

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

D Employer identification number
36-1408475

E Telephone number
(312) 915-7676

G Gross receipts \$ 1,180,799,469

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

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.luc.edu

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	35
4 Number of independent voting members of the governing body (Part VI, line 1b)	34
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	9,556
6 Total number of volunteers (estimate if necessary)	740
7a Total unrelated business revenue from Part VIII, column (C), line 12	-1,815,939
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	77,315,426	76,719,719
9 Program service revenue (Part VIII, line 2g)	736,458,862	760,842,727
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,599,888	24,397,983
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	607,624	1,495,050
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	856,981,800	863,455,479
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	234,699,274	252,934,281
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	334,848,741	364,431,010
16a Professional fundraising fees (Part IX, column (A), line 11e)	53,235	10,605
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,200,589		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	212,362,770	206,443,063
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	781,964,020	823,818,959
19 Revenue less expenses. Subtract line 18 from line 12	75,017,780	39,636,520

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,242,271,303	2,261,152,459
21 Total liabilities (Part X, line 26)	573,288,057	568,790,363
22 Net assets or fund balances. Subtract line 21 from line 20	1,668,983,246	1,692,362,096

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: 2021-05-11

WAYNE MAGDZIARZ SR VP & CFO/CBO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-05-11

Check if self-employed PTIN: P01564049

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ _____

Firm's address ▶ 155 N Wacker Drive Phone no. (312) 879-2000
Chicago, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 618,419,506 including grants of \$ 248,216,270) (Revenue \$ 701,564,754)
See Additional Data

4b (Code:) (Expenses \$ 34,498,746 including grants of \$ 3,379,522) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 66,343,100 including grants of \$ 1,338,490) (Revenue \$ 60,134,259)
See Additional Data

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

4e Total program service expenses ▶ 719,261,352

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	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
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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	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
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26 Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27 Yes	
28	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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	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
33	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
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
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	
36	Section 501(c)(3) organizations. 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
37	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 22,645	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 6	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 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	2a 9,556			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
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> . . .		3b Yes		
4a 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)? . . .		4a Yes		
b If "Yes," enter the name of the foreign country: IT, UK, VM See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a 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? . . .		6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a 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?		7a Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		14b		
15 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? Note. See instructions and file Form 4720, Schedule N.		15 Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .		16	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 (35), 1b (34), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (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.
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 KRAFACISIN CONTROLLER 820 N MICHIGAN AVENUE Chicago, IL 60611 (312) 915-7676

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	2,758,425		
	d Related organizations	1d	1,102,015		
	e Government grants (contributions)	1e	34,790,173		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,069,106		
	g Noncash contributions included in lines 1a - 1f: \$	1g	3,497,056		
	h Total. Add lines 1a-1f		76,719,719		

