

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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 \$ 1,171,709,969

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?
H(b) Are all subordinates included?
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

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (32), 4 Number of independent voting members (30), 5 Total number of individuals employed (9,338), 6 Total number of volunteers (771), 7a Total unrelated business revenue (219,480), 7b Net unrelated business taxable income (301,827).

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows 8-22: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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 2020-06-18
WAYNE MAGDZIARZ SVP, CFO & CBO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date 2020-06-11
Check if self-employed
PTIN P01072545
Firm's name ERNST & YOUNG US LLP
Firm's EIN
Firm's address 155 N Wacker Drive
Chicago, IL 60606
Phone no (312) 879-2000

**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 \$ 595,167,577 including grants of \$ 229,438,539 ) (Revenue \$ 661,967,461 )  
See Additional Data

**4b** (Code ) (Expenses \$ 38,057,912 including grants of \$ 3,682,325 ) (Revenue \$ 0 )  
See Additional Data

**4c** (Code ) (Expenses \$ 67,390,659 including grants of \$ 1,578,409 ) (Revenue \$ 76,043,245 )  
See Additional Data

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

**4e Total program service expenses** ▶ 700,616,148

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

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

		Yes	No
<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? <i>If "Yes," complete Schedule J</i> . . . . .	23 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	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? . . . . .	24c	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34 Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	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 . . . . .	38 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 . . . . .

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a 22,842	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 5	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	9,338		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>	Yes		
<b>b</b> If "Yes," enter the name of the foreign country ▶ <u>IT , UK , VM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	Yes		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>		1	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

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



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 (32); 1b Enter the number of voting members included in line 1a, above, who are independent (30); 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

- 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-A 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)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c) with values 8,820,302, 0, 1,126,166.

Questions 2, 3, 4, 5 regarding compensation reporting, including a Yes/No table for questions 3, 4, and 5.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ARAMARK CORPORATION, B STROMBERG CONSTRUCTION CO, etc.

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.



**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>	859,490		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	246,071		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	36,122,879		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	40,086,986		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		8,620,990		
	<b>h Total.</b> Add lines 1a-1f . . . . .		77,315,426		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> TUITION AND FEES		611710	629,540,844	629,540,844		
<b>b</b> AUXILIARY		611710	76,043,245	76,043,245			
<b>c</b> ACADEMIC SUPPORT-TRINITY HEALTH		611710	24,416,560	24,416,560			
<b>d</b> OTHER STUDENT SERVICES		611710	6,458,213	6,458,213			
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			736,458,862				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			16,166,740		-195,369	16,362,109
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			1,136,029	1,136,029		
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		13,008,636					
	<b>b</b> Less rental expenses	13,789,104					
	<b>c</b> Rental income or (loss)	-780,468	0				
	<b>d</b> Net rental income or (loss) . . . . .			-780,468			-780,468
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		319,872,788	6,709,464				
	<b>b</b> Less cost or other basis and sales expenses	293,406,847	6,742,257				
	<b>c</b> Gain or (loss)	26,465,941	-32,793				
	<b>d</b> Net gain or (loss) . . . . .			26,433,148			26,433,148
	<b>8a</b> Gross income from fundraising events (not including \$ 859,490 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>b</b> Less direct expenses . . . . .	<b>a</b>	189,041				
<b>c</b> Net income or (loss) from fundraising events . . . . .	<b>b</b>	778,191					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>a</b>	22,319					
<b>c</b> Net income or (loss) from gaming activities . . . . .	<b>b</b>	11,770					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>b</b> Less cost of goods sold . . . . .	<b>a</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .	<b>b</b>	0					
Miscellaneous Revenue	Business Code						
<b>11a</b> INTEREST ON STUDENT LOANS	611600		415,815	415,815			
<b>b</b> CONFERENCE SERVICES	523000		178,911		178,911		
<b>c</b> FITNESS CENTER	713940		208,486		208,486		
<b>d</b> All other revenue . . . . .			27,452		27,452		
<b>e Total.</b> Add lines 11a-11d . . . . .			830,664				
<b>12 Total revenue.</b> See Instructions . . . . .			856,981,800	738,010,706	219,480	41,436,188	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,047,061	3,047,061		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	230,253,069	230,253,069		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,399,144	1,399,144		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,239,311	1,260,932	4,643,494	334,885
<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)	310,171	170,204	139,967	
<b>7</b> Other salaries and wages	258,707,389	227,850,795	24,848,895	6,007,699
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,356,156	19,817,057	2,856,775	682,324
<b>9</b> Other employee benefits	27,840,335	23,965,131	3,108,024	767,180
<b>10</b> Payroll taxes	18,395,379	15,924,179	2,123,158	348,042
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	413,668	268,517	144,855	296
<b>c</b> Accounting	512,294	31,044	481,250	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services See Part IV, line 17	53,235			53,235
<b>f</b> Investment management fees	3,140,120		3,140,120	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,324,659	23,095,675	3,726,667	502,317
<b>12</b> Advertising and promotion	4,083,943	2,370,797	1,635,342	77,804
<b>13</b> Office expenses	26,511,769	24,866,449	934,194	711,126
<b>14</b> Information technology	10,816,200	4,754,371	6,030,360	31,469
<b>15</b> Royalties	8,698	8,698		
<b>16</b> Occupancy	21,430,801	16,830,808	4,166,961	433,032
<b>17</b> Travel	3,653,147	3,485,828	34,897	132,422
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	8,079,133	7,614,733	320,983	143,417
<b>20</b> Interest	14,496,507	12,341,835	1,813,813	340,859
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	56,363,255	48,074,172	7,192,542	1,096,541
<b>23</b> Insurance	3,387,183	2,475,316	771,673	140,194
<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	14,689,334	14,655,556	27,906	5,872
<b>b</b> INSTITUTIONAL SUPPORT	4,225,677	3,657,829	113,845	454,003
<b>c</b> SPONSORED RESEARCH	1,056,846	1,056,846	0	0
<b>d</b> OPERATIONS AND MAINTENANCE	2,141,110	1,964,940	152,733	23,437
<b>e</b> All other expenses	10,028,426	9,375,162	652,429	835
<b>25</b> Total functional expenses. Add lines 1 through 24e	781,964,020	700,616,148	69,060,883	12,286,989
<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)				

