

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 06/01, 2008, and ending 05/31, 2009

Form 990 header section containing organization name (LOYOLA MARYMOUNT UNIVERSITY), address (1-LMU DRIVE, U-HALL, LOS ANGELES, CA 90045), principal officer (MR THOMAS O FLEMING JR CFO/SVP), and other identifying information.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7. Governance and revenue summary; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

Signature block containing declaration of preparer, signature of officer (THOMAS O FLEMING JR), and preparer information (PRICEWATERHOUSECOOPERS LLP).

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization LOYOLA MARYMOUNT UNIVERSITY	Employer identification number 95-1643334
	Number, street, and room or suite no. If a P.O. box, see instructions. 1-LMU DRIVE, U-HALL	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90045	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

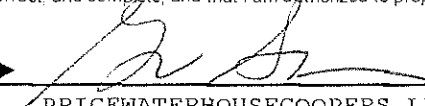
- The books are in the care of **THOMAS O FLEMING JR SVP/CFO**
Telephone No. **310 338-2738** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **04/15/2010**
- For calendar year _____, or other tax year beginning **06/01/2008** and ending **05/31/2009**
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO FILE A COMPLTE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **01/06/2010**

PRICEWATERHOUSECOOPERS LLP
125 HIGH STREET
BOSTON, MA 02110

Form **8868** (Rev. 4-2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization LOYOLA MARYMOUNT UNIVERSITY	Employer identification number 95-1643334
	Number, street, and room or suite no. If a P.O. box, see instructions. 1-LMU DRIVE, U-HALL, Suite 2200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90045	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► THOMAS O FLEMING JR SVP/CFO

Telephone No. ► 310 338-2738 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning 06/01, 2008, and ending 05/31, 2009

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
LOYOLA MARYMOUNT UNIVERSITY MAINTAINS A THREE-FOLD MISSION: 1) THE ENCOURAGEMENT OF LEARNING, 2) THE EDUCATION OF THE WHOLE PERSON, AND 3) THE SERVICE OF FAITH AND THE PROMOTION OF JUSTICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 256,358,400. including grants of \$ 60,240,000.) (Revenue \$ 305,276,000.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ \$ 256,358,400. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input checked="" type="checkbox"/>	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	<input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) 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>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input checked="" type="checkbox"/>	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<input checked="" type="checkbox"/>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management control, organizational changes, asset diversions, members, and documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation process, and joint ventures.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, and disclosure of governing documents.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total							4,115,225.	NONE	681,108.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 344

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 1		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 20