Program Service Revenue			Business Code				
	2a TUITION AND FEES		611710	662,458,094	662,458,094		
	b AUXILIARY		611710	60,134,259	60,134,259		
	c ACADEMIC SUPPORT-TRINITY HEALTH		611710	24,646,320	24,646,320		
	d OTHER STUDENT SERVICES		611710	13,604,054	13,604,054		
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			760,842,727				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,006,244		-1,040,293	15,046,537		
	4 Income from investment of tax-exempt bond proceeds			0					
	5 Royalties			439,478	439,478				
	6a Gross rents	6a	(i) Real						
			(ii) Personal						
		b Less: rental expenses	6b	13,133,603	11,055,480				
		c Rental income or (loss)	6c	2,078,123	0				
	d Net rental income or (loss)				2,078,123			2,078,123	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities						
			(ii) Other						
		b Less: cost or other basis and sales expenses	7b	315,717,432	22,000	305,321,443	26,250		
		c Gain or (loss)	7c	10,395,989	-4,250				
	d Net gain or (loss)				10,391,739			10,391,739	
	8a Gross income from fundraising events (not including \$ 2,758,425 of contributions reported on line 1c). See Part IV, line 18	8a							
					255,336				
		b Less: direct expenses	8b		930,640				
	c Net income or (loss) from fundraising events				-675,304			-675,304	
	9a Gross income from gaming activities. See Part IV, line 19	9a							
					21,768				
		b Less: direct expenses	9b		10,177				
c Net income or (loss) from gaming activities				11,591			11,591		
10a Gross sales of inventory, less returns and allowances	10a								
				0					
	b Less: cost of goods sold	10b		0					
c Net income or (loss) from sales of inventory				0					
Miscellaneous Revenue		Business Code							
11a INTEREST ON STUDENT LOANS		611600	416,808	416,808					
b CONFERENCE SERVICES		523000	-303,571		-303,571				
c FITNESS CENTER		713940	-485,522		-485,522				
d All other revenue			13,447		13,447				
e Total. Add lines 11a-11d			-358,838						
12 Total revenue. See instructions			863,455,479	761,699,013	-1,815,939		26,852,686		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,578,726	2,578,726		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	248,671,823	248,671,823		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,683,732	1,683,732		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,770,978	1,299,135	5,029,309	442,534
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	285,150	162,084	123,066	
7 Other salaries and wages	290,227,225	236,143,791	47,921,299	6,162,135
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,617,324	18,384,744	2,590,185	642,395
9 Other employee benefits	26,476,549	22,834,213	2,901,652	740,684
10 Payroll taxes	19,053,784	16,478,888	2,212,145	362,751
11 Fees for services (non-employees):				
a Management	0			
b Legal	513,784	255,246	258,519	19
c Accounting	479,633	36,383	443,250	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	10,605			10,605
f Investment management fees	3,892,627		3,892,627	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29,365,484	26,111,519	2,858,210	395,755
12 Advertising and promotion	4,569,637	2,218,183	2,129,338	222,116
13 Office expenses	25,300,368	23,196,620	1,661,261	442,487
14 Information technology	10,580,915	4,254,961	6,233,120	92,834
15 Royalties	6,278	6,278		
16 Occupancy	22,747,422	19,079,391	3,188,691	479,340
17 Travel	2,641,155	2,529,796	27,214	84,145
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,707,872	5,301,119	301,261	105,492
20 Interest	14,069,884	11,754,723	1,990,556	324,605
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	55,342,625	47,719,405	6,550,422	1,072,798
23 Insurance	3,192,937	2,714,942	409,849	68,146
24 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.)				
a AUXILIARY	13,545,458	13,513,182	23,194	9,082
b INSTITUTIONAL SUPPORT	5,254,789	3,762,633	978,457	513,699
c OPERATIONS AND MAINTENANCE	1,245,073	1,046,089	170,705	28,279
d SPONSORED RESEARCH	1,092,446	1,092,446		
e All other expenses	6,894,676	6,431,300	462,688	688
25 Total functional expenses. Add lines 1 through 24e	823,818,959	719,261,352	92,357,018	12,200,589
26 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
Assets	1 Cash—non-interest-bearing	22,387,015	1	11,379,683
	2 Savings and temporary cash investments	48,366,516	2	66,500,540
	3 Pledges and grants receivable, net	38,667,898	3	27,028,970
	4 Accounts receivable, net	16,833,873	4	14,439,100
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	162,039	5	121,534
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	17,015,737	7	14,114,033
	8 Inventories for sale or use	11,887	8	23,846
	9 Prepaid expenses and deferred charges	7,345,117	9	7,243,039
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,861,236,656		
	b Less: accumulated depreciation	10b 770,055,071	1,079,927,577	10c 1,091,181,585
	11 Investments—publicly traded securities	534,717,578	11	558,682,567
	12 Investments—other securities. See Part IV, line 11	458,491,376	12	453,758,102
	13 Investments—program-related. See Part IV, line 11	930,336	13	1,099,078
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	17,414,354	15	15,580,382
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,242,271,303	16	2,261,152,459	
Liabilities	17 Accounts payable and accrued expenses	53,505,617	17	71,759,691
	18 Grants payable	0	18	0
	19 Deferred revenue	45,199,944	19	40,354,924
	20 Tax-exempt bond liabilities	162,841,812	20	86,505,438
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,703,187	21	1,638,954
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	9,468,499	23	8,481,619
	24 Unsecured notes and loans payable to unrelated third parties	216,165,125	24	278,171,493
	25 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	84,403,873	25	81,878,244
	26 Total liabilities. Add lines 17 through 25	573,288,057	26	568,790,363
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,249,885,350	27	1,263,277,017
	28 Net assets with donor restrictions	419,097,896	28	429,085,079
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,668,983,246	32	1,692,362,096	
33 Total liabilities and net assets/fund balances	2,242,271,303	33	2,261,152,459	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	863,455,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	823,818,959
3	Revenue less expenses. Subtract line 2 from line 1	3	39,636,520
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,668,983,246
5	Net unrealized gains (losses) on investments	5	-3,914,200
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,343,470
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,692,362,096

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-1408475

Name: LOYOLA UNIVERSITY OF CHICAGO

Form 990 (2019)

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. LUC IS HOME TO 14 SCHOOLS, COLLEGES, AND INSTITUTES, WITH THE PARKINSON SCHOOL OF HEALTH SCIENCES AND PUBLIC HEALTH OPENING IN THE FALL OF 2019.

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 HEALTH SCIENCE CAMPUS AND PRIMARILY THROUGH THE STRITCH SCHOOL OF MEDICINE, THE UNIVERSITY IS FOCUSED ON THE DEVELOPMENT AND ADVANCEMENT OF MEDICAL KNOWLEDGE AS WELL AS THE TRAINING OF STUDENTS IN THE RESEARCH PROCESS.