**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 . . . . .	8,780,522	<b>1</b>	22,387,015
	<b>2</b> Savings and temporary cash investments . . . . .	61,539,635	<b>2</b>	48,366,516
	<b>3</b> Pledges and grants receivable, net . . . . .	33,628,377	<b>3</b>	38,667,898
	<b>4</b> Accounts receivable, net . . . . .	20,533,071	<b>4</b>	16,833,873
	<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 . . . . .	201,169	<b>5</b>	162,039
	<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 . . . . .	19,484,098	<b>7</b>	17,015,737
	<b>8</b> Inventories for sale or use . . . . .	7,975	<b>8</b>	11,887
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,062,492	<b>9</b>	7,345,117
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 1,797,899,735		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 717,972,158	1,081,887,801	<b>10c</b> 1,079,927,577
	<b>11</b> Investments—publicly traded securities . . . . .	464,948,535	<b>11</b>	534,717,578
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	462,360,233	<b>12</b>	458,491,376
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	889,973	<b>13</b>	930,336
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	22,305,182	<b>15</b>	17,414,354
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,183,629,063	<b>16</b>	2,242,271,303	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	56,358,014	<b>17</b>	53,505,617
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	49,356,185	<b>19</b>	45,199,944
	<b>20</b> Tax-exempt bond liabilities . . . . .	165,946,898	<b>20</b>	162,841,812
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	1,497,314	<b>21</b>	1,703,187
	<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 . . . . .	9,929,175	<b>23</b>	9,468,499
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	227,908,037	<b>24</b>	216,165,125
	<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	82,179,177	<b>25</b>	84,403,873
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	593,174,800	<b>26</b>	573,288,057
<b>Net Assets or Fund Balances</b>	<b>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>			
	<b>27</b> Unrestricted net assets	1,190,515,895	<b>27</b>	1,249,885,350
	<b>28</b> Temporarily restricted net assets . . . . .	209,690,954	<b>28</b>	208,052,766
	<b>29</b> Permanently restricted net assets	190,247,414	<b>29</b>	211,045,130
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</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</b> Total net assets or fund balances . . . . .	1,590,454,263	<b>33</b>	1,668,983,246	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,183,629,063	<b>34</b>	2,242,271,303	

**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>	856,981,800
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	781,964,020
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	75,017,780
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,590,454,263
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,410,995
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,899,792
<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>	1,668,983,246

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1408475

**Name:** LOYOLA UNIVERSITY OF CHICAGO

Form 990 (2018)

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**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 AT THE GRADUATE & PROFESSIONAL LEVELS, LOYOLA DELIVERS A HIGH-QUALITY EDUCATION THAT IS CHARACTERIZED BY EXCELLENCE, INNOVATION, JUSTICE, & LEADERSHIP LOYOLA IS PREPARING TO OPEN THE PARKINSON SCHOOL OF HEALTH SCIENCES AND PUBLIC HEALTH IN THE FALL OF 2019 THE SCHOOL WILL OFFER PROGRAMS FOR UNDERGRADUATE AND GRADUATE STUDENTS, AS WELL AS WORKING PROFESSIONALS WHO SEEK ADDITIONAL SKILLS OR A CAREER CHANGE

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**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

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**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

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**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
ROBERT G CLARK ..... 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
RICHARD J GILFILLIAN MD ..... TRUSTEE (RESIGNED 06/19)	1 0 ..... 0 0	X						0	0	0
RICK HAMMOND ..... TRUSTEE	1 0 ..... 0 0	X						3,000	0	0
MICHAEL R HANEY ..... TRUSTEE	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
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 (TERM ENDED 06/19)	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
Most Rev GEORGE V MURRY SJ ..... TRUSTEE (RESIGNED 06/19)	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
GREG O'MEARA ..... 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
TIMOTHY J RAND ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
RICHARD L RODRIGUEZ ..... TRUSTEE (TERM ENDED 06/19)	1 0 ..... 0 0	X						0	0	0
JO ANN ROONEY ..... PRESIDENT	1 0 ..... 0 0	X		X				745,181	0	53,707
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