Part VIII Statement of Revenue

95-1643334

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	164,000.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	6,537,000.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	25,008,000.					
	g Noncash contributions included in lines 1a-1f: \$		668,000.					
	h Total. Add lines 1a-1f ▶			31,709,000.				
	Program Service Revenue				Business Code			
		2a TUITION & FEES		900099	267,975,000.	267,975,000.		
b AUXILIARY			900099	26,376,000.	26,376,000.			
c CONFERENCES			532000	3,783,000.	179,000.	3,604,000.		
d FITNESS CENTER			713940	1,188,000.	927,000.	261,000.		
e CHILDREN'S CENTER			624410	927,000.	519,000.	408,000.		
f All other program service revenue			900099	5,027,000.	5,027,000.			
g Total. Add lines 2a-2f ▶				305,276,000.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			7,846,000.		62,000.	7,784,000.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE				
	5 Royalties ▶			420,000.			420,000.	
	6a Gross Rents	(i) Real						
		(ii) Personal						
			346,000.					
		b Less: rental expenses						
	c Rental income or (loss)		346,000.					
	d Net rental income or (loss) ▶			346,000.			346,000.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			105,857,000.					
		b Less: cost or other basis and sales expenses		119,610,000.				
	c Gain or (loss)		-13,753,000.					
	d Net gain or (loss) ▶			-13,753,000.			-13,753,000.	
	8a Gross income from fundraising events (not including \$ 164,000. of contributions reported on line 1c). See Part IV, line 18.	a		137,000.				
		b Less: direct expenses	b	186,000.				
		c Net income or (loss) from fundraising events ▶			-49,000.			-49,000.
	9a Gross income from gaming activities. See Part IV, line 19.	a						
		b Less: direct expenses	b					
c Net income or (loss) from gaming activities ▶				NONE				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory. ▶			NONE				
Miscellaneous Revenue			Business Code					
11a EARLY EXTINGUISHMENT OF DEBT		900099		-1,887,000.			-1,887,000.	
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d ▶				-1,887,000.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶				329,908,000.	301,003,000.	4,335,000.	-7,139,000.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	28,000.	28,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	60,178,800.	60,178,800.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	33,200.	33,200.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,174,000.	210,000.	2,626,000.	338,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	169,000.	169,000.		
7 Other salaries and wages	127,727,000.	102,011,000.	21,343,000.	4,373,000.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	10,270,000.	7,995,200.	1,998,800.	276,000.
9 Other employee benefits	19,318,000.	15,040,000.	3,760,000.	518,000.
10 Payroll taxes	9,299,000.	7,239,200.	1,809,800.	250,000.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	610,000.	14,000.	588,000.	8,000.
c Accounting	385,000.		385,000.	
d Lobbying	129,000.			129,000.
e Professional fundraising services. See Part IV, line 17	153,000.			153,000.
f Investment management fees	1,319,000.		1,319,000.	
g Other	15,928,000.	9,555,000.	6,018,000.	355,000.
12 Advertising and promotion	3,084,000.	2,710,000.	30,000.	344,000.
13 Office expenses	7,980,000.	5,559,000.	1,475,000.	946,000.
14 Information technology	5,559,000.	1,239,000.	4,280,000.	40,000.
15 Royalties	1,000.	1,000.		
16 Occupancy	11,634,000.	3,310,000.	8,294,000.	30,000.
17 Travel	5,801,000.	5,374,000.	298,000.	129,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	2,009,000.	793,000.	606,000.	610,000.
20 Interest	4,667,000.	4,249,000.	418,000.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	17,531,000.	14,870,000.	2,661,000.	
23 Insurance	1,429,000.	590,000.	838,000.	1,000.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EQUIPMENT_RENTAL_&_MAINTENAN	3,106,000.	1,662,000.	1,338,000.	106,000.
b EQUIPMENT_PURCHASE_-----	4,030,000.	3,429,000.	590,000.	11,000.
c BOOKS_&_PERIODICALS_-----	2,220,000.	2,165,000.	40,000.	15,000.
d STUDENT_WORK_-----	10,094,000.	7,875,000.	1,965,000.	254,000.
e MISCELLANEOUS_-----	471,000.	59,000.		412,000.
f All other expenses_-----				
25 Total functional expenses. Add lines 1 through 24f	328,337,000.	256,358,400.	62,680,600.	9,298,000.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	21,947,000.	2	14,469,000.
	3 Pledges and grants receivable, net	32,266,000.	3	24,983,000.
	4 Accounts receivable, net	9,712,000.	4	9,261,000.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	200,000.	5	296,666.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	32,979,000.	7	6,227,334.
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	8,427,000.	9	5,948,000.
	10a Land, buildings, and equipment: cost basis	10a 718,792,000.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 211,483,000.	451,231,000.	10c 507,309,000.
	11 Investments - publicly traded securities	322,329,000.	11	89,143,000.
	12 Investments - other securities. See Part IV, line 11	127,792,000.	12	237,672,000.
	13 Investments - program-related. See Part IV, line 11		13	28,737,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,006,883,000.	16	924,046,000.	
Liabilities	17 Accounts payable and accrued expenses	67,892,000.	17	71,918,000.
	18 Grants payable		18	
	19 Deferred revenue	13,010,000.	19	11,579,000.
	20 Tax-exempt bond liabilities	162,974,000.	20	161,822,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	3,724,000.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	16,980,000.	25	12,858,000.
	26 Total liabilities. Add lines 17 through 25	260,856,000.	26	261,901,000.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	582,937,000.	27	435,345,000.
	28 Temporarily restricted net assets	23,772,000.	28	81,864,000.
	29 Permanently restricted net assets	139,318,000.	29	144,936,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	746,027,000.	33	662,145,000.
	34 Total liabilities and net assets/fund balances	1,006,883,000.	34	924,046,000.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Public Charity Status and Public Support

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

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: (Please check only one organization.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [x] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
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 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.)
10 [] An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 [] 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 that describes the type of supporting organization and complete lines 11e through 11h.
a [] Type I b [] Type II c [] Type III - Functionally Integrated d [] Type III - Other
e [] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f [] If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
g [] Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) [] A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) [] A family member of a person described in (i) above?
(iii) [] A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports.

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Sub-columns for Yes/No for (iv) and (vi).

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %
16a 33 1/3% support test - 2008. 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.
b 33 1/3% support test - 2007. 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.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
b 10%-facts-and-circumstances test - 2007. 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.
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 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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.

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization <u>LOYOLA MARYMOUNT UNIVERSITY</u>	Employer identification number <u>95-1643334</u>
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____

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

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?; i Other activities?; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART I-A, LINE 1

THE UNIVERSITY DOES NOT PARTICIPATE IN POLITICAL CAMPAIGN ACTIVITIES.

SCHEDULE C, PART II-B, LINE 1I

THE UNIVERSITY SENT E-MAILS TO CAL GRANT RECEPIENTS ASKING THEM TO VISIT

OUR WEBSITE AND WRITE A LETTER TO SPECIFIC LEGISLATORS TO SUPPORT FUNDING

FOR CAL GRANTS AND E-MAIL NEWSLETTER TO ALUMNI AS PART OF A REGULAR

MONTHLY NEWSLETTER TO DO THE SAME. THE UNIVERSITY HIRED THE NATIONAL

GROUP (D. C. LOBBYING FIRM) TO WORK ON THE UNIVERSITY'S BEHALF.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

LOYOLA MARYMOUNT UNIVERSITY

95-1643334

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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 relating to these items:

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
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? Yes No