Form 990, Part III, Line 4c:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PORTER MOSER MEN'S BASKETBALL HEAD COACH	40.0 0.0					X		1,137,184	0	81,196
JO ANN ROONEY PRESIDENT	1.0 0.0	X		X				787,883	0	52,097
MARGARET FAUT CALLAHAN SR VP STRATEGY & INNOVATION	40.0 0.0			X				540,605	0	50,339
MICHAEL J KAUFMAN DEAN, SCHOOL OF LAW	40.0 0.0					X		435,341	0	50,152
WAYNE MAGDZIARZ SR VP & CFO/CBO	40.0 0.0			X				408,173	0	40,892
MICHAEL F ANDREWS DIR. JOHN FELICE ROME CENTER	40.0 0.0					X		385,317	0	50,399
THOMAS M KELLY SR VP ADMIN. SERVICES	40.0 0.0			X				329,387	0	100,654
KATHARINE WYATT CHIEF INVESTMENT OFFICER	40.0 0.0					X		384,533	0	28,552
SAM MARZO DEAN, STRITCH SCHOOL OF MED.	40.0 0.0				X			364,366	0	48,710
SUSAN M MALISCH VP & CHIEF INFORMATION OFFICER	40.0 0.0			X				318,636	0	88,474

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 KOLB PROFESSOR OF FINANCE	40.0 0.0					X		328,043	0	50,339
KEVIN STEVENS DEAN, QUINLAN SCHOOL OF BUS	40.0 0.0				X			340,497	0	28,937
PAMELA G COSTAS VP GENERAL COUNSEL & SECRETARY	40.0 0.0			X				325,319	0	38,944
PAUL G ROBERTS VP ENROLL. MGMT. & ST. SUCCESS	40.0 0.0			X				291,272	0	49,014
JEREMY W LANGFORD VP MARKETING & COMMUNICATIONS	40.0 0.0			X				306,138	0	27,899
WINIFRED WILLIAMS VP HR & CHIEF DIVERSITY OFFICE	40.0 0.0			X				280,170	0	37,935
JANE NEUFELD VP OF STUDENT DEVELOPMENT	40.0 0.0			X				234,898	0	35,752
JOHN P PELISSERO FORMER OFFICER	40.0 0.0						X	223,062	0	45,489
PHILIP D HALE VP FOR GOVERNMENT AFFAIRS	40.0 0.0			X				222,518	0	43,303
SUSAN BODIN TREASURER	40.0 0.0			X				196,375	0	41,717

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				
PATRICK M BOYLE FORMER OFFICER	40.0 0.0							X	156,394	0	48,645
JOHN M SCHIETINGER ASSISTANT SECRETARY	40.0 0.0			X					162,842	0	40,948
JANET W SISLER VP FOR MISSION INTEGRATION	40.0 0.0			X					172,522	0	23,658
KAREN PACIERO VP FOR ADVANCEMENT	40.0 0.0			X					122,982	0	7,226
ELLEN S ALBERDING TRUSTEE	1.0 0.0	X							0	0	0
KIM BLICKENSTAFF 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
WALTER C DEYE SJ TRUSTEE	1.0 0.0	X							0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
RICK HAMMOND TRUSTEE	1.0 0.0	X						0	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
MARK A HOPPE VICE CHAIRMAN, 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
ROCCO J MARTINO TRUSTEE	1.0 0.0	X						0	0	0
BARRY C MCCABE 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			
RUTHELLYN MUSIL TRUSTEE (TERM ENDED 06/2020)	1.0 0.0	X						0	0	0
EILEEN WRENN MITCHELL TRUSTEE	1.0 0.0	X						0	0	0
ROBERT L NIEHOFF SJ TRUSTEE	1.0 0.0	X						0	0	0
SHARON L O'KEEFE TRUSTEE	1.0 0.0	X						0	0	0
GREG O'MEARA SJ TRUSTEE	1.0 0.0	X						0	0	0
ROBERT L PARKINSON JR TRUSTEE (TERM ENDED 12/2019)	1.0 0.0	X						0	0	0
BETTY PARKINSON TRUSTEE	1.0 0.0	X						0	0	0
TIMOTHY J RAND TRUSTEE	1.0 0.0	X						0	0	0
MARK S RZEP CZYNSKI TRUSTEE	1.0 0.0	X						0	0	0
RICHARD P SALMI SJ TRUSTEE (TERM ENDED 06/2020)	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			
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 CHAIR OF THE BOARD OF TRUSTEES	1.0 0.0	X						0	0	0
BRIAN K SPEERS TRUSTEE	1.0 0.0	X						0	0	0
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
BRYAN TRAUBERT 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			
KEVIN W WILLER TRUSTEE	1.0 0.0	X						0	0	0
NORBERTO GRZYWACZ PROVOST (EFF. 02/2020)	40.0 0.0			X				0	0	0
JAMES PREHN SJ VP & CHIEF OF STAFF	40.0 0.0			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	68,385,171	68,878,400	79,243,989	77,315,426	76,719,719	370,542,705
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	68,385,171	68,878,400	79,243,989	77,315,426	76,719,719	370,542,705
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						16,022,617
6	Public support. Subtract line 5 from line 4.						354,520,088

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . . .	68,385,171	68,878,400	79,243,989	77,315,426	76,719,719	370,542,705
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,917,760	24,454,239	26,927,598	30,922,589	27,996,133	135,218,319
9	Net income from unrelated business activities, whether or not the business is regularly carried on	49,935	73,696	553,374	301,827	0	978,832
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						0
11	Total support. Add lines 7 through 10						506,739,856
12	Gross receipts from related activities, etc. (see instructions)					12	3,495,342,241

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

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	69.961 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	71.966 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	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>		
2	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
1	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
1	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?		
2	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>		
3	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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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	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

- 1** 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 for instructions and the latest information.