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			
ROGER SPOELMAN ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
STEPHEN P SQUINTO ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
CYNTHIA H STARK ..... TRUSTEE	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
KEVIN W WILLER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
SUSAN BODIN ..... TREASURER	40 0 ..... 0 0			X				183,564	0	41,185
MARGARET FAUT CALLAHAN ..... ACTING PROVOST	40 0 ..... 0 0			X				510,784	0	58,191
PAMELA G COSTAS ..... VP GENERAL COUNSEL & SECRETARY	40 0 ..... 0 0			X				346,383	0	40,846
PHILIP D HALE ..... VP FOR GOVERNMENT AFFAIRS	40 0 ..... 0 0			X				239,204	0	45,099

**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			
THOMAS M KELLY ..... SR VP ADMIN SERVICES	40 0 ..... 0 0			X				368,328	0	91,849
JEREMY W LANGFORD ..... VP MARKETING & COMMUNICATIONS	40 0 ..... 0 0			X				68,089	0	3,934
WAYNE MAGDZIARZ ..... SR VP & CFO/CBO	40 0 ..... 0 0			X				440,067	0	39,738
SUSAN M MALISCH ..... VP & CHIEF INFORMATION OFFICER	40 0 ..... 0 0			X				331,623	0	84,595
JANE NEUFELD ..... VP OF STUDENT DEVELOPMENT	40 0 ..... 0 0			X				268,025	0	39,376
JAMES PREHN SJ ..... VP & CHIEF OF STAFF	40 0 ..... 0 0			X				0	0	0
PAUL G ROBERTS ..... VP ENROLL MGMT & ST SUCCESS	40 0 ..... 0 0			X				288,967	0	50,230
JOHN M SCHIETINGER ..... ASSISTANT SECRETARY	40 0 ..... 0 0			X				147,037	0	38,250
JANET W SISLER ..... VP FOR MISSION INTEGRATION	40 0 ..... 0 0			X				158,217	0	25,034
WINIFRED WILLIAMS ..... VP HR & CHIEF DIV OFFICER	40 0 ..... 0 0			X				270,145	0	36,942

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			
STEVEN AN GOLDSTEIN ..... DEAN, SSOM (TERM ENDED 2/19)	40 0 ..... 0 0				X			643,974	0	55,097
KEVIN STEVENS ..... DEAN, QUINLAN SCHOOL OF BUS	40 0 ..... 0 0				X			315,002	0	33,867
MICHAEL F ANDREWS ..... DIR JOHN FELICE ROME CENTER	40 0 ..... 0 0					X		384,123	0	55,822
MICHAEL J KAUFMAN ..... DEAN, SCHOOL OF LAW	40 0 ..... 0 0					X		380,585	0	55,399
KATHERINE KNIGHT ..... PROFESSOR OF MICROBIOLOGY	40 0 ..... 0 0					X		316,581	0	39,346
ROBERT KOLB ..... PROFESSOR OF FINANCE	40 0 ..... 0 0					X		320,542	0	51,380
PORTER MOSER ..... MEN'S BASKETBALL HEAD COACH	40 0 ..... 0 0					X		1,096,244	0	57,551
PATRICK M BOYLE ..... FORMER OFFICER	40 0 ..... 0 0						X	263,558	0	60,201
DAMON W CATES ..... FORMER OFFICER TERM ENDED 5/18	40 0 ..... 0 0						X	298,323	0	17,147
JOHN P PELISSERO ..... FORMER OFFICER	40 0 ..... 0 0						X	432,756	0	51,380

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	79,561,102	68,385,171	68,878,400	79,243,989	77,315,426	373,384,088
<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	79,561,102	68,385,171	68,878,400	79,243,989	77,315,426	373,384,088
<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)						7,925,052
<b>6 Public support.</b> Subtract line 5 from line 4						365,459,036

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	79,561,102	68,385,171	68,878,400	79,243,989	77,315,426	373,384,088
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,207,233	24,917,760	24,454,239	26,927,598	30,922,589	133,429,419
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	328,520	49,935	73,696	553,374	0	1,005,525
<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						507,819,032

**12** Gross receipts from related activities, etc (see instructions) **12** 3,372,414,722

**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 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	71.966 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	75.101 %

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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>1</b>		
<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>2</b>		
<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>3a</b>		
<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>3b</b>		
<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>3c</b>		
<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>4a</b>		
<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>4b</b>		
<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>4c</b>		
<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>5a</b>		
<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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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>6</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>7</b>		
<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>8</b>		
<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>9a</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>9b</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>9c</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>10a</b>		
<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.)		
	<b>10b</b>		

**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 2018 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-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, 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 2018 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 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## 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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047  
  
**2018**  
  
**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	<b>Employer identification number</b> 36-1408475
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**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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		199,953
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			199,953
<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 1G	DIRECT CONTACT WITH LEGISLATORS DURING FISCAL YEAR 2019, 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 AT THE FEDERAL, STATE, AND CITY LEVELS



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► 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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**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 7/25/06, 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 ► 0

**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 ► 5 00

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 611

**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      ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X      ► \$ 19,403,735

**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 . . . . .	640,302,612	593,449,557	533,614,292	541,667,492	538,523,390
<b>b</b> Contributions . . . . .	33,956,035	18,647,756	17,066,350	9,640,439	14,444,806
<b>c</b> Net investment earnings, gains, and losses	34,065,410	47,169,652	61,258,592	-923,514	3,971,451
<b>d</b> Grants or scholarships . . . . .	6,371,061	7,330,146	6,985,351	5,799,437	5,433,629
<b>e</b> Other expenditures for facilities and programs . . . . .	8,909,985	8,456,534	8,391,462	8,155,531	7,286,289
<b>f</b> Administrative expenses . . . . .	2,715,345	3,177,673	3,112,864	2,815,157	2,552,237
<b>g</b> End of year balance . . . . .	690,327,666	640,302,612	593,449,557	533,614,292	541,667,492

