

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2013

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 06/01, 2013, and ending 05/31, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOYOLA MARYMOUNT UNIVERSITY Doing Business As			D Employer identification number 95-1643334	
	Number and street (or P.O. box if mail is not delivered to street address) 1-LMU DRIVE, U-HALL		Room/suite 4900	E Telephone number (310) 338-2714	
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90045			G Gross receipts \$ <u>532,054,717.</u>	
	F Name and address of principal officer: MR. DAVID W. BURCHAM PRESIDENT 1-LMU DRIVE U-HALL #4900 LOS ANGELES, CA 90045			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.LMU.EDU					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation: 1918				M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	43.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	40.	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	7,465.	
	6	Total number of volunteers (estimate if necessary)	1.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	3,088,342.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-29,383.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	23,760,202.	39,681,455.
	9	Program service revenue (Part VIII, line 2g)	374,452,867.	390,977,216.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,489,882.	16,851,884.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	735,211.	717,840.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	427,438,162.	448,228,395.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	83,194,736.	90,689,391.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	201,853,514.	207,284,173.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	14,952.	22,201.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>9,574,273.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	112,382,457.	113,307,465.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	397,445,659.	411,303,230.
19	Revenue less expenses. Subtract line 18 from line 12	29,992,503.	36,925,165.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,164,539,770.	1,233,086,576.
	21	Total liabilities (Part X, line 26)	311,027,710.	308,936,737.
22	Net assets or fund balances. Subtract line 21 from line 20	853,512,060.	924,149,839.	

Part II Signature Block

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

Sign Here	Signature of officer THOMAS O FLEMING JR.		Date SVP / CFO	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name GWEN SPENCER	Preparer's signature 	Date 04/09/2015	Check <input type="checkbox"/> if self-employed PTIN P00641463
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP		Firm's EIN ▶ 13-4008324	
	Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110		Phone no. 617-530-5000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

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

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 <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. LOYOLA MARYMOUNT UNIVERSITY	Enter filer's identifying number, see instructions Employer identification number (EIN) or 95-1643334
	Number, street, and room or suite no. If a P.O. box, see instructions. 1-LMU DRIVE, U-HALL	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90045	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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, 1 LMU DR, U-HALL, #4900, LOS ANGELES, CA**
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.

4 I request an additional 3-month extension of time until **04/15**, 20 **15**.

5 For calendar year , or other tax year beginning **06/01**, 20 **13**, and ending **05/31**, 20 **14**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO FILE AND COMPLETE AN ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Forms 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	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

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 **Caroline M Bonelli** Title **CPA** Date **1/5/15**

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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, REMCs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
LOYOLA MARYMOUNT UNIVERSITY	95-1643334
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
1-LMU DRIVE, U-HALL	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
LOS ANGELES, CA 90045	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of **THOMAS O FLEMING JR SVP/CFO, 1 LMU DR, U-HALL, #4900, LOS ANGELES, CA**

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or

tax year beginning 06/01, 20 13, and ending 05/31, 20 14.

2 If the tax year entered in line 1 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 \$	0
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.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) 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

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 356,374,654. including grants of \$ 90,689,391.) (Revenue \$ 390,977,216.)

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 ▶ 356,374,654.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
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>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24 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?		X
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a 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>		X
25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a small table for 1a/1b. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members/stockholders, governance decisions, meeting documentation, and officer reachability.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policies, whistleblower policies, document retention, compensation review, joint ventures, and investment policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THOMAS O FLEMING JR SVP/CFO 1 LMU DR, U-HALL, #4900, LOS ANGELES, CA 90045 (310)338-2738

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT J. ABERNETHY TRUSTEE	1.00	X						0	0	0
(2) WILLIAM H. AHMANSON TRUSTEE	1.00	X						0	0	0
(3) KATHLEEN HANNON AIKENHEAD TRUSTEE & CHAIR OF BOARD	1.00	X						0	0	0
(4) RITA ARTHUR, R.S.H.M., PH.D. TRUSTEE	1.00	X						0	0	0
(5) JAMES R. BELARDI TRUSTEE	1.00	X						0	0	0
(6) DAVID W. BURCHAM, J.D. PRESIDENT/TRUSTEE	40.00	X		X				460,516.	0	48,194.
(7) EDWARD J. CARPENTER TRUSTEE	1.00	X						0	0	0
(8) ALEX MARTIN CHAVES TRUSTEE	1.00	X						0	0	0
(9) GERALD COBB, S.J., PH.D. TRUSTEE/SECRETARY (UNTIL 12/13)	1.00	X						0	0	0
(10) RUDY F. DELEON, JR. TRUSTEE	1.00	X						0	0	0
(11) DAVID S. DEVITO TRUSTEE	1.00	X						0	0	0
(12) KAREN DIAL TRUSTEE	1.00	X						0	0	0
(13) GINNI DREIER TRUSTEE	1.00	X						0	0	0
(14) KATHLEEN M. DUNCAN TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MARY GENINO, R.S.H.M. TRUSTEE	1.00	X					0	0	0	
16) THOMAS V. GIRARDI J.D. TRUSTEE	1.00	X					0	0	0	
17) GREGORY M. GOETHALS, S.J. TRUSTEE	1.00	X					0	0	0	
18) MARY ELIZABETH INGHAM, C.S.J., TRUSTEE	1.00	X					0	0	0	
19) NELLY LLANOS KILROY TRUSTEE	1.00	X					0	0	0	
20) JOSEPH KNOTT TRUSTEE	1.00	X					0	0	0	
21) DANIEL K. LAHART, S.J. TRUSTEE	1.00	X					0	0	0	
22) EDWARD A. LANDRY, ESQ. TRUSTEE	1.00	X					0	0	0	
23) DEBORAH LANNI TRUSTEE	1.00	X					0	0	0	
24) MICHAEL A. LAWSON TRUSTEE	1.00	X					0	0	0	
25) CECILIA A. MAGLADRY, C.S.J. TRUSTEE	1.00	X					0	0	0	
1b Sub-total							460,516.	0	48,194.	
c Total from continuation sheets to Part VII, Section A							4,743,701.	0	817,827.	
d Total (add lines 1b and 1c)							5,204,217.	0	866,021.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 423