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

Part V Endowment Funds. Complete if organization answered "Yes" to 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	419,203,000.				
b Contributions	5,172,000.				
c Investment earnings or losses	-73,387,000.				
d Grants or scholarships	15,135,000.				
e Other expenditures for facilities and programs	1,262,000.				
f Administrative expenses	163,000.				
g End of year balance	334,428,000.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment \blacktriangleright 57.0000 %
- b Permanent endowment \blacktriangleright 35.0000 %
- c Term endowment \blacktriangleright 8.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	NONE	41,131,000.		41,131,000.
b Buildings	8,450,000.	354,901,000.	77,438,000.	285,913,000.
c Leasehold improvements	NONE	36,007,000.	20,656,000.	15,351,000.
d Equipment	NONE	117,133,000.	73,905,000.	43,228,000.
e Other	NONE	161,170,000.	39,484,000.	121,686,000.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				507,309,000.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ALTERNATIVE INVESTMENT FUNDS	232,599,000.	FMV
REAL ESTATE AND OTHER	5,073,000.	FMV

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	237,672,000.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
US GOVERNMENT GRANTS REFUNDABLE	11,090,000.
ANNUITY LIABILITIES AND ASSETS HELD FOR OTHERS	616,000.
LOAN FUNDS RETURNABLE TO DONOR	1,152,000.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	12,858,000.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	329,908,000.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	328,337,000.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,571,000.
4	Net unrealized gains (losses) on investments	4	-84,320,000.
5	Donated services and use of facilities	5	
6	Investment expenses	6	-1,319,000.
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	186,000.
9	Total adjustments (net). Add lines 4-8	9	-85,453,000.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-83,882,000.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	244,455,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-84,320,000.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	186,000.
e	Add lines 2a through 2d	2e	-84,134,000.
3	Subtract line 2e from line 1	3	328,589,000.
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	1,319,000.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	1,319,000.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	329,908,000.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	328,337,000.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	328,337,000.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	328,337,000.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A
THE UNIVERSITY HAS ELECTED NOT TO CAPITALIZE COLLECTIONS OR WORKS OF
ART. THESE ITEMS WOULD BE DISCLOSED IN THE FINANCIAL STATEMENTS IF
MATERIALITY THRESHOLDS DEEMED DISCLOSURE APPROPRIATE

SCHEDULE D, PART III, LINE 4
THE UNIVERSITY MAINTAINS A NUMBER OF ART COLLECTIONS WHICH ARE DESCRIBED
IN GREAT DETAIL ON THE UNIVERSITY'S WEBSITE:
[HTTP://LIBRARY.LMU/EDU/SPECIALCOLLECTIONS](http://library.lmu.edu/specialcollections). ART AND COLLECTIONS ARE
AVAILABLE FOR PUBLIC EXHIBITION AND ARE PRIMARILY USED FOR EDUCATIONAL
PURPOSES.

SCHEDULE D, PART IV, LINE 2B
THE UNIVERSITY SERVES AS TRUSTEE FOR TWO CHARITABLE REMAINDER TRUSTS AND
MAINTAINS THE ASSETS AND CORRESPONDING RESERVE LIABILITIES ON THE BALANCE
SHEET. SIMILARLY, THE UNIVERSITY HAS THIRTY-EIGHT GIFT ANNUITIES WHERE
THE ASSETS AND CORRESPONDING RESERVE LIABILITIES ARE ON THE BALANCE
SHEET.

SCHEDULE D, PART V, LINE 4
THE OVERALL PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE A RELATIVELY
PREDICTABLE, STABLE, AND CONSTANT RETURN SUFFICIENT TO MEET A PORTION OF
THE SPENDING NEEDS OF THE UNIVERSITY. THE ENDOWMENT FUNDS HAVE BEEN
ESTABLISHED TO PROVIDE FUNDING FOR ACTIVITIES THAT SUPPORT THE
UNIVERSITY'S EDUCATIONAL MISSION.

SCHEDULE D, PART X

Part XIV Supplemental Information (continued)

THE UNIVERSITY DOES NOT MAINTAIN ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 8

FUNDRAISING DIRECT EXPENSES \$186,000

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING DIRECT EXPENSES \$186,000

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2008

Open to Public Inspection

▶ **To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

LOYOLA MARYMOUNT UNIVERSITY

95-1643334

	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?	X	
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?	X	
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 <u>THE NON-DISCRIMINATION POLICY IS ACCESSIBLE VIA THE UNIVERSITY'S WEBSITE AND IS INCLUDED IN UNIVERSITY PUBLICATIONS INCLUDING THE UNIVERSITY BULLETIN, RECRUITMENT MATERIALS, ADVERTISEMENTS (STUDENT, FACULTY, STAFF) AND OTHER RELATED MATERIALS.</u>	X	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
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, attach a separate statement.)	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
6a Does the organization receive any financial aid or assistance from a governmental agency? <u>STATE</u>	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		
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," attach an explanation.	X	

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

LOYOLA MARYMOUNT UNIVERSITY

95-1643334

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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 in region
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	
EUROPE	1	3	PROGRAM SERVICES	STUDY ABROAD	
NORTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	
Totals ▶	1	3			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	SCHOLARSHIP	12,469.	WIRE XFER			
			EUROPE/ICELAND/GREENLAND	SCHOLARSHIP	10,204.	WIRE XFER			
			EUROPE/ICELAND/GREENLAND	SCHOLARSHIP	10,464.	WIRE XFER			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2

AWARDS WIRED TO A NON-U. S. ORGANIZATION ARE DESIGNATED FOR SPECIFIC STUDENTS.