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 51 240 %
  - b** Permanent endowment ▶ 26 270 %
  - c** Temporarily restricted endowment ▶ 22 490 %
- 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** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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	136,628,164		160,040,454
<b>b</b> Buildings . . . . .	60,337,623	1,319,747,108	581,381,656	798,703,075
<b>c</b> Leasehold improvements	714,322	58,406,825	38,617,758	20,503,389
<b>d</b> Equipment . . . . .	823,169	146,079,629	97,972,744	48,930,054
<b>e</b> Other . . . . .		51,750,605		51,750,605
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,079,927,577

**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	281,045,083	F
(B) PRIVATE EQUITY INVESTMENTS	80,291,584	F
(C) FIXED INCOME INVESTMENTS	73,184,749	F
(D) REAL ESTATE	23,969,960	F
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	458,491,376	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
COND ASSET RETIREMENT OBLIGATION	2,997,565
REFUNDABLE ADVANCES - LOANS	17,647,056
PENSION AND OTHER POST RETIREMENT	63,495,284
CAPITAL LEASE OBLIGATION	263,968
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	84,403,873

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 FIVE 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 MEASURES 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 LOYOLA UNIVERSITY MUSEUM OF ART (LUMA) CONTRIBUTES TO THE UNIVERSITY'S ACADEMIC LANDSCAPE, AFFIRMING OUR JESUIT, CATHOLIC TRADITIONS THROUGH ART AND CULTURE LUMA FUNCTIONS AS BOTH A SPECIAL EVENT AND EXHIBITION SPACE, SERVES CLASSES THAT ARRANGE MUSEUM VISITS, AND SUPPORTS ACADEMIC ENTERPRISE ACROSS THE UNIVERSITY THROUGH ITS COLLECTIONS, EXHIBITIONS, AND EDUCATIONAL PROGRAMS THE UNIVERSITY MAINTAINS ITS CARE FOR AND DISPLAY OF THE DARCY COLLECTION OF MEDIEVAL, RENAISSANCE, AND BAROQUE ART LUMA SHOWS ITS BELOVED ANNUAL CRUCHE EXHIBITION AND SOLICITS BOTH INTERNAL STUDENT AND/OR FACULTY EXHIBITIONS AS WELL AS PERIODIC EXTERNAL EXHIBITIONS ADDITIONALLY, LUMA HAS THE ABILITY TO SHOWCASE NUMEROUS OTHER UNIVERSITY-OWNED HOLDINGS, INCLUDING MANY PIECES FROM THE CUNEO MANSION

## 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

# 2018

**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.**
- ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest instructions.**

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?	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
<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?		No
<b>b</b> Admissions policies?		No
<b>c</b> Employment of faculty or administrative staff?		No
<b>d</b> Scholarships or other financial assistance?		No
<b>e</b> Educational policies?		No
<b>f</b> Use of facilities?		No
<b>g</b> Athletic programs?		No
<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?	Yes	
<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.		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 20, 2019 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**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
See Add'l Data					
<b>3a</b> Sub-total	2	101			11,730,614
<b>b</b> Total from continuation sheets to Part I					189,631,361
<b>c Totals</b> (add lines 3a and 3b)	2	114			201,361,975

**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> (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)
See Add'l Data								

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 . . . . . ▶ 8

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)
SCHOLARSHIPS	Europe (Including Iceland and Greenland)	21	735,258	WIRE TRSFR			
FELLOWSHIPS	Europe (Including Iceland and Greenland)	9	28,621	WIRE TRSFR			

**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, don't 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, don't 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).

**990 Schedule F, Supplemental Information**

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



## 990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN (F)	DESCRIPTION OF HOW EXPENDITURES ARE REPORTED 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

## 990 Schedule F, Supplemental Information

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
Europe (Including Iceland and Greenland)	1	75	Program Services	Study Abroad Campus	9,951,499
East Asia and the Pacific	1	16	Program Services	Study Abroad Campus	801,240

**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	0	0	Program Services	Study Abroad Programs	39,911
East Asia and the Pacific	0	0	Program Services	Study Abroad Programs	45,412

**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)	0	4	Program Services	Study Abroad Programs	796,358
Middle East and North Africa	0	0	Program Services	Study Abroad Programs	18,295

**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	0	2	Program Services	Study Abroad Programs	7,221
South America	0	0	Program Services	Study Abroad Programs	27,815

**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	0	0	Program Services	Study Abroad Programs	522
Sub-Saharan Africa	0	0	Program Services	Study Abroad Programs	2,000

**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	0	0	Program Services	Other Academic	362
Europe (Including Iceland and Greenland)	0	0	Program Services	Other Academic	7,375



**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	0	1	Program Services	Research	836
Europe (Including Iceland and Greenland)	0	0	Program Services	Research	3,327

**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	0	2	Program Services	Research	21,663
South America	0	0	Program Services	Research	405

**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	0	1	Program Services	Professional Services	6,373
Europe (Including Iceland and Greenland)	0	4	Program Services	Professional Services	18,332