	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 15

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GERDENIO MEDARD MANUEL, S.J., TRUSTEE	1.00	X					0	0	0	
(27) MICHAEL MCCARTHY, S.J., PH.D. TRUSTEE	1.00	X					0	0	0	
(28) JOHN V. MEIGS J.D. TRUSTEE	1.00	X					0	0	0	
(29) EDISON MIYAWAKI, M.D. TRUSTEE	1.00	X					0	0	0	
(30) WILLIAM H. MULLER, S.J. TRUSTEE	1.00	X					0	0	0	
(31) GREGORY J. O'MEARA, S.J. TRUSTEE	1.00	X					0	0	0	
(32) STEPHEN F. PAGE J.D. TRUSTEE	1.00	X					0	0	0	
(33) JOAN A. PAYDEN TRUSTEE	1.00	X					0	0	0	
(34) TIMOTHY G. PSOMAS TRUSTEE	1.00	X					0	0	0	
(35) MICHAEL P. RUDINICA, MSE TRUSTEE	1.00	X					0	0	0	
(36) ROBERT SCLABASSI, M.D., PH.D. TRUSTEE	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 423**

	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MICHAEL R. STEED, JD TRUSTEE	1.00	X					0	0	0	
(38) MARKOS TAMBAKERAS TRUSTEE	1.00	X					0	0	0	
(39) ROSEMARY L. TURNER TRUSTEE	1.00	X					0	0	0	
(40) WALTER F. ULLOA, JD TRUSTEE	1.00	X					0	0	0	
(41) PAUL S. VIVIANO TRUSTEE	1.00	X					0	0	0	
(42) ROBERT T. WALSH, S.J. TRUSTEE	1.00	X					0	0	0	
(43) LAURA D. WILLIAMSON TRUSTEE	1.00	X					0	0	0	
(44) DAVID J. ZUERCHER TRUSTEE	1.00	X					0	0	0	
(45) ELENA M. BOVE, ED.D SVP FOR STUDENT AFFAIRS	40.00			X			234,282.	0	41,273.	
(46) THOMAS O. FLEMING JR. SVP & CHIEF FINANCIAL OFFICER	40.00			X			268,565.	0	50,100.	
(47) VICTOR J. GOLD, J.D. SVP & DEAN OF LAW SCHOOL	40.00			X			344,243.	0	48,262.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 423

	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) JOSEPH HELLIGE SVP & CHIEF ACADEMIC OFFICER	40.00			X			382,012.	0	57,588.	
(49) EVELYNNE B. SCARBORO SVP FOR ADMINISTRATION	40.00			X			261,717.	0	38,345.	
(50) DENNIS SLON SVP FOR UNIVERSITY RELATIONS	40.00			X			307,089.	0	37,415.	
(51) REBECCA CHANDLER VP FOR HUMAN RESOURCES	40.00				X		209,565.	0	80,907.	
(52) FREDERICK GARCIA FORMER VP FOR FACILITIES MGMT	40.00				X		184,465.	0	31,201.	
(53) TIMOTHY HAWORTH VP OF FACILITIES MANAGEMENT	40.00				X		151,903.	0	21,122.	
(54) LORI A. HUSEIN VP AND CONTROLLER	40.00				X		189,737.	0	113,428.	
(55) JAMES M. LANDRY INTERIM VP FOR ENROLLMENT MGMT	40.00				X		187,147.	0	32,335.	
(56) MAUREEN WEATHERALL VP OF ENROLLMENT MANAGEMENT	40.00				X		163,229.	0	30,642.	
(57) DENNIS DRAPER DEAN, COLLEGE OF BUS. ADMIN	40.00					X	348,888.	0	43,697.	
(58) MAX GOOD MEN'S BASKETBALL COACH	40.00					X	399,397.	0	43,122.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **423**

	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include SHANE MARTIN, RICHARD PLUMB, DAVID W. STEWART, and ERNEST D. ROSE.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 423

