor Chicago, IL 60611	36-2167817	501(c)(3)	82,200				SKIN DISEASE RESEARCH
Oregon State University 312 Kerr Administration Building Corvallis, OR 97331	61-1730890	170(c)(1)	41,568				FROGBIT RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Peggy Notebaert Nature Museum 2430 N Cannon Drive Chicago, IL 60614	36-0895575	501(c)(3)	39,391				BUTTERFLY BALL SPONSORSHIP
Providence Health And Services PO Box 5977 Portland, OR 97228	93-0386906	501(c)(3)	69,000				CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Purdue University 401 South Grant Street West Lafayette, IN 47907	35-6002041	501(c)(3)	148,405				VIRAL PROTEASES RESEARCH
Rogers Park Business Alliance 1448 W Morse Ave Chicago, IL 60626	36-3357551	501(c)(3)	30,000				SHERIDAN ROAD SPECIAL SERVICE AREA CONTRIB

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Sisters Of CharityBlessed Virgin Mary 1100 Carmel Dr Dubuque, IA 52003	52-1235775	501(c)(3)	100,000				CONTRIBUTION
The JFA Institute 720 Kearney Street Denver, CO 80220	38-3680643	501(c)(3)	84,888				CRIMINAL JUSTICE RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University Of California 9500 Gilman Drive MC 0009 PO BOX 1086 La Jolla, CA 92093	94-6036494	170(c)(1)	72,572				PLUS LOYOLA CLINICAL CENTER
University Of California Los Angeles Box 957089 1125 Murphy Hall 405 H Los Angeles, CA 90095	95-6006143	170(c)(1)	26,415				URINARY RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University Of Chicago 6054 South Drexel Ave Suite 300 Chicago, IL 60637	36-2177139	501(c)(3)	171,866				HEPATITIS C VIRUS DETECTION
University Of Connecticut 438 Whitney Road Ext Unit 1133 Storrs, CT 06269	06-0772160	170(c)(1)	26,515				GREAT LAKES RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Illinois 506 S Wright Street Urbana, IL 61801	37-6000511	170(c)(1)	10,301				CARDIOPROTECTION RESEARCH
University Of Illinois at Chicago 1737 West Polk St 310 AOB M/C 672 Chicago, IL 60612	37-6000511	170(c)(1)	252,192				HEPATITIS C VIRUS DETECTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University Of Minnesota 505 Essex Street Minneapolis, MN 55455	41-6007513	170(c)(1)	21,508				CARDIOPROTECTION RESEARCH
University Of Notre Dame 940 Grace Hall Notre Dame, IN 46556	35-0868188	501(c)(3)	14,496				BLACKBIRDS PREY RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University Of Virginia PO Box 400195 Charlottesville, VA 22904	54-6001796	170(c)(1)	49,070				HIV RESEARCH
University Of Washington PO Box 354966 Seattle, WA 98195	91-6001537	170(c)(1)	15,153				URINARY RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wake Forest University Medical Center blvd Winston Salem, NC 27157	56-0532138	501(c)(3)	38,931				URINARY RESEARCH
Ann & Robert H Lurie Children's Hospital 225 E Chicago Box 205 Chicago, IL 60611	36-2170833	501(c)(3)	7,008				Federal Work Study Reimbursement

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Archdiocese of Chicago 3600 South Seeley Ave Chicago, IL 60609	36-2170826	501(c)(3)	11,647				Federal Work Study Reimbursement
Asian Human Services 4753 North Broadway 700 Chicago, IL 60640	36-3005889	501(c)(3)	15,158				Federal Work Study Reimbursement

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Centro Romero 6216 N Clark Chicago, IL 60660	36-3517408	501(c)(3)	10,351				Federal Work Study Reimbursement
Circesteem 4730 N Sheridan Road Chicago, IL 60640	32-0050649	501(c)(3)	24,667				Federal Work Study Reimbursement

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Housing Opportunities for Women 1607 W Howard St 2nd Floor Chicago, IL 60626	36-3263818	501(c)(3)	7,764				Federal Work Study Reimbursement
Immanuel Lutheran Church 1500 W Elmdale Chicago, IL 60660	36-2284282	501(c)(3)	8,528				Federal Work Study Reimbursement

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Interfaith Worker Justice 1020 W Bryn Mawr 4th Floor Chicago, IL 60660	36-4063982	501(c)(3)	5,123				federal work study reimbursement
Living Works 6808 N Ashland Blvd Chicago, IL 60626	36-3946012	501(c)(3)	32,374				Federal Work Study Reimbursement