SCHEDULE F, PART I, COLUMN (F)

THE ORGANIZATION DOES NOT CURRENTLY TRACK FOREIGN EXPENDITURES FOR EACH PROGRAM SEPARATELY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|--|

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 activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
STEPHEN SALTZMAN	FUNDRAISING		X		75,000.	
PLUS DELTA PARTNERS	CONSULTING		X		78,375.	
Total				▶	153,375.	

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		MAAA DINNER (event type)	GOLF CLASSIC (event type)	1 (total number)	
Revenue	1 Gross receipts	116,375.	102,527.	81,517.	300,419.
	2 Less: Charitable contributions	85,770.	41,270.	36,688.	163,728.
	3 Gross revenue (line 1 minus line 2)	30,605.	61,257.	44,829.	136,691.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	40,133.	28,270.		68,403.
	7 Other direct expenses	70,552.	12,151.	35,051.	117,754.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(186,157.)
9 Net income summary. Combine lines 3 and 8 in column (d)					-49,466.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
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:			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information:			
	Name ▶ _____			
	Gaming manager compensation ▶ \$ _____			
	Description of services provided ▶ _____			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?		17a	
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 ▶ \$ _____			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... the selection criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed []

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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: UNITED WAY, 523 W 6TH STREET LOS ANGELES, CA 90014, EIN 95-2274801, IRC 501(C)(3), Amount 15,000, Purpose ANNUAL DONATION.

- 2 Enter total number of section 501(c)(3) and government organizations 1
3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AND GRANTS	4,939	60,178,800.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2 -----
 THE UNIVERSITY AWARDS FEDERAL GRANT FUNDS TO STUDENTS ACCORDING TO -----
 FEDERAL AND INSTITUTIONAL POLICIES. FUNDS AWARDED TO STUDENTS ARE -----
 MONITORED BY OUR MANAGERS OF FEDERAL PROGRAMS AND COMPLIANCE, AND -----
 RECONCILIATION IS A COLLABORATIVE EFFORT BETWEEN FINANCIAL AID AND -----
 ACCOUNTING, AND IS COMPLETED MONTHLY. -----

SCHEDULE I, PART III -----
 CASH GRANTS ARE CREDITS TO STUDENT ACCOUNTS. -----

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
DAVID W. BURCHAM, J. D.	(i)	303,730.	20,000.	33,110.	21,850.	15,161.	393,851.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DENNIS SLON	(i)	229,934.	20,000.	22,694.	21,850.	12,633.	307,111.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERNEST D ROSE, PH. D.	(i)	244,402.	20,000.	49,475.	21,850.	27,158.	362,885.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EVELYNNE B. SCARBORO	(i)	216,107.	20,000.	25,614.	21,850.	13,416.	296,987.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS O. FLEMING JR.	(i)	216,759.	20,000.	25,302.	21,850.	40,723.	324,634.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELENA M. BOVE, ED. D.	(i)	174,697.	20,000.	22,057.	18,544.	18,246.	253,544.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VICTOR J GOLD, J. D.	(i)	232,105.	26,500.	20,147.	21,850.	27,881.	328,483.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNE PRISCO, PH. D.	(i)	187,060.	7,500.	22,688.	18,207.	41,556.	277,011.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FREDERICK GARCIA	(i)	183,373.	NONE	22,742.	19,368.	25,724.	251,207.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
REBECCA CHANDLER	(i)	155,569.	7,500.	15,664.	16,727.	16,046.	211,506.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LORI A. HUSEIN	(i)	154,994.	7,500.	7,594.	15,561.	35,317.	220,966.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DENNIS DRAPER	(i)	270,044.	7,500.	16,882.	21,850.	20,137.	336,413.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES WALTER	(i)	269,713.	NONE	13,181.	21,850.	29,385.	334,129.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM BAYNO	(i)	264,251.	NONE	14,945.	21,850.	8,844.	309,890.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICIA OLIVER	(i)	242,783.	NONE	23,435.	21,850.	718.	288,786.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RODNEY TENTION	(i)	241,204.	NONE	16,470.	21,850.	4,558.	284,082.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A AND 1B
ON-CAMPUS HOUSING IS PROVIDED TO THE PRESIDENT FOR THE CONVENIENCE OF
THE UNIVERSITY AND AS A CONDITION OF EMPLOYMENT.