**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	0	7	Program Services	Professional Services	11,670
South Asia	0	0	Program Services	Professional Services	5,900

**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)	0	1	Program Services	Conference Travel	4,016
North America	0	1	Program Services	Conference Travel	9,937

**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	0	0	Program Services	Conference Travel	813
Central America and the Caribbean	0	0	Grantmaking		60,585

**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)	0	0	Grantmaking		814,747
Middle East and North Africa	0	0	Grantmaking		129,085

**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	0	0	Grantmaking		115,268
South Asia	0	0	Grantmaking		138,832



**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	0	0	Grantmaking		135,190
East Asia and the Pacific	0	0	Investments		7,202,181

**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)	0	0	Investments		20,938,998
Central America and the Caribbean	0	0	Investments		160,045,807

**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	60,585	WIRE TRSFR			
		East Asia and the Pacific	COOPER BIOTIC LIGAND MODEL	5,235	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)
		Europe (Including Iceland and Greenland)	SFCA's and Obesity	50,868	WIRE TRSFR			
		Middle East and North Africa	Anthrax Research	129,085	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)
		North America	Cardiac Calcium Transport	115,268	WIRE TRSFR			
		South Asia	Anthrax Research	138,832	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	SFCA's and Obesity	47,683	WIRE TRSFR			
		Sub-Saharan Africa	SFCA's and Obesity	87,507	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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**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.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 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			
CAMPBELL COMPANY	CONSULTING		No	0	22,888	-22,888
HURON CONSULTING GROUP	CONSULTING		No	0	30,348	-30,348
<b>Total</b>				0	53,236	-53,236

**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, DE, DC, FL, GA, HI, ID, IL, IN, IA, 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)
		<b>FOUNDER'S DINNER</b> (event type)	<b>STRITCH DINNER</b> (event type)	<b>3</b> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	532,505	369,110	146,916	1,048,531
	<b>2</b> Less Contributions . . . . .	464,124	313,460	81,906	859,490
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	68,381	55,650	65,010	189,041
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	60,878	300	13,040	74,218
	<b>7</b> Food and beverages . . . . .	135,343	143,798	101,622	380,763
	<b>8</b> Entertainment . . . . .	33,675	122,900	6,075	162,650
	<b>9</b> Other direct expenses . . . . .	83,409	43,035	34,116	160,560
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				778,191
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-589,150

**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 . . . . .			22,764
Direct Expenses	<b>2</b> Cash prizes . . . . .			11,126	11,126
	<b>3</b> Noncash prizes . . . . .			644	644
	<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 checked="" type="checkbox"/> Yes 95 000 % <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				11,770	
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				10,994	

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

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

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

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

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

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- 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> | 100 000 % |
| <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 ▶ Controller's Office

Address ▶ 820 N Michigan Avenue  
Chicago, IL 60611

- 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 ▶ Athletics Department

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ Oversees athletic gaming events

 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 2019, THE UNIVERSITY SPENT \$53,236 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
FORM 990, SCHEDULE G, PART III	THE GAMING ACTIVITIES DURING THE FISCAL YEAR 2019 WERE PRIMARILY RAFFLES HOSTED BY THE UNIVERSITY'S ATHLETIC DEPARTMENT DURING ITS VARIOUS SPORTING EVENTS 50% OF THE GROSS REVENUE ACCUMULATED THROUGH THE RAFFLES WERE AWARDED TO THE WINNERS AND THE REMAINING PERCENTAGE WAS RETAINED BY THE UNIVERSITY

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 ▶ 53

3 Enter total number of other organizations listed in the line 1 table ▶ 2

**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	431	1,075,928			
(2) SCHOLARSHIPS	13253	229,177,141			
(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, LINE 2	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 Build Bronx, NY 10461	47-2209056	501(c)(3)	58,548				HIV Research
American Heart Association PO Box 50035 Prescott, AZ 86304	13-5613797	501(c)(3)	10,100				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)	14,500				Immigrant Justice
Argonne National Lab PO Box 87916 Carol Stream, IL 60188	68-0628477	170(c)(1)	79,875				Nuclear Material Research

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

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Boise State University 1910 University Drive Boise, ID 83725	82-0290701	501(c)(3)	15,412				Frogbit Research
Catholic Church Extension Society of USA 150 S Wacker Dr Ste 2000 Chicago, IL 60606	36-6000520	501(c)(3)	6,000				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
Catholic Lawyers Guild of Chicago 30 N LaSalle St Ste 1200 Chicago, IL 60602	47-3313554	501(c)(3)	6,000				Sponsorship for Red Mass Event
Centro Romero 6216 N Clark Chicago, IL 60660	36-3517408	501(c)(3)	76,734				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)	44,436				Stroke Recovery Research
Chicago Children's Museum 700 East Grande Ave Suite 127 Chicago, IL 60611	36-3162474	501(c)(3)	55,986				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 Cincinnati, OH 45229	31-0833936	501(c)(3)	5,399				Spina Bifida Research
Columbia University PO Box 29789 New York, NY 10087	13-5598093	501(c)(3)	31,773				Urinary Research

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

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Dartmouth College 11 Rope Ferry Rd Suite 6210 Hanover, NH 03755	02-0222111	501(c)(3)	5,157				Great Lakes Research
DePaul University 990 W Fullerton Avenue MSC 804 Chicago, IL 60614	36-2167048	501(c)(3)	6,370				The Surface Diels-Alder Reaction Research