Table with 3 columns: Question, Yes, No. Rows 3, 4, 5 regarding compensation reporting and unrelated organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	455,321.			
	d Related organizations	1d				
	e Government grants (contributions) . .	1e	4,727,720.			
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	34,498,414.			
	g Noncash contributions included in lines 1a-1f: \$		9,509,041.			
	h Total. Add lines 1a-1f		39,681,455.			
Program Service Revenue	2a <u>TUITION AND FEES (GROSS)</u>		Business Code			
			900099	342,306,560.	342,306,560.	
	b <u>AUXILIARY</u>		900099	36,280,486.	36,280,486.	
	c <u>CONFERENCES</u>		532000	4,390,593.	1,382,386.	3,008,207.
	d <u>FITNESS CENTER</u>		713940	1,333,293.	1,107,416.	225,877.
	e <u>OTHER PROGRAM SERVICE REVENUE</u>		900099	6,666,284.	6,666,284.	
	f All other program service revenue					
g Total. Add lines 2a-2f			390,977,216.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,692,597.		-145,742.
	4 Income from investment of tax-exempt bond proceeds . . .			0		
	5 Royalties			397,395.		
		(i) Real	(ii) Personal			
	6a Gross rents	387,347.				
	b Less: rental expenses					
	c Rental income or (loss)	387,347.				
	d Net rental income or (loss)			387,347.		387,347.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	93,345,582.	320,000.			
	b Less: cost or other basis and sales expenses	83,186,295.	320,000.			
	c Gain or (loss)	10,159,287.				
	d Net gain or (loss)			10,159,287.		10,159,287.
	8a Gross income from fundraising events (not including \$ <u>455,321.</u> of contributions reported on line 1c). See Part IV, line 18	a	253,125.			
	b Less: direct expenses	b	320,027.			
c Net income or (loss) from fundraising events			-66,902.		-66,902.	
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			0			
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			0			
Miscellaneous Revenue			Business Code			
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			0			
12 Total revenue. See instructions			448,228,395.	387,743,132.	3,088,342.	17,715,466.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	110,872.	110,872.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	89,800,660.	89,800,660.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	777,859.	777,859.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,652,121.	142,523.	3,223,104.	286,494.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	201,979.	201,979.		
7 Other salaries and wages	152,638,255.	130,931,445.	15,875,283.	5,831,527.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,834,216.	10,990,829.	1,352,123.	491,264.
9 Other employee benefits	27,268,518.	23,324,057.	2,939,333.	1,005,128.
10 Payroll taxes	10,689,084.	8,992,553.	1,279,876.	416,655.
11 Fees for services (non-employees):				
a Management	156,133.	105,694.	50,439.	
b Legal	752,924.		745,621.	7,303.
c Accounting	436,733.		436,733.	
d Lobbying	63,000.	63,000.		
e Professional fundraising services. See Part IV, line 17.	22,201.			22,201.
f Investment management fees	1,092,499.	67,831.	1,024,668.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,814,076.	10,588,052.	3,863,538.	362,486.
12 Advertising and promotion	1,307,205.	1,259,339.	22,391.	25,475.
13 Office expenses	6,931,701.	5,396,157.	1,251,984.	283,560.
14 Information technology	6,926,336.	5,632,145.	1,275,839.	18,352.
15 Royalties	0			
16 Occupancy	11,543,499.	9,229,746.	2,307,436.	6,317.
17 Travel	6,408,674.	5,964,631.	308,994.	135,049.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,113,441.	5,432,908.	2,351,253.	329,280.
20 Interest	8,043,601.	5,883,548.	2,160,053.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	23,676,163.	22,520,903.	1,155,260.	
23 Insurance	1,419,849.	817,115.	601,922.	812.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>STUDENT WORK</u>	10,948,913.	9,297,084.	1,497,933.	153,896.
b <u>EQUIPMENT & MAINTENANCE</u>	1,532,465.	778,693.	752,839.	933.
c <u>BOOKS & PERIODICALS</u>	2,580,450.	2,556,313.	20,493.	3,644.
d <u>AWARDS & PRIZES</u>	1,174,099.	1,167,410.		6,689.
e All other expenses	5,385,704.	4,341,308.	857,188.	187,208.
25 Total functional expenses. Add lines 1 through 24e	411,303,230.	356,374,654.	45,354,303.	9,574,273.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	27,906,034.	1	34,511,320.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	17,702,255.	3	19,079,974.
	4 Accounts receivable, net	33,420,767.	4	33,383,677.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	635,000.	5	980,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	12,131,196.	7	11,193,605.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	8,534,823.	9	9,469,143.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 898,685,000.		
	b Less: accumulated depreciation	10b 320,867,786.	550,428,707.	10c 577,817,214.
	11 Investments - publicly traded securities	178,423,531.	11	200,946,025.
	12 Investments - other securities. See Part IV, line 11	278,158,000.	12	304,128,000.
	13 Investments - program-related. See Part IV, line 11	26,379,588.	13	27,028,449.
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	30,819,869.	15	14,549,169.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,164,539,770.	16	1,233,086,576.	
Liabilities	17 Accounts payable and accrued expenses	85,156,200.	17	96,068,845.
	18 Grants payable	0	18	0
	19 Deferred revenue	16,209,572.	19	15,959,317.
	20 Tax-exempt bond liabilities	156,879,261.	20	146,623,674.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,313,107.	21	1,344,441.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	49,469,570.	25	48,940,460.
	26 Total liabilities. Add lines 17 through 25	311,027,710.	26	308,936,737.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	582,321,389.	27	610,195,103.
	28 Temporarily restricted net assets	101,470,596.	28	136,043,241.
	29 Permanently restricted net assets	169,720,075.	29	177,911,495.
	Organizations that do not follow SFAS 117 (ASC 958), 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	853,512,060.	33	924,149,839.	
34 Total liabilities and net assets/fund balances	1,164,539,770.	34	1,233,086,576.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	448,228,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	411,303,230.
3	Revenue less expenses. Subtract line 2 from line 1	3	36,925,165.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	853,512,060.
5	Net unrealized gains (losses) on investments	5	34,488,890.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	-408,215.
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-368,061.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	924,149,839.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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)**.
- 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-Non-functionally integrated
- 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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 monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,262,000.	39,426,882.	33,647,177.	23,760,202.	39,681,455.	169,777,716.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	33,262,000.	39,426,882.	33,647,177.	23,760,202.	39,681,455.	169,777,716.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						12,197,159.
6 Public support. Subtract line 5 from line 4.						157,580,557.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	33,262,000.	39,426,882.	33,647,177.	23,760,202.	39,681,455.	169,777,716.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,483,000.	5,633,112.	6,760,592.	6,940,218.	7,623,081.	33,440,003.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	153,000.	171,037.	126,839.	261,228.	253,125.	965,229.
11 Total support. Add lines 7 through 10.						204,182,948.
12 Gross receipts from related activities, etc. (see instructions)					12	1,773,793,925.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	77.18 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10