CERTAIN OFFICERS RECEIVE SOCIAL CLUB DUES AND ARE TAXED ON PERSONAL USE.
REIMBURSEMENT OF SOCIAL CLUB DUES FOR BUSINESS USE IS IN ACCORDANCE WITH
UNIVERSITY POLICY. EXPENSES AND REIMBURSEMENTS ARE REVIEWED AND APPROVED
AS APPROPRIATE BY THE RELEVANT AUTHORITIES. THE UNIVERSITY DOES NOT
CURRENTLY FOLLOW A WRITTEN POLICY REGARDING PAYMENT AND REIMBURSEMENT FOR
THOSE EXPENSES AS THE REVIEW AND APPROVAL PROCESS IS COMPREHENSIVE, AND
UNUSUAL EXPENSES OR REIMBURSEMENT REQUESTS WOULD BE QUESTIONED.

SCHEDULE J, PART I, LINE 4A
RODNEY TENTION, HEAD COACH OF MEN'S BASKETBALL, RECEIVED A SEVERANCE
PAYMENT IN CALENDAR 2008 IN THE AMOUNT OF \$150,000.

SCHEDULE J, PART II, COLUMN D
NONTAXABLE BENEFITS MAY INCLUDE TUITION REMISSION BENEFITS FOR CERTAIN

Part III Supplemental Information

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

INDIVIDUALS.

ADDITIONAL INFORMATION

THE PRESIDENT OF THE UNIVERSITY, ALSO A TRUSTEE OF THE UNIVERSITY, HAS

TAKEN A VOW OF POVERTY. ALL OF HIS COMPENSATION AND BENEFITS (EXCLUDING

ON-CAMPUS HOUSING) HAVE BEEN PAID DIRECTLY TO THE JESUIT COMMUNITY. THE

AMOUNT REPORTED IN SCHEDULE J-2, COLUMN (D) REPRESENTS THE VALUE OF

ON-CAMPUS HOUSING PROVIDED TO THE PRESIDENT FOR THE CONVENIENCE OF THE

UNIVERSITY AND AS A CONDITION OF EMPLOYMENT.

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

LOYOLA MARYMOUNT UNIVERSITY

Employer Identification number

95-1643334

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 B. LAWTON, S. J. PRESIDENT & TRUSTEE	40.	X		X			NONE	NONE	14,848.	
ROBERT J. ABERNETHY TRUSTEE	1.	X					NONE	NONE	NONE	
KATHLEEN HANNON AIKENHEAD TRUSTEE	1.	X					NONE	NONE	NONE	
ROBERT C. BAKER, ESQ TRUSTEE	1.	X					NONE	NONE	NONE	
JAMES R. BELARDI TRUSTEE	1.	X					NONE	NONE	NONE	
MICHAEL R. STEED TRUSTEE	1.	X					NONE	NONE	NONE	
ELBRIDGE H. STUART, III TRUSTEE	1.	X					NONE	NONE	NONE	
WALTER F. ULLOA, ESQ. TRUSTEE	1.	X					NONE	NONE	NONE	
THOMAS R. VON DER AHE, SR TRUSTEE	1.	X					NONE	NONE	NONE	
HON IRMA J. BROWN DILLON TRUSTEE	1.	X					NONE	NONE	NONE	
LARRY CARTER TRUSTEE	1.	X					NONE	NONE	NONE	
JOHN F COSGROVE TRUSTEE	1.	X					NONE	NONE	NONE	
FREDERICK B CRAVES, PH. D. TRUSTEE	1.	X					NONE	NONE	NONE	
R. CHAD DREIER TRUSTEE & CHAIRMAN OF BOARD	1.	X					NONE	NONE	NONE	
GEORGE A. V. DUNNING TRUSTEE	1.	X					NONE	NONE	NONE	
BRUCE C. EDWARDS TRUSTEE	1.	X					NONE	NONE	NONE	
PAUL J. FITZGERALD, S. J. TRUSTEE	1.	X					NONE	NONE	NONE	
ANNE HENNESSY, C. S. J. TRUSTEE	1.	X					NONE	NONE	NONE	
DEBORAH LANNI TRUSTEE	1.	X					NONE	NONE	NONE	
DANIEL K. LAHART, S. J. TRUSTEE	1.	X					NONE	NONE	NONE	
THOMAS E LARKIN, JR. TRUSTEE	1.	X					NONE	NONE	NONE	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