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
McGaw YMCA 1000 Grove Street Evanston, IL 60201	36-2169194	501(c)(3)	5,451				FEDERAL WORK STUDY REIMBURSEMENT
Misericordia 6300 N Ridge Boulevard Chicago, IL 60645	36-2170153	501(c)(3)	7,543				Federal Work Study Reimbursement



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
National Runaway Switchboard 3080 N Lincoln Chicago, IL 60657	36-2726331	501(c)(3)	7,397				federal work study reimbursement
Office of Catholic Charities 835 N Rush Street Chicago, IL 60611	36-2170821	501(c)(3)	11,824				federal work study reimbursement

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Sacred Heart Schools 6250 North Sheridan Chicago, IL 60660	36-2170839	501(c)(3)	49,294				federal work study reimbursement
South-East Asia Center 1134 W Ainslie Suite 300 Chicago, IL 60640	36-3168093	501(c)(3)	6,310				Federal Work Study Reimbursement

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Church of Rogers Park 1545 W Morse Ave Chicago, IL 60626	36-2677402	501(c)(3)	18,983				federal work study reimbursement

**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" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

Employer identification number  
36-1408475

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in 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.</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	Compensation provided by organization FIRST-CLASS TRAVEL ALL FIRST CLASS TRAVEL WAS EITHER AT THE EXPENSE OF THE EMPLOYEE AND NOT REIMBURSED BY THE UNIVERSITY, OR CONNECTING FLIGHTS ON A BUSINESS CLASS TICKET WHERE FIRST CLASS AND COACH WERE THE ONLY CLASSES ON THE AIRCRAFT CHARTER TRAVEL THE UNIVERSITY CHARTERS AIRCRAFT FOR THE PURPOSE OF TRANSPORTING THE BASKETBALL TEAM TO INTERCOLLEGIATE ATHLETIC EVENT LOCATIONS IN INSTANCES WHERE A UNIVERSITY EMPLOYEE AND/OR THEIR FAMILY MEMBER TRAVELS ON A UNIVERSITY CHARTERED FLIGHT, WITHOUT A UNIVERSITY BUSINESS PURPOSE, THE UNIVERSITY DETERMINES THE TAXABLE VALUE, WHICH MAY BE ZERO, OF THE CHARTERED TRAVEL PROVIDED TO THE EMPLOYEE AND/OR THEIR FAMILY MEMBER AND INCLUDES THE AMOUNT AS TAXABLE WAGES OF THE EMPLOYEE COMPANION TRAVEL UNIVERSITY-FUNDED EXPENSES FOR SPOUSES ARE TAXABLE COMPENSATION TO THE EMPLOYEE UNLESS THERE IS A DOCUMENTED "BONA FIDE BUSINESS PURPOSE" FOR THE SPOUSE'S TRAVEL UNDER LIMITED CIRCUMSTANCES, THE UNIVERSITY MAY APPROVE EXPENSES FOR AN EMPLOYEE'S SPOUSE GENERALLY THESE SITUATIONS ARE RELATED TO ALUMNI OR DONOR EVENTS WHERE DIRECT UNIVERSITY BENEFIT IS DERIVED FROM THE ATTENDANCE OF THE SPOUSE IF A BONA FIDE BUSINESS PURPOSE DOES NOT EXIST, ANY AMOUNTS REIMBURSED OR PAID DIRECTLY FOR SPOUSAL EXPENSES MUST BE INCLUDED IN THE TAXABLE WAGES OF THE EMPLOYEE HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE ONE OFFICER WAS GIVEN A HOUSING ALLOWANCE IN CALENDAR YEAR 2017 THE HOUSING ALLOWANCE WAS CONSIDERED TAXABLE COMPENSATION TO THE EMPLOYEE HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES FOUR OFFICERS AND ONE HIGHEST COMPENSATED EMPLOYEE WERE EXTENDED MEMBERSHIPS IN ORGANIZATIONS THAT ARE FOR THE PURPOSES OF UNIVERSITY BUSINESS AND ARE NOT TREATED AS TAXABLE COMPENSATION IN ADDITION, TWO OFFICERS RECEIVED AIRLINE CLUB MEMBERSHIPS FOR OFFICIAL UNIVERSITY BUSINESS PURPOSES AND ARE TREATED AS TAXABLE COMPENSATION
FORM 990, SCHEDULE J, PART I, LINE 4A	RECEIVE A SEVERANCE PAYMENT OR CHANGE-OF-CONTROL PAYMENT KELLY SHANNON RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$131,695 DURING CALENDAR YEAR 2017 HER EMPLOYMENT WITH THE UNIVERSITY ENDED ON JULY 7, 2017
FORM 990, SCHEDULE J, PART I, LINE 4B	PARTICIPATE IN, OR RECEIVE PAYMENT FROM, A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PRESIDENTS, PROVOSTS, SENIOR VICE PRESIDENTS, VICE PRESIDENTS AND DEANS ARE ELIGIBLE TO PARTICIPATE IN A 457(B) NONQUALIFIED RETIREMENT PLAN THERE WERE 9 OFFICERS WHO CONTRIBUTED TO THE PLAN AND THERE WERE NO DISTRIBUTIONS FROM THE PLAN IN CALENDAR YEAR 2017
FORM 990, SCHEDULE J, PART I, LINE 7	SUPPLEMENTAL COMPENSATION INFORMATION NINE PERSONS LISTED IN PART VII, SECTION A, LINE 1A RECEIVED NON-FIXED PAYMENTS DURING CALENDAR YEAR 2017 TWO PERSONS RECEIVED A SIGNING BONUS, THREE PERSONS RECEIVED A DISCRETIONARY BONUS FOR ADDITIONAL DUTIES, ONE PERSON RECEIVED A ROYALTY DISTRIBUTION, AND THREE PERSONS RECEIVED WELLNESS INCENTIVE PAYMENTS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-1408475  
**Name:** LOYOLA UNIVERSITY OF CHICAGO