OTHER INCOME AMOUNTS CONSIST OF GROSS INCOME FROM FUNDRAISING EVENTS.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities and their amounts.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1B AND 1G

PAYMENT FOR TRAVEL AND COMPENSATION FOR UNIVERSITY EMPLOYEES TO ATTEND
CAL GRANT LOBBYING DAY IN SACRAMENTO AND LA CHAMBER IN WASHINGTON D.C.

SCHEDULE C, PART II-B, LINE 1I

THE UNIVERSITY HIRED THE NATIONAL GROUP (D.C. LOBBYING FIRM) TO WORK ON
CONTRACTS WITH NASA.

THE UNIVERSITY PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY
ENGAGE IN LOBBYING ACTIVITIES. THEREFORE, A PORTION OF THE DUES MAY BE
ATTRIBUTABLE TO LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" 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	412,034,000.	409,128,000.	435,169,000.	376,506,000.	334,428,000.
b Contributions	17,256,000.	13,343,000.	4,573,000.	5,364,000.	9,623,000.
c Net investment earnings, gains, and losses	49,349,000.	57,689,000.	-20,580,000.	64,089,000.	38,715,000.
d Grants or scholarships	4,459,000.	4,349,000.	4,722,000.	6,166,000.	186,000.
e Other expenditures for facilities and programs	15,430,000.	63,777,000.	5,312,000.	4,624,000.	6,074,000.
f Administrative expenses	750,000.				
g End of year balance	458,000,000.	412,034,000.	409,128,000.	435,169,000.	376,506,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 56.0000 %
 - b** Permanent endowment ▶ 30.0000 %
 - c** Temporarily restricted endowment ▶ 14.0000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,276,000.		49,276,000.
b Buildings	9,961,683.	434,622,317.	112,893,092.	331,690,908.
c Leasehold improvements		44,915,000.	29,556,017.	15,358,983.
d Equipment		157,131,000.	114,163,108.	42,967,892.
e Other		202,779,000.	64,255,569.	138,523,431.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				577,817,214.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS	119,242,000.	FMV
(B) ALTERNATIVE INVESTMENT FUNDS	181,924,000.	FMV
(C) REAL ESTATE AND OTHER	2,962,000.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	304,128,000.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) US GOVERNMENT GRANTS REFUNDABLE	10,818,536.
(3) ANNUITY LIABILITIES AND ASSETS	
(4) HELD FOR OTHERS	625,218.
(5) LOAN FUNDS RETURNABLE TO DONOR	1,201,706.
(6) TAXABLE BONDS	36,295,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	48,940,460.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	390,590,016.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 34,488,890.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d -90,946,580.		
e	Add lines 2a through 2d		2e	-56,457,690.
3	Subtract line 2e from line 1		3	447,047,706.
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 1,500,716.		
b	Other (Describe in Part XIII.)	4b -320,027.		
c	Add lines 4a and 4b		4c	1,180,689.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	448,228,395.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	319,952,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 320,027.		
e	Add lines 2a through 2d		2e	320,027.
3	Subtract line 2e from line 1		3	319,632,212.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 91,671,018.		
c	Add lines 4a and 4b		4c	91,671,018.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	411,303,230.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII 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 ONE CHARITABLE REMAINDER TRUST AND MAINTAINS THE ASSETS AND CORRESPONDING RESERVE LIABILITIES ON THE BALANCE SHEET. SIMILARLY, THE UNIVERSITY HAS A NUMBER OF 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 CONSISTENT 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, LINE 2

THE UNIVERSITY'S FINANCIAL STATEMENTS DO NOT REPORT ANY UNCERTAIN TAX

Part XIII Supplemental Information (continued)

POSITIONS.