LOYOLA MARYMOUNT UNIVERSITY

95-1643334

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
KATHLEEN L MCCARTHY TRUSTEE	1.	X					NONE	NONE	NONE	
LIAM E. MCGEE TRUSTEE	1.	X					NONE	NONE	NONE	
JOHN A MCMAHON TRUSTEE	1.	X					NONE	NONE	NONE	
PAUL W. MIKOS TRUSTEE	1.	X					NONE	NONE	NONE	
SUSAN F. MOLEY TRUSTEE	1.	X					NONE	NONE	NONE	
STEPHEN F. PAGE TRUSTEE	1.	X					NONE	NONE	NONE	
JOAN A. PAYDEN TRUSTEE	1.	X					NONE	NONE	NONE	
KEVIN P. QUINN S. J. TRUSTEE	1.	X					NONE	NONE	NONE	
ROBERT W. SCHOLLA, S. J. TRUSTEE	1.	X					NONE	NONE	NONE	
ROSEMARY L. TURNER TRUSTEE	1.	X					NONE	NONE	NONE	
ROBERT T. WALSH, S. J. TRUSTEE	1.	X					NONE	NONE	NONE	
RUDY F DE LEON, JR. TRUSTEE	1.	X					NONE	NONE	NONE	
THOMAS HYNES TRUSTEE	1.	X					NONE	NONE	NONE	
TIMOTHY G. PSOMAS TRUSTEE	1.	X					NONE	NONE	NONE	
LAURA D. WILLIAMSON TRUSTEE	1.	X					NONE	NONE	NONE	
RITA ARTHUR, R. S. H. M., PH. D. TRUSTEE	1.	X					NONE	NONE	NONE	
MARY GENINO, R. S. H. M. TRUSTEE	1.	X					NONE	NONE	NONE	
EDWARD A. LANDRY, J. D. TRUSTEE	1.	X					NONE	NONE	NONE	
GREGORY J. O' MEARA, S. J. TRUSTEE	1.	X					NONE	NONE	NONE	
EDWARD P. ROSKI, JR. TRUSTEE	1.	X					NONE	NONE	NONE	
DAVID W. BURCHAM, J. D. EXECUTIVE VP & PROVOST	40.			X			356,840.	NONE	37,011.	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: **LOYOLA MARYMOUNT UNIVERSITY** Employer Identification number: **95-1643334**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DENNIS SLON SVP FOR UNIVERSITY RELATIONS	40.			X			272,628.	NONE	34,483.	
ERNEST D ROSE, PH. D. SVP & CHIEF ACADEMIC OFFICER	40.			X			313,877.	NONE	49,008.	
EVELYNNE B. SCARBORO SVP FOR ADMINISTRATION	40.			X			261,721.	NONE	35,266.	
THOMAS O. FLEMING JR. SVP & CHIEF FINANCIAL OFFICER	40.			X			262,061.	NONE	62,573.	
ELENA M. BOVE, ED. D. SVP FOR STUDENT AFFAIRS	40.			X			216,754.	NONE	36,790.	
VICTOR J GOLD, J. D. SVP AND DEAN OF LAW SCHOOL	40.			X			278,752.	NONE	49,731.	
ANNE PRISCO, PH. D. VP FOR ENROLLMENT MANAGEMENT	40.				X		217,248.	NONE	59,763.	
FREDERICK GARCIA VP FOR FACILITIES MANAGEMENT	40.				X		206,115.	NONE	45,092.	
REBECCA CHANDLER VP FOR HUMAN RESOURCES	40.				X		178,733.	NONE	32,773.	
LORI A. HUSEIN VP AND CONTROLLER	40.				X		170,088.	NONE	50,878.	
DENNIS DRAPER DEAN COLLEGE OF BUS. ADMIN	40.					X	294,426.	NONE	41,987.	
JAMES WALTER CHAIR BIOETHICS	40.					X	282,894.	NONE	51,235.	
WILLIAM BAYNO HEAD COACH, MEN' S BASKETBALL	40.					X	279,196.	NONE	30,694.	
PATRICIA OLIVER ASSOC PROFESSOR, COMMUNICATION	40.					X	266,218.	NONE	22,568.	
RODNEY TENTION HEAD COACH, MEN' S BASKETBALL	40.					X	257,674.	NONE	26,408.	

Supplemental Information on Tax-Exempt Bonds

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Name of the organization LOYOLA MARYMOUNT UNIVERSITY	Employer identification number 95-1643334
--	--

Part I Bond Issues (Required for 2008)

(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	
						Yes	No	Yes	No
A CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178RT5	12/11/2008	71,895,000.	REFINANCE TAXABLE LINE OF CREDIT		X		X
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

1 Total proceeds of issue	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 ▶		%		%		%		%		%
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 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	ERNEST ROSE, OFFICER				X	250,000.	166,666.		X	X
ANNE PRISCO, KEY EMP		X	150,000.	130,000.		X	X		X	
Total				296,666.						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that 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 grant or type of assistance
STUDENT	FAMILY MEMBER OF TRUSTEE	17,000. SCHOLARSHIP

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
SEE STATEMENT 3					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	4	NONE	
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		7,632.	COST
5 Clothing and household goods	X		79,935.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	32	341,465.	FAIR MARKET VALUE
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				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TECHNOLOGY)	X	3	23,004.	COST
26 Other ▶ (CATERING SVCS)	X	5	5,439.	COST
27 Other ▶ (ATHLETIC EQUIP)	X	29	203,729.	COST
28 Other ▶ (OTHER)	X	2	6,673.	COST

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
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTIONS AND NOT THE NUMBER OF ITEMS.