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2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-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
1	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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		168,014
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			168,014
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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 2020, 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 GATHERINGS WERE PRINCIPALLY FOR PURPOSES OF GOODWILL, FOR COVID-19 STIMULUS RELIEF, 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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 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? Yes No

6 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? Yes 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	
a Total number of conservation easements	2a	6
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	6
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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 ▶ 0.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 0

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance	690,327,666	640,302,612	593,449,557	533,614,292	541,667,492
b Contributions	23,598,159	33,956,035	18,647,756	17,066,350	9,640,439
c Net investment earnings, gains, and losses	10,467,610	34,065,410	47,169,652	61,258,592	-923,514
d Grants or scholarships	7,426,074	6,371,061	7,330,146	6,985,351	5,799,437
e Other expenditures for facilities and programs	11,810,098	8,909,985	8,456,534	8,391,462	8,155,531
f Administrative expenses	3,800,951	2,715,345	3,177,673	3,112,864	2,815,157
g End of year balance	701,356,312	690,327,666	640,302,612	593,449,557	533,614,292

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 50.300 %
 - b** Permanent endowment ▶ 28.300 %
 - c** Temporarily restricted endowment ▶ 21.400 %
- 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:
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | No | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 3b**

	Yes	No
3a(i)	No	No
3a(ii)	No	No
3b		
- 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
1a Land	23,412,290	136,378,433		159,790,723
b Buildings	60,561,857	1,352,790,490	623,081,294	790,271,053
c Leasehold improvements	714,322	60,662,772	41,703,540	19,673,554
d Equipment	823,169	149,427,393	105,270,237	44,980,325
e Other		76,465,930		76,465,930
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,091,181,585

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	283,873,151	F
(B) PRIVATE EQUITY INVESTMENTS	92,409,170	F
(C) FIXED INCOME INVESTMENTS	55,581,566	F
(D) REAL ESTATE	21,894,215	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	453,758,102	

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)		
Total. (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)	
Total. (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
(2) COND. ASSET RETIREMENT OBLIGATION	3,029,896
(3) REFUNDABLE ADVANCES - LOANS	14,981,654
(4) PENSION AND OTHER POST RETIREMENT	63,798,188
(5) CAPITAL LEASE OBLIGATION	68,506
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	81,878,244

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.

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

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.

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

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. 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 D'ARCY COLLECTION OF MEDIEVAL, RENAISSANCE, AND BAROQUE ART. LUMA SHOWS ITS BELOVED ANNUAL CRCHE 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

2019

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 for the latest information.**

Department of the Treasury

Name of the organization

LOYOLA UNIVERSITY OF CHICAGO

Employer identification number

36-1408475

Part I

	YES	NO
1 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	
2 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	
3 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	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d 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	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
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
7 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 29, 2020 THE UNIVERSITY PUBLISHED ITS RACIALLY NONDISCRIMINATORY POLICY IN THE CHICAGO SUN-TIMES, 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 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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** Activites 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	2	121			186,633,940
b Total from continuation sheets to Part I		16			201,974
c Totals (add lines 3a and 3b)	2	137			186,835,914

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 WE MAINTAIN A SEPARATE SUB-LEDGER RELATED TO OUR ROME CENTER STUDY ABROAD CAMPUS, WHICH INCLUDES THE EXPENSES RELATED TO THAT PROGRAM. FOR STUDY ABROAD PROGRAMS WHICH ARE CONDUCTED THROUGH OTHER EDUCATIONAL INSTITUTIONS WE MAINTAIN SEPARATE ACCOUNTING UNITS WITHIN OUR GENERAL LEDGER IN ORDER TO TRACK THESE EXPENSES.

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
East Asia and the Pacific			Investments		9,723,951
Europe (Including Iceland and Greenland)			Investments		21,922,714

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			Investments		142,492,007
Central America and the Caribbean			Grantmaking		64,775

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			Grantmaking		19,398
Europe (Including Iceland and Greenland)			Grantmaking		963,533

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking		186,791
North America			Grantmaking		193,969

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			Grantmaking		130,603
Sub-Saharan Africa			Grantmaking		124,663

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	96	Program Services	STUDY ABROAD CAMPUS	9,375,500
East Asia and the Pacific	1	22	Program Services	STUDY ABROAD CAMPUS	827,351

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		1	Program Services	STUDY ABROAD PROGRAMS	37,305
East Asia and the Pacific			Program Services	STUDY ABROAD PROGRAMS	26,004