SCHEDULE D, PART, XI, LINE 2D

SCHOLARSHIPS	(\$90,578,519)
DECREASE IN VALUE OF INTEREST SWAP AGREEMENT	(\$368,061)

	(\$90,946,580)

SCHEDULE D, PART XI, LINE 4B

FUNDRAISING DIRECT EXPENSES	(\$320,027)
-----------------------------	-------------

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING DIRECT EXPENSES	\$320,027
-----------------------------	-----------

SCHEDULE D, PART XII, LINE 4B

SCHOLARSHIPS	\$90,578,519
INVESTMENT MANAGEMENT FEES	\$1,092,499

	\$91,671,018

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

Schools

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LOYOLA MARYMOUNT UNIVERSITY

Employer identification number
95-1643334

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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. If you need more space, use Part II	X	
----- SEE SUPPLEMENTAL PAGE -----		
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, use Part II.	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, use Part II.		X

6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

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.

SCHEDULE E, PART I, LINE 6A

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

1. DEPARTMENT OF HEALTH AND HUMAN SERVICES
2. NATIONAL SCIENCE FOUNDATION
3. NATIONAL SECURITY AGENCY
4. UNITED STATES AIR FORCE OFFICE OF SCIENTIFIC RESEARCH
5. U.S. DEPARTMENT OF EDUCATION
6. U.S. DEPARTMENT OF JUSTICE
7. U.S. DEPARTMENT OF AGRICULTURE
8. U.S. FISH AND WILDLIFE SERVICE
9. INSTITUTE OF MUSEUM AND LIBRARY SERVICES

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN		4.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	28,037.
(2) EAST ASIA AND THE PACIFIC		15.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	260,105.
(3) EUROPE		47.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	670,877.
(4) MIDDLE EAST AND NORTH AFRICA		2.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	110,223.
(5) NORTH AMERICA		17.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	66,501.
(6) SOUTH AMERICA		11.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	537,651.
(7) SOUTH ASIA		1.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	2,437.
(8) SUB-SAHARAN AFRICA		1.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	1,362.
(9) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		90,861,709.
(10) EUROPE			INVESTMENTS		4,522,205.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		98.			97,061,107.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		98.			97,061,107.

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

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. X

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

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

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" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP FOR TUITION	CENT. AMERICA/CARIBBEAN	3.	51,795.	CR STDNT ACC			
(2) SCHOLARSHIP FOR TUITION	EAST ASIA/PACIFIC	21.	227,272.	CR STDNT ACC			
(3) SCHOLARSHIP FOR TUITION	EUROPE/ICELAND/GREENLAND	63.	290,819.	CR STDNT ACC			
(4) SCHOLARSHIP FOR TUITION	MIDDLE EAST/NORTH AFRICA	9.	42,500.	CR STDNT ACC			
(5) SCHOLARSHIP FOR TUITION	NORTH AMERICA	4.	64,500.	CR STDNT ACC			
(6) SCHOLARSHIP FOR TUITION	RUSSIA/NEWLY IND. STATES	3.	45,068.	CR STDNT ACC			
(7) SCHOLARSHIP FOR TUITION	SOUTH AMERICA	9.	55,905.	CR STDNT ACC			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

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

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

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

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

Part V **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

SCHOLARSHIPS PROVIDED TO STUDENTS WHILE ABROAD ARE CREDITED TO THE
STUDENT'S UNIVERSITY ACCOUNT IN THE US AND ARE NON-CASH TRANSACTIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

95-1643334

Part I

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

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 WARES AND ASSOCIATES	PHONE SOLICITS		X	115,863.	22,201.	93,662.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				115,863.	22,201.	93,662.

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

CA,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CJ DINNER (event type)	LAA DINNER (event type)	4. (total number)	
Revenue	1 Gross receipts	216,450.	163,363.	328,633.	708,446.
	2 Less: Contributions	134,136.	136,613.	184,572.	455,321.
	3 Gross income (line 1 minus line 2).	82,314.	26,750.	144,061.	253,125.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,792.	438.	8,768.	11,998.
	6 Rent/facility costs			7,880.	7,880.
	7 Food and beverages	79,522.	26,312.	74,622.	180,456.
	8 Entertainment				
	9 Other direct expenses	22,501.	30,320.	66,872.	119,693.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				320,027.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-66,902.

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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 grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MILLIENIUM MOMENTUM FOUNDATION INC. 5482 WILSHIRE BLVD LOS ANGELES, CA 90036	74-3053136	501(C)(3)	24,500.				DONATION
(2) TEACH FOR AMERICA 606 S OLIVE ST STE300 LOS ANGELES, CA 90014	13-3541913	501(C)(3)	13,500.				DONATION
(3) LOS ANGELES CHAMBER OF COMMERCE FOUNDATION 350 S. BIXEL STREET LOS ANGELES, CA 90017	95-2597392	501(C)(3)	7,500.				DONATION
(4) LOYOLA HIGH SCHOOL 1901 VENICE BOULEVARD LOS ANGELES, CA 90006	95-1664109	501(C)(3)	6,600.				DONATION
(5) CATHOLIC EDUCATION FOUNDATION 3424 WILSHIRE, 3RD FL LOS ANGELES, CA 90010	95-1642382	501(C)(3)	6,000.				DONATION
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.

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

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

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIP/GRANTS FOR STUDENTS	6,779.	89,800,660.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

THE UNIVERSITY AWARDS GRANTS/SCHOLARSHIPS ACCORDING TO UNIVERSITY POLICY.

GRANTS AND SCHOLARSHIPS AWARDED TO STUDENTS ARE MONITORED BY MANAGEMENT.

RECONCILIATION BETWEEN FINANCIAL AID AND ACCOUNTING ARE DONE ON A MONTHLY

BASIS.