SCHEDULE M, PART I, LINE 32B

THE UNIVERSITY MAY UTILIZE EXTERNAL INVESTMENT MANAGERS TO MANAGE AND LIQUIDATE PUBLICLY TRADED SECURITIES. THE UNIVERSITY MAY UTILIZE EXTERNAL REAL ESTATE PROFESSIONALS TO LIQUIDATE REAL ESTATE CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 33

THE UNIVERSITY ADOPTED SFAS NO 116 - DISCLOSURE REQUIREMENTS. ASSETS DETERMINED TO BE A COLLECTION OR WORKS OF ART MAY NOT BE INCLUDED IN REVENUES OR GAINS IF THEY ARE NOT CAPITALIZED. THE CAPITALIZATION OF COLLECTIONS IS OPTIONAL, AND THE UNIVERSITY HAS CHOSEN NOT TO CAPITALIZE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

FORM 990, PART I, LINE 5

THE UNIVERSITY HAS 7,087 TOTAL EMPLOYEES, WHICH INCLUDES 3,479 STUDENT WORKERS.

FORM 990, PART I, LINE 6

THERE ARE A NUMBER OF STUDENTS AND ALUMNI THAT VOLUNTEER THEIR TIME FOR VARIOUS PURPOSES AT THE UNIVERSITY. THESE VOLUNTEERS, HOWEVER, ARE NOT FORMALLY TRACKED BY THE UNIVERSITY.

FORM 990, PART III, LINE 4A

LOYOLA MARYMOUNT UNIVERSITY IS AN INDEPENDENT, COEDUCATIONAL UNIVERSITY. IN FISCAL 2009, LMU PROVIDED INSTRUCTION, RESEARCH, STUDENT SERVICES, AND ACADEMIC SUPPORT FOR 8,474 FULL-TIME EQUIVALENT STUDENTS. OF THESE STUDENTS, 5,488 WERE UNDERGRADUATES, 1,726 WERE IN VARIOUS GRADUATE PROGRAMS, AND 1,260 WERE ENROLLED AT LOYOLA LAW SCHOOL. A TOTAL OF 3,250 UNDERGRADUATE STUDENTS WERE PROVIDED WITH ON-CAMPUS HOUSING. FULL TIME FACULTY EMPLOYED WAS 498, PART-TIME WAS 444, FOR A TOTAL FACULTY OF 942. A TOTAL OF 2,503 DEGREES WERE CONFERRED: 1,415 UNDERGRADUATE DEGREES, 650 FROM VARIOUS GRADUATE PROGRAMS, AND 438 LAW DEGREES.

FORM 990, PART V, LINE 4B

THE ORGANIZATION HAD FINANCIAL ACCOUNTS IN THE FOLLOWING FOREIGN COUNTRIES:

ITALY

UNITED KINGDOM

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

**Open to Public
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Employer identification number

CAYMAN ISLANDS

FORM 990, PART VI, SECTION A, LINE 2

MRS. KATHLEEN H. AIKENHEAD, A MEMBER OF THE BOARD OF TRUSTEES, DAVID W.

BURCHAM, AN OFFICER, AND ROBERT B. LAWTON S. J., AN OFFICER, ALL SERVE

TOGETHER AS OFFICERS ON THE BOARD OF A NON-PROFIT ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 4

THE BYLAWS WERE CHANGED TO REMOVE THE REQUIREMENT THAT THE PRESIDENT BE

JESUIT WHICH RESULTED ALSO IN THE INCLUSION OF CERTAIN DUTIES THAT THE

PRESIDENT BE RESPONSIBLE FOR MAINTAINING THE HISTORIC CULTURE AND

FOUNDATION OF THE UNIVERSITY AND TO CONTINUE TO MAINTAIN RELATIONSHIPS

WITH THE FOUNDING RELIGIOUS ORDERS.

FORM 990, PART VI, SECTION A, LINE 10

IN CONJUNCTION WITH PRICEWATERHOUSECOOPERS, A FORM 990 IS PREPARED FOR

MANAGEMENT REVIEW. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE.

A COPY OF THE FORM 990 WAS PROVIDED TO THE UNIVERSITY'S GOVERNING BODY

BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY FOR ADMINISTRATIVE EMPLOYEES (INCLUDING

OFFICERS AND KEY EMPLOYEES) IS COMPLETED WHEN HIRED BY THOSE INDIVIDUALS

WHO ARE NOT ON THE FACULTY. IT IS UPDATED ANNUALLY OR AT A TIME OF

SIGNIFICANT CHANGE IN INTEREST OCCURS THEREAFTER BY ALL INDIVIDUALS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

DESIGNATED BY THE SENIOR VICE PRESIDENT OF A DIVISION OR BY THE PRESIDENT
FOR THE UNIVERSITY AS A WHOLE. INTERNAL AUDIT ADMINISTERS THE
DISTRIBUTION AND COLLECTION OF THE ANNUAL DISCLOSURES WORKING WITH THE
APPROPRIATE SENIOR VICE PRESIDENTS. IN ACCORDANCE WITH THE POLICY, FOR
MATTERS DISCLOSED, A WRITTEN DETERMINATION AS TO WHETHER THE MATTER
CONSTITUTES A CONFLICT IS MADE BY THE SENIOR VICE PRESIDENT OF THE
EMPLOYEE'S DIVISION. THE EMPLOYEE IS INFORMED OF THE DETERMINATION.