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	Program Services	STUDY ABROAD PROGRAMS	533,156
Middle East and North Africa			Program Services	STUDY ABROAD PROGRAMS	10,470

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		1	Program Services	STUDY ABROAD PROGRAMS	1,750
South America			Program Services	STUDY ABROAD PROGRAMS	52,346

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			Program Services	STUDY ABROAD PROGRAMS	701
Sub-Saharan Africa			Program Services	STUDY ABROAD PROGRAMS	606

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			Program Services	OTHER ACADEMIC	13,559
South America			Program Services	OTHER ACADEMIC	73,875

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	Program Services	RESEARCH	14,304
North America		2	Program Services	RESEARCH	5,970

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)		3	Program Services	PROFESSIONAL SERVICES	15,795
Middle East and North Africa			Program Services	PROFESSIONAL SERVICES	200

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		5	Program Services	PROFESSIONAL SERVICES	8,718
Europe (Including Iceland and Greenland)		2	Program Services	CONFERENCE TRAVEL	1,555

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa		1	Program Services	CONFERENCE TRAVEL	500
North America			Program Services	CONFERENCE TRAVEL	1,315

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		2	Program Services	CONFERENCE TRAVEL	12,530

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	64,775	Wire transf.			
		East Asia and the Pacific	Reduction of Plastic Waste	19,398	Wire transf.			

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)	Power of the Word Conference	11,000	Wire transf.			
		Europe (Including Iceland and Greenland)	SFCA's and Obesity	49,959	Wire transf.			

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)	Pneumococcal Capsule Biosynthesis Research	19,637	Wire transf.			
		Middle East and North Africa	Anthrax Research	186,791	Wire transf.			

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	188,970	Wire transf.			
		South Asia	Anthrax Research	130,603	Wire transf.			

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	54,000	Wire transf.			
			SFCA's and Obesity	70,663	Wire transf.			

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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 10 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			
Total						

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

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) Total events	
	FOUNDERS DINNER (event type)	STRITCH DINNER (event type)	4 (total number)	(add col. (a) through col. (c))	
1 Gross receipts	2,296,753	430,450	286,558	3,013,761	
2 Less: Contributions	2,219,053	361,825	177,547	2,758,425	
3 Gross income (line 1 minus line 2)	77,700	68,625	109,011	255,336	
Direct Expenses	4 Cash prizes		3,386	3,386	
	5 Noncash prizes		1,226	1,226	
	6 Rent/facility costs	134,151		23,830	157,981
	7 Food and beverages	143,475	139,839	167,528	450,842
	8 Entertainment	23,647	123,727	6,275	153,649
	9 Other direct expenses	102,001	23,117	38,438	163,556
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				930,640	
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-675,304	

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))
	1 Gross revenue			21,768
Direct Expenses	2 Cash prizes		10,177	10,177
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				10,177
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				11,591

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: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	100.000 %
b An outside facility	13b	0 %

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 III	THE GAMING ACTIVITIES DURING THE FISCAL YEAR 2020 WERE PRIMARILY RAFFLES HOSTED BY THE UNIVERSITY'S ATHLETIC DEPARTMENT DURING ITS VARIOUS SPORTING EVENTS. 50% OF THE GROSS REVENUE ACCUMULATED THROUGH THE RAFFLES WAS AWARDED TO THE WINNERS AND THE REMAINDER RETAINED BY THE UNIVERSITY.

Note: To capture the full content of this document as Filed, 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

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 for the latest information.

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 34
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	422		1,284,649		
(2) SCHOLARSHIPS	13175		247,387,174		
(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.

(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 non-cash assistance	(h) Purpose of grant or assistance
Albert Einstein College Of Medicine 1300 Morris Park Ave Belfer Buildi Bronx, NY 10461	47-2209056	501(c)(3)	45,919				HIV Research
American Heart Association PO Box 50035 Prescott, AZ 86304	13-5613797	501(c)(3)	15,000				Awards Ceremony Sponsorship

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Archdiocese Of Chicago 835 N Rush Street Chicago, IL 60611	36-2170826	501(c)(3)	12,500				Sponsorship Donation
Argonne National Lab PO Box 87916 Carol Stream, IL 60188	68-0628477	170(c)(1)	88,248				Anthrax Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Boise State University 1910 University Drive Boise, ID 83725	82-0290701	501(c)(3)	28,620				Frogbit Research
Center For Curriculum Analysis 2 Parklawn Place Madison, WI 53705	83-1519389	OTHER	70,878				Professional Learning Partnership