SCHEDULE I, PART III

CASH GRANTS ARE CREDITED 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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input 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, with respect to the filing organization or a related organization:

- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		X
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 DAVID W. BURCHAM, J.D. PRESIDENT/TRUSTEE	(i)	440,992.	0	19,524.	24,225.	23,969.	508,710.	0
	(ii)	0	0	0	0	0	0	0
2 ELENA M. BOVE, ED.D SVP FOR STUDENT AFFAIRS	(i)	215,328.	0	18,954.	21,543.	19,730.	275,555.	0
	(ii)	0	0	0	0	0	0	0
3 REBECCA CHANDLER VP FOR HUMAN RESOURCES	(i)	195,695.	10,000.	3,870.	19,165.	61,742.	290,472.	0
	(ii)	0	0	0	0	0	0	0
4 DENNIS DRAPER DEAN, COLLEGE OF BUS. ADMIN	(i)	335,078.	0	13,810.	24,225.	19,472.	392,585.	0
	(ii)	0	0	0	0	0	0	0
5 THOMAS O. FLEMING JR. SVP & CHIEF FINANCIAL OFFICER	(i)	248,788.	0	19,777.	24,225.	25,875.	318,665.	0
	(ii)	0	0	0	0	0	0	0
6 FREDERICK GARCIA FORMER VP FOR FACILITIES MGMT	(i)	178,297.	0	6,168.	17,461.	13,740.	215,666.	0
	(ii)	0	0	0	0	0	0	0
7 VICTOR J. GOLD, J.D. SVP & DEAN OF LAW SCHOOL	(i)	335,063.	0	9,180.	24,225.	24,037.	392,505.	0
	(ii)	0	0	0	0	0	0	0
8 MAX GOOD MEN'S BASKETBALL COACH	(i)	387,361.	0	12,036.	24,225.	18,897.	442,519.	0
	(ii)	0	0	0	0	0	0	0
9 TIMOTHY HAWORTH VP OF FACILITIES MANAGEMENT	(i)	151,506.	0	397.	14,590.	6,532.	173,025.	0
	(ii)	0	0	0	0	0	0	0
10 JOSEPH HELDIGE SVP & CHIEF ACADEMIC OFFICER	(i)	362,890.	0	19,122.	24,225.	33,363.	439,600.	0
	(ii)	0	0	0	0	0	0	0
11 LORI A. HUSEIN VP AND CONTROLLER	(i)	188,238.	0	1,499.	18,987.	94,441.	303,165.	0
	(ii)	0	0	0	0	0	0	0
12 JAMES M. LANDRY INTERIM VP FOR ENROLLMENT MGMT	(i)	184,887.	0	2,260.	18,073.	14,262.	219,482.	0
	(ii)	0	0	0	0	0	0	0
13 SHANE MARTIN DEAN, SCHOOL OF EDUCATION	(i)	269,245.	0	11,607.	24,225.	13,919.	318,996.	0
	(ii)	0	0	0	0	0	0	0
14 RICHARD PLUMB DEAN, COLLEGE OF SCI. & ENG.	(i)	276,352.	0	610.	24,225.	1,865.	303,052.	0
	(ii)	0	0	0	0	0	0	0
15 ERNEST D. ROSE, PH.D. FORMER SVP AND CHIEF ACADEMIC	(i)	223,344.	0	36,811.	21,934.	16,736.	298,825.	0
	(ii)	0	0	0	0	0	0	0
16 EVELYNNE B. SCARBORO SVP FOR ADMINISTRATION	(i)	252,022.	0	9,695.	24,225.	14,120.	300,062.	0
	(ii)	0	0	0	0	0	0	0

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DENNIS SLON SVP FOR UNIVERSITY RELATIONS	(i)	295,143.	0	11,946.	24,225.	13,190.	344,504.	0
	(ii)	0	0	0	0	0	0	0
2 DAVID W. STEWART PRESIDENT'S PROF. OF MARKETING	(i)	268,543.	0	24,950.	24,225.	21,261.	338,979.	0
	(ii)	0	0	0	0	0	0	0
3 MAUREEN WEATHERALL VP OF ENROLLMENT MANAGEMENT	(i)	161,272.	0	1,957.	15,877.	14,765.	193,871.	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A AND 1B

SOCIAL CLUB DUES

DAVID W. BURCHAM J.D., VICTOR GOLD J.D., AND SHANE MARTIN RECEIVE SOCIAL CLUB DUES AND REIMBURSE THE UNIVERSITY FOR ANY PERSONAL USE. PAYMENT OF SOCIAL CLUB DUES FOR BUSINESS USE IS IN ACCORDANCE WITH UNIVERSITY POLICY. BUSINESS USE IS NON-TAXABLE TO THE INDIVIDUALS LISTED ABOVE IN ACCORDANCE WITH THE IRS ACCOUNTABLE PLAN RULES.

TRAVEL FOR COMPANIONS

THE UNIVERSITY ALSO PROVIDED TRAVEL REIMBURSEMENT FOR MR. BURCHAM'S SPOUSE RELATED TO UNIVERSITY BUSINESS. THE BOARD OF TRUSTEES HAS APPROVED SPOUSAL TRAVEL FOR CERTAIN FUNDRAISING EVENTS IN WHICH THE SPOUSE IS ACTING AS AN AGENT FOR THE UNIVERSITY DURING THESE EVENTS. THESE REIMBURSEMENTS WERE NON-TAXABLE IN ACCORDANCE WITH THE IRS ACCOUNTABLE PLAN RULES.