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

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Evanston Public Library 1703 Orrington Ave Evanston, IL 60201	36-6005870	170(c)(1)	29,767				STEM Research
Howard Brown Health Center 4025 N Sheridan Road Chicago, IL 60613	36-2894128	501(c)(3)	36,254				PLUS Loyola Clinical Center

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

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Johns Hopkins University 1800 Orleans Street Baltimore, MD 21267	52-0595110	501(c)(3)	9,625				Urinary Research
Los Alamos National Laboratory PO Box 1663 Mall Stop P245 Los Alamos, NM 87545	20-3104541	170(c)(1)	214,919				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
National Black Law Students Association 2316 9th Street 1st Floor St Louis, MO 63104	23-7627201	501(c)(3)	7,500				National Black Law Students Assoc Sponsorship
Northwestern University 750 N Lake Shore Drive 7th Floor Chicago, IL 60611	36-2167817	501(c)(3)	27,781				Skin Disease Research DETECTION

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

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Oregon State University 312 Kerr Administration Building Corvallis, OR 97331	61-1730890	170(c)(1)	6,059				Great Lakes Research
Peggy Notebaert Nature Museum 2430 N Cannon Drive Chicago, IL 60614	36-0895575	501(c)(3)	35,776				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
Providence Health And Sciences PO Box 5977 M/C 672 Portland, OR 97228	93-0386906	501(c)(3)	7,500				Cancer Research
Purdue University 401 South Grant Street West Lafayette, IN 47907	35-6002041	501(c)(3)	366,046				Viral Proteases Research

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

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Rush University Medical Center 1653 W Congress Pkwy Chicago, IL 60612	36-2174823	501(c)(3)	18,137				Pessaries Research
Sault Ste Marie Tribe Of Chippewa Indians 523 Ashmun Street Sault Ste Marie, MI 49783	23-7249643	7701(A)(40)	40,156				Great Lakes Research



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

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Teachers College Columbia University 525 W 120th Street Box 21 422F T New York, NY 10027	13-1624202	501(c)(3)	15,893				Meta-Analysis Training Institute
The JFA Institute 720 Kearney Street Denver, CO 80220	38-3680643	501(c)(3)	91,691				Criminal Justice Research 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
Trustees Of The University Of Pennsylvania 3400 Chestnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	17,829				Antigen-independent Antibody Research SERVICE AREA CONTRIB
University Of California 9500 Gilman Drive MC 0009 La Jolla, CA 92093	94-6036494	170(c)(1)	20,750				PLUS Loyola Clinical Center

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

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University Of California Los Angeles Box 957089 1125 Murphy Hall 405 H Los Angeles, CA 90095	95-6006143	170(c)(1)	13,520				Urinary Research
University Of California San Diego 9500 Gilman Drive MC 0009 PO BOX 1086 La Jolla, CA 92093	95-6006144	170(c)(1)	186,734				Urinary Research

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University Of Chicago 6054 South Drexel Ave Suite 300 Chicago, IL 60637	36-2177139	501(c)(3)	283,923				Hepatitis C Virus Detection
University Of Connecticut 438 Whitney Road Ext Unit 1133 Storrs, CT 06269	06-0772160	170(c)(1)	14,711				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 at Chicago 1737 West Polk St 310 AOB M/C 672 Chicago, IL 60612	37-6000511	170(c)(1)	480,000				Hepatitis C Virus Detection
University Of Minnesota 505 Essex Street Minneapolis, MN 55455	41-6007513	170(c)(1)	70,202				Great Lakes Research

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

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University of New Mexico 1 University of New Mexico Albuquerque, NM 87131	85-6000642	170(C)(1)	38,969				Paratransgenic Sand Research DETECTION
University Of Notre Dame 940 Grace Hall Notre Dame, IN 46556	35-0868188	501(c)(3)	25,226				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 South Florida 4202 E Fowler Avenue Tampa, FL 33620	59-3102112	170(c)(1)	108,324				Acute Respiratory Distress Syndrome Research
University of Texas at Austin PO Box 7159 Austin, TX 78713	74-6000203	170(c)(1)	16,851				Meta-Analysis Training Institute