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Centro Romero 6216 N Clark Chicago, IL 60660	36-3517408	501(c)(3)	68,197				Minority Prevention Program
Chicago Children's Museum 700 East Grande Ave Suite 127 Chicago, IL 60611	36-3162474	501(c)(3)	15,972				STEM Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Cincinnati Children's Hospital 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501(c)(3)	45,218				Spina Bifida Research
Evanston Public Library 2700 Ridge Ave Evanston, IL 60201	36-6005870	170(C)(1)	15,146				STEM Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Columbia University PO Box 29789 New York, NY 10087	13-5598093	501(c)(3)	42,439				Antigen-Independent Exploration
Howard Brown Health Center 4025 N Sheridan Road Chicago, IL 60613	36-2894128	501(c)(3)	14,040				Medical Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Los Alamos National Laboratory PO Box 1663 Mall Stop p245 Los Alamos, NM 87545	20-3104541	170(c)(1)	202,763				Molecular Virology Research
Northwestern University 750 N Lake Shore Drive 7th Floor Chicago, IL 60611	36-2167817	501(c)(3)	48,798				Urinary Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Northeastern University 360 Huntington Ave Mail stop 540-177 HU Boston, MA 02115	04-1679980	501(c)(3)	15,076				Alzheimer's Research
Peggy Notebaert Nature Museum 2430 N Cannon Drive Chicago, IL 60614	36-0895575	501(c)(3)	17,191				STEM Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Purdue University 401 South Grant Street West Lafayette, IN 47907	35-6002041	501(c)(3)	259,765				Viral Proteases Research
Rush University Medical Center 1653 W Congress Pkwy Chicago, IL 60612	36-2174823	501(c)(3)	17,309				Hepatitis C Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Scripps Research Institute 10550 North Torrey Pines Road La Jolla, CA 92037	33-0435954	501(c)(3)	6,164				Medical Research
The JFA Institute 720 Kearney Street Denver, CO 80220	38-3680643	501(c)(3)	33,086				Prision Utilization Study

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Trustees Of The University Of Pennsylvania 3400 Chestnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	47,115				Antigen-independent Research
University Of California San Diego 9500 Gilman Drive MC 0009 La Jolla, CA 92093	95-6006144	170(c)(1)	182,362				Urinary Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
University Of Chicago 6054 South Drexel Ave Suite 300 Chicago, IL 60637	36-2177139	501(c)(3)	176,109				Hepatitis C Research
University Of Illinois at Chicago 1737 West Polk St 310 AOB M/C 672 Chicago, IL 60612	37-6000511	170(c)(1)	86,470				Hepatitis C Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
University Of Minnesota 505 Essex Street Minneapolis, MN 55455	41-6007513	170(c)(1)	73,439				SERCA Regulation Study
University of Illinois 506 S Wright Street Urbana, IL 61801	37-6000511	170(C)(1)	310,011				Hepatitis C Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
University Of Notre Dame 940 Grace Hall Notre Dame, IN 46556	35-0868188	501(c)(3)	23,857				Biodiversity/Habitat Research
University of South Florida 4202 E Fowler Avenue Tampa, FL 33620	59-3102112	170(c)(1)	122,282				Acute Lung Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
University of Texas at Austin PO Box 7159 Austin, TX 78713	74-6000203	170(c)(1)	8,330				Meta-Analysis Study
University Of Washington PO Box 354966 Seattle, WA 98195	91-6001537	170(c)(1)	7,785				Urinary Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Varian Medical Systems Inc 3100 Hansen Way M/S E-047 Palo Alto, CA 94304	94-2359345	OTHER	119,352				Lung Tumor Study
University of Kentucky Research Foundation c/o PNC Bank PO Box 931113 Cleveland, OH 44193	61-6033693	501(c)(3)	50,758				Alzheimers Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
University of Tennessee 910 Madison Avenue Suite 823 Memphis, TN 38163	62-6001636	107(c)(1)	9,558				Parkinson's Disease Research
University of Wisconsin - Madison Drawer 538 Milwaukee, WI 53278	39-1805963	107(c)(1)	6,348				Hepatitis C Research

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Vietnamese Association of Illinois 5110 N Broadway Chicago, IL 60640	36-2882292	501(c)(3)	71,983				Minority Prevention Program
Rogers Park Business Alliance 1448 W Morse Ave CHICAGO, IL 60626	36-3357551	501(C)(3)	17,500				Sponsorship Donation