HOUSING ALLOWANCE

TEMPORARY HOUSING ALLOWANCE MAY BE PROVIDED WHEN EXECUTIVES ARE HIRED AND ARE RELOCATING FROM OUTSIDE THE AREA. NO PERMANENT HOUSING ALLOWANCES ARE

Part III Supplemental Information

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

CURRENTLY ALLOWED. MAUREEN WEATHERALL RECEIVED A TEMPORARY HOUSING ALLOWANCE. THIS ALLOWANCE IS TAXABLE IN ACCORDANCE WITH THE IRS ACCOUNTABLE PLAN RULES.

EXPENSES AND REIMBURSEMENTS FOR THE ABOVE NOTED ITEMS ARE REVIEWED AND APPROVED AS APPROPRIATE BY THE RELEVANT AUTHORITIES. WHILE THE UNIVERSITY DOES NOT HAVE A SEPARATE WRITTEN POLICY REGARDING PAYMENT AND REIMBURSEMENT FOR THOSE EXPENSES, THE UNIVERSITY POLICY FOR ALL REIMBURSEMENTS IS COMPREHENSIVE AND UNUSUAL EXPENSES, IF ANY, OR REIMBURSEMENT REQUESTS, IF ANY, WOULD BE EVALUATED.

SCHEDULE J, PART I, LINE 7

THE UNIVERSITY HAS A PERFORMANCE-BASED BONUS PROGRAM TO RECOGNIZE EXTRAORDINARY ACHIEVEMENT. EMPLOYEES ARE NOMINATED AND AMOUNTS PROPOSED BY THE SENIOR VICE PRESIDENTS, THEN APPROVED BY THE PRESIDENT IN ORDER FOR INDIVIDUALS TO RECEIVE A BONUS. REBECCA CHANDLER, VP FOR HUMAN RESOURCES, RECEIVED A BONUS IN THE AMOUNT OF \$10,000 IN CALENDAR YEAR 2013 FOR EXTRAORDINARY ACHIEVEMENT.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178VP8	03/30/2010	67,035,951.	REFUNDING CEFA 2008, 1997, AND NEW		X		X		X
B CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178V10	03/30/2010	38,500,000.	CEFA REFUND SERIES 2008		X		X		X
C CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178H25	11/22/2011	23,629,875.	REFUNDING CEFA 2001A CIB		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	11,335,951.		7,050,000.		10,994,875.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	67,035,951.		38,500,000.		23,629,875.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	627,483.		375,000.		390,049.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	24,128,841.							
11 Other spent proceeds	42,279,627.		38,125,000.		23,239,826.			
12 Other unspent proceeds								
13 Year of substantial completion	2011		2010		2011			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

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

Part III Private Business Use (Continued)

TAX EXEMPT SET 1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.6600 %		1.3000 %					
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 ▶	.8300 %		1.6500 %					
6 Total of lines 4 and 5	1.4900 %		2.9500 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

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).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						980,000.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PCAM	TRUSTEE IS CEO	240,446.	PARKING SERVICE FEE		X
(2) MARGARET BOVE-LAMONICA	FAMILY MEMBER OF OFFICER	48,655.	COMPENSATION		X
(3) JOHN A. PAGE	FAMILY MEMBER OF TRUSTEE	153,324.	COMPENSATION		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
ERNEST ROSE	FORMER OFFICER	HOME EQUITY LOAN		X	250,000.	50,000.	X	X			X	
DENNIS DRAPER	HIGHEST COMP EMPLOYE	HOME EQUITY LOAN		X	100,000.	50,000.	X	X			X	
RICHARD PLUMB	HIGHEST COMP EMPLOYE	HOME EQUITY LOAN		X	550,000.	550,000.	X	X			X	
MAUREEN WEATHERALL	KEY EMPLOYEE	HOME EQUITY LOAN		X	150,000.	150,000.	X	X			X	
DAVID STEWART	HIGHEST COMP EMPLOYE	HOME EQUITY LOAN		X	200,000.	180,000.	X	X			X	

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1 .	0	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		75,805 .	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	47 .	9,071,865 .	FMV
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 ▶ (<u>ATCH 1</u>)			361,371 .	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

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

SCHEDULE M, PART I, COLUMN B:

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

SCHEDULE M, PART I, 32B:

THE UNIVERSITY MAY UTILIZE EXTERNAL REAL ESTATE PROFESSIONALS TO LIQUIDATE REAL ESTATE CONTRIBUTIONS.

SCHEDULE M, PART I, 33:

THE UNIVERSITY HAS 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.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
THEATRICAL CAMERAS	X		103,843.	FMV
ATHLETIC EQUIPMENT	X		171,023.	FMV
FOOD SERVED AT EVENTS	X		86,505.	FMV
TOTALS			<u>361,371.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

FORM 990, PART I, LINE 1 & PART III, LINE 1

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.

FORM 990, PART I, LINE 5 AND PART V, LINE 2A

A TOTAL OF 7,465 INDIVIDUALS WERE SENT W-2S BY THE UNIVERSITY IN CALENDAR
YEAR 2013. INCLUDED IN THIS NUMBER ARE 3,061 EMPLOYEES AND 4,403 STUDENT
WORKERS.