**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 Washington PO Box 354966 Seattle, WA 98195	91-6001537	170(c)(1)	10,493				Urinary Research
Varian Medical Systems Inc 3100 Hansen Way M/S E-047 Palo Alto, CA 94304	94-2359345	OTHER	105,258				Lung Tumor 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)	6,664				Urinary Research
Washington University 1 Brookings Drive St Louis, MO 63130	43-0653611	501(c)(3)	60,000				SPG20 Disease 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
Archdiocese of Chicago 3600 South Seeley Ave Chicago, IL 60609	36-2170826	501(c)(3)	24,183				Federal Work Study Reimbursement
Asian Human Services 4753 North Broadway 700 Chicago, IL 60640	36-3005889	501(c)(3)	9,149				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
Circesteem 4730 N Sheridan Road Chicago, IL 60640	32-0050649	501(c)(3)	16,544				Federal Work Study Reimbursement
Housing Opportunities for Women 1607 W Howard St 2nd Floor Chicago, IL 60626	36-3263818	501(c)(3)	6,093				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
Immanuel Lutheran Church 1500 W Elmdale Chicago, IL 60660	36-2284282	501(c)(3)	8,890				Federal Work Study Reimbursement
Living Works 6808 N Ashland Blvd Chicago, IL 60626	36-3946012	501(c)(3)	32,244				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)	6,974				Federal Work Study Reimbursement
Misericordia 6300 N Ridge Boulevard Chicago, IL 60645	36-2170153	501(c)(3)	7,479				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)	8,833				Federal Work Study Reimbursement
Sacred Heart Schools 6250 North Sheridan Chicago, IL 60660	36-2170839	501(c)(3)	49,514				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
South-East Asisa Center 1134 W Ainslie Suite 300 Chicago, IL 60640	36-3168093	501(c)(3)	5,908				Federal Work Study Reimbursement
United Church of Rogers Park 1545 W Morse Ave Chicago, IL 60626	36-2677402	501(c)(3)	6,009				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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**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 checked="" 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 checked="" 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 checked="" 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>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<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>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<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>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<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	<p>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 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS MICHAEL ANDREWS RECEIVED A TAX GROSS-UP PAYMENT OF \$121,843 TO COVER ITALIAN TAXES, AS HE IS AN EMPLOYEE OF THE UNIVERSITY'S JOHN FELICE ROME CENTER CAMPUS IN ITALY HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE TWO OFFICERS AND ONE HIGHEST COMPENSATED EMPLOYEE WERE GIVEN A HOUSING ALLOWANCE IN CALENDAR YEAR 2018 THE HOUSING ALLOWANCE WAS CONSIDERED TAXABLE COMPENSATION TO THE EMPLOYEE HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES TWO OFFICERS 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 AN AIRLINE CLUB MEMBERSHIP FOR OFFICIAL UNIVERSITY BUSINESS PURPOSES AND ARE TREATED AS TAXABLE COMPENSATION</p>

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE J, PART I, LINE 4A	RECEIVE A SEVERANCE PAYMENT OR CHANGE-OF-CONTROL PAYMENT DAMON CATES RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$107,122 DURING CALENDAR YEAR 2018 HIS EMPLOYMENT WITH THE UNIVERSITY ENDED ON MAY 23, 2018

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE J, PART I, LINE 4B	PARTICIPATE IN, OR RECEIVE PAYMENT FROM, A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE PRESIDENT, PROVOST, SENIOR VICE PRESIDENTS, VICE PRESIDENTS AND DEANS ARE ELIGIBLE TO PARTICIPATE IN A 457(B) NONQUALIFIED RETIREMENT PLAN THERE WERE SEVEN OFFICERS WHO CONTRIBUTED TO THE PLAN IN CALENDAR YEAR 2018 AND THERE WERE NO DISTRIBUTIONS FROM THE PLAN IN CALENDAR YEAR 2018

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE J, PART I, LINE 7	SUPPLEMENTAL COMPENSATION INFORMATION FIVE PERSONS LISTED IN PART VII, SECTION A, LINE 1A RECEIVED NON-FIXED PAYMENTS DURING CALENDAR YEAR 2018 ONE PERSON RECEIVED A DISCRETIONARY BONUS FOR ADDITIONAL DUTIES, ONE PERSON RECEIVED A BONUS FOR PERFORMANCE, ONE PERSON RECEIVED A ROYALTY DISTRIBUTION, AND TWO PERSONS RECEIVED WELLNESS INCENTIVE PAYMENTS DURING CALENDAR YEAR 2018, AS A RESULT OF A CHANGE IN UNIVERSITY POLICY, UNIVERSITY OFFICERS RECEIVED A ONE TIME PAYMENT OF THEIR ACCRUED VACATION PAY THESE AMOUNTS ARE INCLUDED IN OTHER COMPENSATION SUBSEQUENT TO THIS PAYOUT, UNIVERSITY OFFICERS NO LONGER ACCRUE VACATION PAY