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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 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 Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 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 on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<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		
4 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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 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:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 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.	7 Yes	
8 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	COMPENSATION PROVIDED BY ORGANIZATION FIRST-CLASS TRAVEL ALL FIRST CLASS TRAVEL WAS EITHER AT THE EXPENSE OF THE EMPLOYEE AND NOT REIMBURSED BY THE UNIVERSITY, OR CONNECTING FLIGHTS ON A BUSINESS CLASS TICKET WHERE FIRST CLASS AND COACH WERE THE ONLY CLASSES ON THE AIRCRAFT. CHARTER TRAVEL THE UNIVERSITY CHARTERS AIRCRAFT FOR THE PURPOSE OF TRANSPORTING THE BASKETBALL TEAM TO INTERCOLLEGIATE ATHLETIC EVENT LOCATIONS. IN INSTANCES WHERE A UNIVERSITY EMPLOYEE AND/OR THEIR FAMILY MEMBER TRAVELS ON A UNIVERSITY CHARTERED FLIGHT, WITHOUT A UNIVERSITY BUSINESS PURPOSE, THE UNIVERSITY DETERMINES THE TAXABLE VALUE, WHICH MAY BE ZERO, OF THE CHARTERED TRAVEL PROVIDED TO THE EMPLOYEE AND/OR THEIR FAMILY MEMBER AND INCLUDES THE AMOUNT AS TAXABLE WAGES OF THE EMPLOYEE. COMPANION TRAVEL UNIVERSITY-FUNDED EXPENSES FOR SPOUSES ARE TAXABLE COMPENSATION TO THE EMPLOYEE UNLESS THERE IS A DOCUMENTED "BONA FIDE BUSINESS PURPOSE" FOR THE SPOUSE'S TRAVEL. UNDER LIMITED CIRCUMSTANCES, THE UNIVERSITY MAY APPROVE EXPENSES FOR AN EMPLOYEE'S SPOUSE. GENERALLY THESE SITUATIONS ARE RELATED TO ALUMNI OR DONOR EVENTS WHERE DIRECT UNIVERSITY BENEFIT IS DERIVED FROM THE ATTENDANCE OF THE SPOUSE. IF A BONA FIDE BUSINESS PURPOSE DOES NOT EXIST, ANY AMOUNTS REIMBURSED OR PAID DIRECTLY FOR SPOUSAL EXPENSES MUST BE INCLUDED IN THE TAXABLE WAGES OF THE EMPLOYEE. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS MICHAEL ANDREWS IS AN EMPLOYEE OF THE UNIVERSITY WORKING AT THE JOHN FELICE ROME CENTER CAMPUS IN ITALY. HIS COMPENSATION INCLUDES \$136,751 TO COVER ITALIAN TAXES PAID BY THE UNIVERSITY ON HIS BEHALF. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE TWO OFFICERS WERE GIVEN A HOUSING ALLOWANCE IN CALENDAR YEAR 2019. 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 AIRLINE CLUB MEMBERSHIPS FOR OFFICIAL UNIVERSITY BUSINESS PURPOSES AND THESE MEMBERSHIPS WERE TREATED AS TAXABLE COMPENSATION.
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 AND THERE WERE NO DISTRIBUTIONS FROM THE PLAN IN CALENDAR YEAR 2019.
FORM 990, SCHEDULE J, PART I, LINE 7	SUPPLEMENTAL COMPENSATION INFORMATION SIX PERSONS LISTED IN PART VII, SECTION A, LINE 1A RECEIVED NON-FIXED PAYMENTS DURING CALENDAR YEAR 2019. THESE NON-FIXED PAYMENTS CAN BE RELATED TO ADDITIONAL DUTIES PERFORMED, PERFORMANCE BONUSES, SIGNING BONUSES, OR WELLNESS INCENTIVE PAYMENTS.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PORTER MOSER MEN'S BASKETBALL HEAD COACH	(i)	1,108,742	20,000	8,442	28,000	54,221	1,219,405	0
	(ii)	0	0	0	0	0	0	0
1JO ANN ROONEY PRESIDENT	(i)	658,249	0	129,634	28,000	24,097	839,980	0
	(ii)	0	0	0	0	0	0	0
2MARGARET FAUT CALLAHAN SR VP STRATEGY & INNOVATION	(i)	488,951	0	51,654	28,000	23,171	591,776	0
	(ii)	0	0	0	0	0	0	0
3MICHAEL J KAUFMAN DEAN, SCHOOL OF LAW	(i)	431,777	0	3,564	28,000	23,176	486,517	0
	(ii)	0	0	0	0	0	0	0
4WAYNE MAGDZIARZ SR VP & CFO/CBO	(i)	405,656	0	2,517	28,000	13,916	450,089	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL F ANDREWS DIR. JOHN FELICE ROME CENTER	(i)	243,513	0	141,804	25,009	26,287	436,613	0
	(ii)	0	0	0	0	0	0	0
6THOMAS M KELLY SR VP ADMIN. SERVICES	(i)	327,065	0	2,322	28,000	73,678	431,065	0
	(ii)	0	0	0	0	0	0	0
7SAM MARZO DEAN, STRITCH SCHOOL OF MED.	(i)	363,333	0	1,033	25,833	24,727	414,926	0
	(ii)	0	0	0	0	0	0	0
8KATHARINE WYATT CHIEF INVESTMENT OFFICER	(i)	328,993	55,000	540	17,055	12,240	413,828	0
	(ii)	0	0	0	0	0	0	0
9SUSAN M MALISCH VP & CHIEF INFORMATION OFFICER	(i)	316,412	0	2,224	28,000	61,477	408,113	0
	(ii)	0	0	0	0	0	0	0
10ROBERT KOLB PROFESSOR OF FINANCE	(i)	322,692	300	5,051	28,000	23,052	379,095	0
	(ii)	0	0	0	0	0	0	0
11KEVIN STEVENS DEAN, QUINLAN SCHOOL OF BUS	(i)	336,306	0	4,191	28,000	1,769	370,266	0
	(ii)	0	0	0	0	0	0	0
12PAMELA G COSTAS VP GENERAL COUNSEL & SECRETARY	(i)	324,114	0	1,205	28,000	11,954	365,273	0
	(ii)	0	0	0	0	0	0	0
13PAUL G ROBERTS VP ENROLL. MGMT. & ST. SUCCESS	(i)	289,246	0	2,026	28,000	21,974	341,246	0
	(ii)	0	0	0	0	0	0	0
14JEREMY W LANGFORD VP MARKETING & COMMUNICATIONS	(i)	305,109	0	1,029	27,899	977	335,014	0
	(ii)	0	0	0	0	0	0	0
15WINIFRED WILLIAMS VP HR & CHIEF DIVERSITY OFFICE	(i)	278,287	0	1,883	28,000	10,865	319,035	0
	(ii)	0	0	0	0	0	0	0
16JANE NEUFELD VP OF STUDENT DEVELOPMENT	(i)	233,304	0	1,594	23,339	13,281	271,518	0
	(ii)	0	0	0	0	0	0	0
17JOHN P PELISSERO FORMER OFFICER	(i)	220,365	0	2,697	23,150	23,062	269,274	0
	(ii)	0	0	0	0	0	0	0
18PHILIP D HALE VP FOR GOVERNMENT AFFAIRS	(i)	220,441	0	2,077	20,572	23,586	266,676	0
	(ii)	0	0	0	0	0	0	0
19SUSAN BODIN TREASURER	(i)	194,370	0	2,005	19,378	23,097	238,850	0
	(ii)	0	0	0	0	0	0	0