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(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)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JO ANN ROONEY PRESIDENT	(i)	547,814	0	98,822	29,750	9,594	685,980	0
	(ii)	0	0	0	0	0	0	0
1SUSAN BODIN TREASURER (eff 9/17)	(i)	136,256	0	867	15,815	20,478	173,416	0
	(ii)	0	0	0	0	0	0	0
2 MARGARET FAUT CALLAHAN ACTING PROVOST	(i)	397,312	0	6,636	29,750	29,473	463,171	0
	(ii)	0	0	0	0	0	0	0
3DAMON W CATES SR VP ADVANCEMENT	(i)	255,715	10,000	352	12,762	5,568	284,397	0
	(ii)	0	0	0	0	0	0	0
4PAMELA G COSTAS VP GENERAL COUNSEL & SECRETARY	(i)	286,329	0	1,061	29,750	10,519	327,659	0
	(ii)	0	0	0	0	0	0	0
5PHILIP D HALE VP GOVERNMENT AFFAIRS	(i)	203,143	0	1,386	21,938	20,713	247,180	0
	(ii)	0	0	0	0	0	0	0
6THOMAS M KELLY SR VP ADMIN SERVICES	(i)	296,081	15,000	1,130	29,750	93,934	435,895	0
	(ii)	0	0	0	0	0	0	0
7WAYNE MAGDZIARZ SR VP & CFO/CBO	(i)	345,557	15,000	2,407	29,750	9,836	402,550	0
	(ii)	0	0	0	0	0	0	0
8SUSAN M MALISCH VP CHIEF INFORMATION OFFICER	(i)	288,642	7,500	1,087	29,750	53,142	380,121	0
	(ii)	0	0	0	0	0	0	0
9JANE NEUFELD VP STUDENT DEVELOPMENT	(i)	226,358	0	1,537	24,583	11,938	264,416	0
	(ii)	0	0	0	0	0	0	0
10JOHN P PELISSERO PROVOST (thru 12/17)	(i)	424,653	0	3,564	29,750	20,907	478,874	0
	(ii)	0	0	0	0	0	0	0
11PAUL G ROBERTS VP ENROLLMENT MANAGEMENT	(i)	244,859	0	909	27,488	15,338	288,594	0
	(ii)	0	0	0	0	0	0	0
12JOHN M SCHIETINGER ASSISTANT SECRETARY	(i)	137,266	0	190	15,049	31,478	183,983	0
	(ii)	0	0	0	0	0	0	0
13KELLY SHANNON VP MKTNG & COM (THRU 7/17)	(i)	122,159	75	168,945	19,102	16,040	326,321	0
	(ii)	0	0	0	0	0	0	0
14WINIFRED WILLIAMS VP FOR HR & CHIEF DIV OFFICER	(i)	218,285	0	1,458	20,470	9,433	249,646	0
	(ii)	0	0	0	0	0	0	0
15STEVEN AN GOLDSTEIN DEAN, SSOM (EFF 5/17)	(i)	427,332	0	27,289	29,750	17,515	501,886	0
	(ii)	0	0	0	0	0	0	0
16KEVIN STEVENS DEAN, QUINLAN SCHOOL OF BUS	(i)	304,274	0	6,264	29,750	4,083	344,371	0
	(ii)	0	0	0	0	0	0	0
17WALTER K JONES PROFESSOR OF PHARMACOLOGY	(i)	321,953	0	3,548	21,650	26,584	373,735	0
	(ii)	0	0	0	0	0	0	0
18MICHAEL J KAUFMAN DEAN, SCHOOL OF LAW	(i)	344,844	15,000	2,301	29,750	27,149	419,044	0
	(ii)	0	0	0	0	0	0	0
19KATHERINE KNIGHT PROFESSOR OF MICROBIOLOGY	(i)	305,535	22,609	0	29,750	9,032	366,926	0
	(ii)	0	0	0	0	0	0	0





Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" to 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.

Department of the Treasury Internal Revenue Service

Name of the organization LOYOLA UNIVERSITY OF CHICAGO

Employer identification number 36-1408475

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Illinois Finance Authority.

Part II Proceeds

Table with columns: 1-13 (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, Other unspent proceeds, Year of substantial completion), 14-17 (Were the bonds issued as part of a current refunding issue?, Were the bonds issued as part of an advance refunding issue?, Has the final allocation of proceeds been made?, Does the organization maintain adequate books and records to support the final allocation of proceeds?).

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, Are there any lease arrangements that may result in private business use of bond-financed property?).

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<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 %					
<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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .	X		X					
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<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>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, LINE A, COLUMN F	THE 2008 NOTES REFUNDED THE 2004B BONDS ISSUED 12/2/2004 AND THE REMAINING PROCEEDS FINANCED CONSTRUCTION AND EQUIPPING OF VARIOUS EDUCATIONAL FACILITIES

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE K, PART I, LINE B, COLUMN F	THE 2012B BONDS REFUNDED THE 2003A BONDS ISSUED 7/16/2003 AND THE 2004A BONDS ISSUED 12/2/2004, AND THE REMAINING PROCEEDS FINANCED THE CONSTRUCTION AND EQUIPPING OF VARIOUS EDUCATIONAL FACILITIES FORM 990, SCHEDULE K, PART II, LINE 3, COLUMN A THE TOTAL AMOUNT OF \$80,082,002 INCLUDES THE ORIGINAL ISSUE PRICE OF \$80,000,000 AND \$82,002 OF INVESTMENT EARNINGS FORM 990, SCHEDULE K, PART II, LINE 3, COLUMN B THE TOTAL AMOUNT OF \$104,575,017 INCLUDES THE ORIGINAL ISSUE PRICE OF \$104,526,524 AND \$48,493 OF INVESTMENT EARNINGS FORM 990, SCHEDULE K, PART II, LINE 8, COLUMN A ACCORDING TO LINE 25 OF FORM 8038 FILED FOR THE 6/4/2008 BOND ISSUANCE, \$856,473 61 OF BOND PROCEEDS WERE ALLOCATED TO CREDIT ENHANCEMENT FEES HOWEVER, THESE PROCEEDS WERE ULTIMATELY USED FOR CONSTRUCTION COSTS THEREFORE, THIS AMOUNT IS REPORTED ON SCHEDULE K, PART II, LINE 10 INSTEAD OF ON SCHEDULE K, PART II, LINE 8

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE K, PART III, LINE 3B, COLUMN A & B	THE UNIVERSITY HAS A CONTRACT POLICY THAT REQUIRES REVIEW OF CERTAIN CONTRACTS BY THE UNIVERSITY'S FINANCE AND LEGAL DEPARTMENTS MANAGEMENT AND SERVICE CONTRACTS RELEVANT TO THE BOND-FINANCED FACILITIES AND ENTERED INTO PURSUANT TO THE POLICY HAVE BEEN REVIEWED BY OUTSIDE COUNSEL AND DETERMINED TO HAVE MET THE SAFE HARBOR UNDER REV PROC 97-13 & 2017-13

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE K, PART III, LINE 3C, COLUMN A & B	ALTHOUGH CERTAIN RESEARCH CONTRACTS "MAY" GIVE RISE TO PRIVATE USE, ALL RESEARCH FACILITIES IN THE PARTIALLY BOND-FINANCED BUILDINGS WERE FUNDED WITH EQUITY AT THE TIME OF THE BOND ISSUANCE