**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				
JO ANN ROONEY PRESIDENT	(i)	602,149	0	143,032	30,250	23,457	798,888	0
	(ii)	0	0	0	0	0	0	0
SUSAN BODIN TREASURER	(i)	170,462	0	13,102	20,055	21,781	225,400	0
	(ii)	0	0	0	0	0	0	0
MARGARET FAUT CALLAHAN ACTING PROVOST	(i)	438,697	25,000	47,087	30,250	28,747	569,781	0
	(ii)	0	0	0	0	0	0	0
PAMELA G COSTAS VP GENERAL COUNSEL & SECRETARY	(i)	301,428	75	44,880	30,250	11,537	388,170	0
	(ii)	0	0	0	0	0	0	0
PHILIP D HALE VP FOR GOVERNMENT AFFAIRS	(i)	215,960	0	23,244	23,969	21,945	285,118	0
	(ii)	0	0	0	0	0	0	0
THOMAS M KELLY SR VP ADMIN SERVICES	(i)	322,938	0	45,390	30,250	62,584	461,162	0
	(ii)	0	0	0	0	0	0	0
WAYNE MAGDZIARZ SR VP & CFO/CBO	(i)	396,464	0	43,603	30,250	10,474	480,791	0
	(ii)	0	0	0	0	0	0	0
SUSAN M MALISCH VP & CHIEF INFORMATION OFFICER	(i)	294,219	0	37,404	30,250	55,282	417,155	0
	(ii)	0	0	0	0	0	0	0
JANE NEUFELD VP OF STUDENT DEVELOPMENT	(i)	230,284	0	37,741	27,565	12,646	308,236	0
	(ii)	0	0	0	0	0	0	0
PAUL G ROBERTS VP ENROLL MGMT & ST SUCCESS	(i)	265,588	0	23,379	30,250	20,879	340,096	0
	(ii)	0	0	0	0	0	0	0
JOHN M SCHIETINGER ASSISTANT SECRETARY	(i)	142,701	0	4,336	15,869	22,944	185,850	0
	(ii)	0	0	0	0	0	0	0
JANET W SISLER VP FOR MISSION INTEGRATION	(i)	146,982	0	11,235	15,823	9,672	183,712	0
	(ii)	0	0	0	0	0	0	0
WINIFRED WILLIAMS VP HR & CHIEF DIV OFFICER	(i)	247,553	0	22,592	27,731	10,064	307,940	0
	(ii)	0	0	0	0	0	0	0
STEVEN AN GOLDSTEIN DEAN, SSOM (TERM ENDED 2/19)	(i)	640,260	0	3,714	30,250	25,833	700,057	0
	(ii)	0	0	0	0	0	0	0
KEVIN STEVENS DEAN, QUINLAN SCHOOL OF BUS	(i)	311,085	0	3,917	30,250	4,405	349,657	0
	(ii)	0	0	0	0	0	0	0
MICHAEL F ANDREWS DIR JOHN FELICE ROME CENTER	(i)	249,993	0	134,130	28,406	28,276	440,805	0
	(ii)	0	0	0	0	0	0	0
MICHAEL J KAUFMAN DEAN, SCHOOL OF LAW	(i)	374,896	0	5,689	30,250	26,135	436,970	0
	(ii)	0	0	0	0	0	0	0
KATHERINE KNIGHT PROFESSOR OF MICROBIOLOGY	(i)	312,091	3,243	1,247	30,250	9,584	356,415	0
	(ii)	0	0	0	0	0	0	0
ROBERT KOLB PROFESSOR OF FINANCE	(i)	316,217	225	4,100	30,250	21,930	372,722	0
	(ii)	0	0	0	0	0	0	0
PORTER MOSER MEN'S BASKETBALL HEAD COACH	(i)	854,102	225,000	17,142	30,250	28,287	1,154,781	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
PATRICK M BOYLE FORMER OFFICER	(i)	260,683	0	2,875	30,250	30,848	324,656	0
	(ii)	0	0	0	0	0	0	0
DAMON W CATES FORMER OFFICER TERM ENDED 5/18	(i)	163,687	0	134,636	13,357	4,221	315,901	0
	(ii)	0	0	0	0	0	0	0
JOHN P PELISSERO FORMER OFFICER	(i)	426,787	0	5,969	30,250	22,036	485,042	0
	(ii)	0	0	0	0	0	0	0



Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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 issues.

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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**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	162,039		No	Yes		Yes	
<b>Total</b>						▶ \$	162,039					

**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	77,500	STAFF DEPENDENT TUITION BEN	Tuition
(2) NA	N/A	6,198	Scholarship	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	139,967	EMPLOYMENT		No
(2) JENNIFER BOYLE	SPOUSE OF FORMER OFFICER	150,591	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

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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 . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<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	44	6,015,820	COST/SELLING PRICE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .	X	2	2,179,793	COST/SELLING PRICE
<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 . . . . .	X	1	373,000	COST/SELLING PRICE
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .	X	1,247	22,477	COST/SELLING PRICE
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( SPORTING EVENTS ) . . . . .	X	47	14,617	COST/SELLING PRICE
<b>26</b> Other ▶ ( GIFT CERTIFICATES ) . . . . .	X	217	9,555	COST/SELLING PRICE
<b>27</b> Other ▶ ( MISCELLANEOUS ) . . . . .	X	422	5,727	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** 0

	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

**2018**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

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 JO ANN ROONEY, PRESIDENT, AND GREG O'MEARA, 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 TAX MANAGER WORKS WITH A PUBLIC ACCOUNTING FIRM TO COMPLETE A DRAFT FORM 990 THIS IS THEN REVIEWED IN DETAIL BY THE ASSISTANT VICE PRESIDENT OF GENERAL ACCOUNTING, CONTROLLER AND THE ACCOUNTING FIRM'S ENGAGEMENT MANAGEMENT TEAM THE DRAFT FORM IS THEN REVIEWED BY THE SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER, & CHIEF BUSINESS OFFICER 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, 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 GEN 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 2018, THE UNIVERSITY PAID COMPENSATION AND BENEFITS IN THE AMOUNT OF \$131,575 TO THE SOCIETY OF JESUS, THE FOUNDERS OF LOYOLA UNIVERSITY CHICAGO, FOR HIS SERVICES RICK HAMMOND, TRUSTEE, RECEIVED COMPENSATION DURING CALENDAR YEAR 2018 FOR HIS SERVICES AS A PART TIME FACULTY MEMBER

**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 (\$225,371) CHANGES IN POST RETIREMENT BENEFIT (\$947,139) LOSS ON PROPERTY DISPOSALS (\$539,827) OTHER (\$187,455) ---- ----- TOTAL (\$1,899,792)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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	

**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 . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**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	246,071	CASH



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

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

<b>Return Reference</b>	<b>Explanation</b>