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				
21 PATRICK M BOYLE FORMER OFFICER	(i)	154,553	225	1,616	16,913	32,368	205,675	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
1 JOHN M SCHIETINGER ASSISTANT SECRETARY	(i)	162,612	0	230	17,500	24,106	204,448	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
2 JANET W SISLER VP FOR MISSION INTEGRATION	(i)	158,922	12,000	1,600	13,845	10,315	196,682	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

▶ 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 instructions and the latest information.

OMB No. 1545-0047

2019

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 Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Illinois Finance Authority	86-1091967	45203hhm7	05-31-2012	104,526,524	REFUND & NEW CONST, SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	10,575,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	104,575,017							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	391,389							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	60,492,499							
11	Other spent proceeds	43,691,129							
12	Other unspent proceeds	0							
13	Year of substantial completion	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d 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?								
4 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 %						
5 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 ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a 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						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 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							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	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							

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 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.

Return Reference	Explanation
FORM 990, SCHEDULE K, PART II, LINE 3, COLUMN A	THE TOTAL AMOUNT OF \$104,575,017 INCLUDES THE ORIGINAL ISSUE PRICE OF \$104,526,524 AND \$48,493 OF INVESTMENT EARNINGS.

Return Reference	Explanation
FORM 990, SCHEDULE K, PART III, LINE 3B, COLUMN A	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.

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, SCHEDULE K, PART III, LINES 4-6, COLUMN A	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

2019

Open to Public Inspection

▶ **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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

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

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	121,534		No	Yes		Yes	
Total						▶ \$	121,534					

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	60,018	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 FORMER TRUSTEE	123,066	EMPLOYMENT		No
(2) JENNIFER BOYLE	SPOUSE OF FORMER OFFICER	155,355	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, FORMER 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

2019

▶ **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 for the latest information.**

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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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		100	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	99	3,101,367	COST/SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	345,000	SALE OF COMPARABLE
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	514	23,710	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	189	3,251	COST/SELLING PRICE
26 Other ▶ (GRAND PIANO)	X	1	7,500	COST/SELLING PRICE
27 Other ▶ (TICKETS)	X	75	7,189	COST/SELLING PRICE
28 Other ▶ (CERTIFICATES)	X	107	8,939	COST/SELLING PRICE

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

	Yes	No
30a 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 isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't 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	ITEMS REPORTED IN COLUMN B ARE A COMBINATION OF BOTH THE NUMBER OF CONTRIBUTIONS AND NUMBER OF ITEMS RECEIVED.
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**

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 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

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 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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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 2019, THE UNIVERSITY PAID COMPENSATION AND BENEFITS IN THE AMOUNT OF \$209,100 TO THE SOCIETY OF JESUS, THE FOUNDERS OF LOYOLA UNIVERSITY CHICAGO, FOR HIS SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS KRASA TRUST CHANGE (1,202,643) EXCHANGE RATE GAIN/LOSS (155,07 3) CHANGES IN POST RETIREMENT BENEFIT (9,747,608) LOSS ON PROPERTY DISPOSALS (1,238,146) - ----- TOTAL (12,343,470)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1) MUNDELEIN COLLEGE 820 N MICHIGAN AVE CHICAGO, IL 60611 36-2179799	EDUCATION	IL	501(c)(3)	2	LUC	Yes	
(2) 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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s 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	1,102,015	CASH

Part VII **Supplemental Information**

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

Return Reference	Explanation