FORM 990, PART I, LINE 6

THERE ARE A NUMBER OF STUDENTS AND ALUMNI, WHO 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 2014, LMU PROVIDED INSTRUCTION, RESEARCH, STUDENT SERVICES, AND
ACADEMIC SUPPORT FOR 9,212 FULL-TIME EQUIVALENT STUDENTS. OF THESE
STUDENTS, 6,050 WERE UNDERGRADUATES, 2,000 WERE IN VARIOUS GRADUATE
PROGRAMS, AND 1,162 WERE ENROLLED AT LOYOLA LAW SCHOOL. FULL TIME FACULTY
EMPLOYED WAS 552, PART-TIME WAS 581, FOR A TOTAL FACULTY OF 1,133.

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

FORM 990, PART VI, SECTION A, LINE 1A

THE BOARD OF TRUSTEES OF LOYOLA MARYMOUNT UNIVERSITY HAS AN EXECUTIVE COMMITTEE WHICH MAY ACT FOR AND IN PLACE OF THE BOARD OF TRUSTEES BETWEEN REGULAR BOARD MEETINGS AND DURING ANY RECESS. ONLY TRUSTEES CAN BE MEMBERS OF THE EXECUTIVE COMMITTEE. IN NO EVENT SHALL THE EXECUTIVE COMMITTEE CONSIST OF LESS THAN THREE MEMBERS. EACH CATEGORY OF MEMBERSHIP OF THE BOARD (LAY PERSONS, JESUITS AND SISTERS) SHALL HAVE REPRESENTATION ON THE EXECUTIVE COMMITTEE. THE CHAIR OF THE BOARD SHALL CHAIR THE EXECUTIVE COMMITTEE, AND THE PRESIDENT SHALL BE A MEMBER, EX OFFICIO. THE BOARD EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE POWERS OF THE BOARD OF TRUSTEES AND EXERCISE ALL OF ITS DUTIES, EXCEPT: (I) THOSE WHICH REQUIRE BY LAW, THE ARTICLES OF INCORPORATION OR THE BYLAWS CONCURRENCE BY A GREATER NUMBER OF MEMBERS OF THE BOARD THAN REQUIRED FOR BOARD APPROVAL; AND (II) THOSE WHICH MAY, FROM TIME TO TIME, BE SPECIFICALLY WITHHELD FROM THE EXECUTIVE COMMITTEE BY THE BOARD OR THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 11A

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

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

OFFICERS AND KEY EMPLOYEES) IS COMPLETED BY THOSE INDIVIDUALS WHO ARE NOT ON THE FACULTY WHEN HIRED. IT IS UPDATED ANNUALLY OR AT A TIME OF SIGNIFICANT CHANGE IN INTEREST OCCURS THEREAFTER BY ALL INDIVIDUALS 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.

A SEPARATE POLICY EXISTS FOR FACULTY MEMBERS WHO DO NOT HAVE BUDGET AUTHORITY (THE FACULTY POLICY).

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

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

SURVEY DATA IS USED. ALL EXECUTIVES ARE EMPLOYED "AT WILL" BUT COMPENSATION AT TIME OF HIRE IS ARTICULATED IN THEIR EMPLOYMENT AGREEMENTS. THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESIDENT AND CFO 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 APPROXIMATELY 2% OF THE UNIVERSITY'S FULL AND PART-TIME FACULTY AND ADMINISTRATIVE STAFF. DURING THE YEAR ENDED MAY 31, 2014, THE UNIVERSITY PAID THESE RELIGIOUS COMMUNITIES APPROXIMATELY \$2,972,000 FOR THEIR SERVICES.

FORM 990, PART VI, SECTION C, LINE 19

THE UNIVERSITY'S FINANCIAL STATEMENTS, FORM 990, 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.

FORM 990, PART XI, LINE 9

DECREASE IN VALUE OF INTEREST SWAP AGREEMENT (\$368,061)

Name of the organization LOYOLA MARYMOUNT UNIVERSITY	Employer identification number 95-1643334
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ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BLACKDOG ELECTRICAL SYSTEMS 39321 NICOLE DRIVE PALMDALE, CA 93551	ELECTRICAL SERVICES	904,254.
MUSICK, PEELER & GARRETT LLP 1 WILSHIRE BLVD #2000 LOS ANGELES, CA 90017	ATTORNEY	415,160.
BRIDGES & BRIDGES 318 AVE I, #606 REDONDO BEACH, CA 90277	ATTORNEY	384,999.
BAKHTIAR, EBBY S 3435 WILSHIRE BLVD, STE 770 LOS ANGELES, CA 90010	ATTORNEY	380,485.
ELLUCIAN COMPANY LP 62578 COLLECTIONS CENTER DR CHICAGO, IL 60693	ITS CONSULTING	273,840.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Employer identification number

95-1643334

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FUNDACION LMU - CASA DE LA MATEADA CALLE LAVERAN 5551 VILLA BELGRANO, CORDOBA AR	EDUCATION	AR	501(C)(3)		LMU	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (12) -----	FUNDRAISING	CA	N/A	TRUST					X
(2) POOLED INCOME TRUST (1) -----	FUNDRAISING	CA	N/A	TRUST					X
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