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE K, PART III, LINES 4-6, COLUMNS A & B	ANTICIPATED PRIVATE USE WAS CARVED OUT OF THE BOND FINANCING AND FUNDED WITH EQUITY AT THE TIME OF THE DEBT ISSUANCE

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

Employer identification number  
36-1408475

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . \$ \_\_\_\_\_  
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JO ANN ROONEY	PRESIDENT	PURCHASE RESIDENCE		X	200,000	201,169		No	Yes		Yes	
<b>Total</b>						▶ \$	201,169					

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) NA	N/A	3,152	GRANT	TUITION
(2) NA	N/A	6,198	SCHOLARSHIP	TUITION
(3) NA	N/A	36,648	STAFF DEPENDENT TUITION BEN	TUITION



**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	(e) Sharing of organization's revenues?	
				Yes	No
(1) CECILIA RODRIGUEZ	SPOUSE OF TRUSTEE	115,952	EMPLOYMENT		No
(2) JENNIFER BOYLE	SPOUSE OF FORMER OFFICER	122,861	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	BUSINESS TRANSACTIONS WITH INTERESTED PERSONS CECILIA RODRIGUEZ, WIFE OF RICHARD RODRIGUEZ, TRUSTEE, IS EMPLOYED BY THE REPORTING ORGANIZATION MR RODRIGUEZ HAS NO DIRECT CONTROL OVER HER COMPENSATION JENNIFER BOYLE, WIFE OF PATRICK BOYLE, FORMER OFFICER, IS EMPLOYED BY THE REPORTING ORGANIZATION MR BOYLE HAS NO DIRECT CONTROL OVER HER COMPENSATION

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **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](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

Employer identification number  
36-1408475

**Part I Types of Property**

	(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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		80	COST/SELLING PRICE
<b>5</b> Clothing and household goods . . . . .	X		4,715	COST/SELLING PRICE
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	89	8,336,090	COST/SELLING PRICE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .	X	7	760	COST/SELLING PRICE
<b>19</b> Food inventory . . . . .	X	1,655	33,250	COST/SELLING PRICE
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .	X	78	3,210	COST/SELLING PRICE
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( GIFT CERTIFICATES ) . . . . .	X	86	6,395	COST/SELLING PRICE
<b>26</b> Other ▶ ( Sporting Events ) . . . . .	X	47	4,784	COST/SELLING PRICE
<b>27</b> Other ▶ ( MISCELLANEOUS ) . . . . .	X	52	3,226	COST/SELLING PRICE
<b>28</b> Other ▶ ( _____ ) . . . . .				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE M, PART I, COLUMN B	THE NUMBER OF CONTRIBUTIONS IS BEING REPORTED IN COLUMN B
FORM 990, SCHEDULE M, PART I, LINE 32B	THIRD PARTY PROCESSING OF CONTRIBUTIONS THE UNIVERSITY MAINTAINS BROKERAGE RELATIONSHIPS TO FACILITATE THE PROCESSING AND SELLING OF SECURITIES RECEIVED FROM DONORS

**SCHEDULE O**  
(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.

▶ Attach to Form 990 or 990-EZ.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

Employer identification number

36-1408475

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 2	DESCRIPTION OF RELATIONSHIPS PATRICK KELLY, TRUSTEE, AND KEVIN WILLER, TRUSTEE, BOTH SIT ON THE BOARD OF AN UNRELATED ORGANIZATION THEREFORE THEY HAVE A BUSINESS RELATIONSHIP JO ANN ROONEY, PRESIDENT, AND JOHN FITZGIBBONS S J , TRUSTEE, BOTH SIT ON THE BOARD OF AN UNRELATED ORGANIZATION THEREFORE THEY HAVE A BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 THE SENIOR TAX ANALYST WORKS WITH A PUBLIC ACCOUNTING FIRM TO COMPLETE A DRAFT FORM 990 THIS IS THEN REVIEWED IN DETAIL BY THE DIRECTOR OF GENERAL ACCOUNTING, CONTROLLER AND THE ACCOUNTING FIRM'S ENGAGEMENT MANAGEMENT TEAM THE DRAFT FORM IS THEN REVIEWED BY THE SENIOR VICE PRESIDENT FOR FINANCE AND CFO ONCE A FINAL DRAFT VERSION OF THE FORM 990 HAS BEEN PRODUCED, IT IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES THE FINAL COMPLETE VERSION OF THE FORM 990 IS THEN DISTRIBUTED VIA THE BOARD OF TRUSTEES SECURE WEBSITE TO ALL THE VOTING MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO ITS FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 12C	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY EACH YEAR, THE CONFLICT OF INTEREST POLICY IS UPDATED AS NECESSARY AND DISTRIBUTED TO ALL CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES, ALONG WITH A CONFLICT OF INTEREST DISCLOSURE STATEMENT EVERY EFFORT IS MADE TO OBTAIN COMPLETED AND SIGNED DISCLOSURE STATEMENTS FROM ALL THOSE TO WHOM IT WAS DISTRIBUTED