THE TRUSTEE'S CONFLICT OF INTEREST POLICY IS ADMINISTERED BY THE
PRESIDENT'S OFFICE ANNUALLY, AND DISCLOSURES ARE REVIEWED BY THE
UNIVERSITY'S GENERAL COUNSEL. IF IT IS DETERMINED THAT A CONFLICT EXISTS,
THE TRUSTEE DOES NOT VOTE WITH THE BOARD OF TRUSTEES ON MATTERS THAT
RELATE TO THAT CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15
AN INDEPENDENT COMPENSATION CONSULTANT COMPLETES A COMPREHENSIVE STUDY OF
EXECUTIVE COMPENSATION EVERY OTHER YEAR IN ODD YEARS, AND USES A
PREDETERMINED COMPARATOR GROUP OF UNIVERSITIES AND SIMILAR SIZED
ORGANIZATIONS TO BENCHMARK LEADERSHIP POSITIONS. WELL RECOGNIZED SALARY
SURVEY DATA IS USED. ALL EXECUTIVES ARE EMPLOYED "AT WILL" BUT
COMPENSATION AT TIME OF HIRE IS ARTICULATED IN THEIR EMPLOYMENT
AGREEMENT. THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION
FOR THE PRESIDENT, CFO, AND PROVOST ANNUALLY.

THE MEMBERS OF THE SOCIETY OF JESUS, THE RELIGIOUS OF THE SACRED HEART OF
MARY, AND THE SISTERS OF ST. JOSEPH OF ORANGE CONSTITUTE APROXIMATELY

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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3.6% OF THE UNIVERSITY'S FULL AND PART-TIME FACULTY AND ADMINISTRATIVE
STAFF. DURING THE YEAR ENDED MAY 31, 2009, THE UNIVERSITY PAID THESE
RELIGIOUS COMMUNITIES APPROXIMATELY \$4,319,000 FOR THEIR SERVICES. THE
PAYMENT TO THE SOCIETY OF JESUS INCLUDES PAYMENT FOR THE SERVICES OF
ROBERT B. LAWTON, SJ, THE UNIVERSITY'S PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19

THE UNIVERSITY'S FINANCIAL STATEMENTS, FORM 990, FORM 990-T, AND CONFLICT
OF INTEREST POLICY ARE ALL AVAILABLE FOR PUBLIC REVIEW ON THE
UNIVERSITY'S WEBSITE. THE UNIVERSITY'S GOVERNING DOCUMENTS ARE AVAILABLE
FOR PUBLIC REVIEW UPON REQUEST.

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

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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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BLACKDOG ELECTRICAL SYSTEMS 39231 NICOLE DRIVE PALMDALE, CA 93551	ELECTRICAL	803,465.
LATHAM & WATKINS 633 W. 5TH STREET #4000 LOS ANGELES, CA 90071	LEGAL	577,630.
DARIO' S CARPETS 8330 LINCOLN BLVD LOS ANGELES, CA 90045	CARPETS	442,225.
ALLIED BARTON SECURITY P. O. BOX 828854 PHILADELPHIA, PA 19182	SECURITY	433,421.
ROY LARSON P. O. BOX 1688 RIALTO, CA 92377	ROOFING	331,451.
TOTAL COMPENSATION		----- 2,588,192. =====

SCHEDULE E - EXPLANATION FOR LINE 6A

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THE UNIVERSITY RECEIVES ASSISTANCE FROM THE FOLLOWING STATE AND FEDERAL AGENCIES:

- CALIFORNIA STUDENT AID COMMISSION
- CORPORATION FOR NATIONAL AND COMMUNITY SERVICE
- DEPARTMENT OF ENERGY
- DEPARTMENT OF HEALTH AND HUMAN SERVICES
- INSTITUTION OF MUSEUM AND LIBRARY SCIENCES
- NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
- NATIONAL SECURITY AGENCY
- U. S DEPARTMENT OF EDUCATION
- U. S. AIRFORCE OFFICE OF SCIENTIFIC RESEARCH

SCHEDULE L, PART IV

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(A) NAME OF INTERESTED PERSON	(B) RELATIONSHIP	(C) AMOUNT	(D) DESCRIPTION OF TRANSACTION	(E) YES NO
MUSICK, PEELER & GARRETT	TRUSTEE IS PARTNER	319,923.	PAYMENT FOR LEGAL SERVICES	X
BANK OF AMERICA	TRUSTEE IS OFFICER	252,601.	PAYMENT FOR BANKING FEES	X
PAYDEN & RYGEL	TRUSTEE IS PRINCIPAL	10,000,000.	INITIAL INVESTMENT FUNDING	X
LINDA ROSE	FAMILY MEMBER OF OFFICER	30,342.	COMPENSATION	X
MAGGIE BOVE-LAMONICA	FAMILY MEMBER OF OFFICER	32,981.	COMPENSATION	X
JOHN PAGE	FAMILY MEMBER OF TRUSTEE	122,570.	COMPENSATION	X
STEVE SERGI	FAMILY MEMBER OF KEY EMP	13,750.	COMPENSATION	X