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 15	<p>PROCESS FOR DETERMINING COMPENSATION EXECUTIVE COMPENSATION HAS BEEN DOCUMENTED AND DISCUSSED AT LEAST ANNUALLY AT A COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE HUMAN RESOURCES DEPARTMENT OF THE UNIVERSITY PREPARES COMPARATIVE AND HISTORICAL INFORMATION FOR THE SUB-COMMITTEE TO REVIEW FOR EACH OF THE FOLLOWING POSITIONS PRESIDENT, PROVOSTS AND VICE-PRESIDENTS THE INFORMATION PROVIDED INCLUDES A SALARY HISTORY, AN ANNUAL TOTAL COMPENSATION TALLY SHEET, A DETAILED COMPARISON OF COMPENSATION TO OTHER PEER INSTITUTIONS INCLUDING MEMBERS OF THE ASSOCIATION OF JESUIT COLLEGES AND UNIVERSITIES (AJCU) AS WELL AS OTHER DOCTORAL INSTITUTIONS OF COMPARABLE SIZE MOST OF THE COMPENSATION DATA COMES FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION - HUMAN RESOURCES (CUPA-HR) ANNUAL SALARY SURVEY PRIOR TO THE MEETING, THE CHAIRMAN OF THE BOARD OF TRUSTEES REVIEWS THE COMPENSATION DATA, ASSESSES PERFORMANCE, AND PROPOSES COMPENSATION FOR THE PRESIDENT THESE PROPOSALS, ALONG WITH THE COMPARABILITY DATA, ARE THEN REVIEWED, DISCUSSED AND APPROVED AT THE COMPENSATION SUB-COMMITTEE MEETING ADDITIONALLY, A SUMMARY REPORT OF THIS DATA AND COMPENSATION DECISIONS WILL BE MADE TO THE FULL BOARD OF TRUSTEES THE HUMAN RESOURCES DEPARTMENT DOCUMENTS ALL OF THE APPROVALS AND DECISIONS MADE DURING COMPENSATION SUB-COMMITTEE MEETINGS, RETAINS A COPY OF REPORTS IN ITS FILES, AND PROCESSES ANY AND ALL CHANGES</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GENERAL PUBLIC THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE UNIVERSITY'S WEBSITE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII, SECTION A, LINE 1A	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, & HIGHEST PAID EMPLOYEES FATHER JAMES PREHN, S J , IS A MEMBER OF THE SOCIETY OF JESUS AND HAS TAKEN A VOW OF POVERTY DURING CALENDAR YEAR 2017, THE UNIVERSITY PAID COMPENSATION AND BENEFITS IN THE AMOUNT OF \$113,085 TO THE SOCIETY OF JESUS, THE FOUNDERS OF LOYOLA UNIVERSITY CHICAGO, FOR HIS SERVICES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS ROME CENTER EXCHANGE RATE GAIN/LOSS \$619,104 CHANGES IN POST R ETIREMENT BENEFIT \$14,307,710 LOSS ON PROPERTY DISPOSALS (\$586,518) ----- TOTAL \$14 ,340,296

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LOYOLA UNIVERSITY OF CHICAGO

Employer identification number

36-1408475

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> MUNDELEIN COLLEGE 820 N MICHIGAN AVE  CHICAGO, IL 60611 36-2179799	EDUCATION	IL	501(c)(3)	2	LUC	Yes	
<b>(2)</b> KRASA FAMILY TRUST PO BOX 803878  CHICAGO, IL 60680 36-6828217	SUPPORT LUC	IL	501(c)(3)	12	NA	Yes	
<b>(3)</b> LOYOLA ROME CENTER FOUNDATION VIA MASSIMI 114/A ROME IT 99-9999999	SUPPORT	IT	501(c)(3)		LUC	Yes	

**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	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KRASA FAMILY TRUST	c	375,584	CASH
(2) ROME CENTER FOUNDATION	r	238,497	CASH
(3) ROME CENTER FOUNDATION	s	247,343	CASH



**Part VII** **Supplemental Information**

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