

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 06/01, 2014, **and ending** 05/31, 20 15


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOYOLA MARYMOUNT UNIVERSITY		D Employer identification number 95-1643334	
	Doing business as		E Telephone number (310) 338-2714	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1-LMU DRIVE, U-HALL		G Gross receipts \$ 639,267,181.	
	City or town, state or province, country, and ZIP or foreign postal code 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)	
F Name and address of principal officer: MR TIMOTHY LAW SNYDER PRES. 1-LMU DRIVE U-HALL #4900 LOS ANGELES, CA 90045				
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				
H(c) Group exemption number ▶				

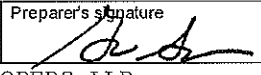
Part I Summary

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.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 41.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 38.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 7,466.
	6 Total number of volunteers (estimate if necessary) 6 1.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,149,782.
	7b Net unrelated business taxable income from Form 990-T, line 34 7b -1,021.
	b Net unrelated business taxable income from Form 990-T, line 34
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 39,681,455. Prior Year 35,931,649. Current Year
	9 Program service revenue (Part VIII, line 2g) 9 390,977,216. 399,484,241.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 16,851,884. 45,934,289.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 717,840. 599,081.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 448,228,395. 481,949,260.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 90,689,391. 95,927,567.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 207,284,173. 215,185,268.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 22,201. 9,623.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,665,317.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 113,307,465. 119,957,437.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 411,303,230. 431,079,895.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 19 36,925,165. 50,869,365.
	20 Total assets (Part X, line 16) 20 1,233,086,576. Beginning of Current Year 1,245,774,772. End of Year
	21 Total liabilities (Part X, line 26) 21 308,936,737. 304,525,781.
	22 Net assets or fund balances. Subtract line 21 from line 20. 22 924,149,839. 941,248,991.

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		Date 4-13-16
	Signature of officer THOMAS O FLEMING JR. Type or print name and title SVP/CFO	

Paid Preparer Use Only	Print/Type preparer's name GWEN SPENCER	Preparer's signature 	Date 04/15/2016	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00641463
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP		Firm's EIN ▶ 13-4008324	
	Firm's address ▶ 101 SEAPORT BOULEVARD BOSTON, MA 02210		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** (2014)

- 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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions
	LOYOLA MARYMOUNT UNIVERSITY	Employer identification number (EIN) or 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) 0 1

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/CEO, 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 16 .

5 For calendar year _____, or other tax year beginning 06/01, 20 14, and ending 05/31, 20 15 .

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 Thomas J. Fleming Title CPA Date 1/5/2016

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 **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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, REMICs, 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. LOYOLA MARYMOUNT UNIVERSITY	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) 0 1

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 16, 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 14, and ending 05/31, 20 15.

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.

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 \$ 371,647,646. including grants of \$ 95,927,567.) (Revenue \$ 399,484,241.)

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 ▶ 371,647,646.

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</i> (see instructions).		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 domestic 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 or for domestic individuals 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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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 payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	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	
35a 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 line number, description, and Yes/No boxes. Includes lines 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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 3 columns: Question, Yes, No. Rows include: 1a (41), 1b (38), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:▶

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 0	X						0	0	0
(2) WILLIAM H. AHMANSON TRUSTEE	1.00 0	X						0	0	0
(3) KATHLEEN HANNON AIKENHEAD TRUSTEE & CHAIR OF BOARD	1.00 0	X						0	0	0
(4) RITA A ARTHUR, R.S.H.M. TRUSTEE	1.00 0	X						0	0	0
(5) JAMES R. BELARDI TRUSTEE	1.00 0	X						0	0	0
(6) RHONDA M. BETHEA TRUSTEE	1.00 0	X						0	0	0
(7) DAVID W. BURCHAM PRESIDENT/TRUSTEE	40.00 0	X		X			463,834.	0	47,975.	0
(8) EDWARD J. CARPENTER TRUSTEE	1.00 0	X						0	0	0
(9) ALEX MARTIN CHAVES TRUSTEE	1.00 0	X						0	0	0
(10) RUDY F. DELEON, JR. TRUSTEE	1.00 0	X						0	0	0
(11) DAVID S. DEVITO TRUSTEE	1.00 0	X						0	0	0
(12) KAREN DIAL TRUSTEE	1.00 0	X						0	0	0
(13) GINNI DREIER TRUSTEE	1.00 0	X						0	0	0
(14) KATHLEEN M. DUNCAN TRUSTEE	1.00 0	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) THOMAS V. GIRARDI TRUSTEE	1.00 0	X					0	0	0	
(16) JEFFREY L. GLASSMAN TRUSTEE	1.00 0	X					0	0	0	
(17) GREGORY M. GOETHALS, S.J. TRUSTEE	1.00 0	X					0	0	0	
(18) MARY ELIZABETH INGHAM, C.S.J. TRUSTEE	1.00 0	X					0	0	0	
(19) NELLY LLANOS KILROY TRUSTEE	1.00 0	X					0	0	0	
(20) JOSEPH KNOTT TRUSTEE	1.00 0	X					0	0	0	
(21) EDWARD A. LANDRY TRUSTEE	1.00 0	X					0	0	0	
(22) DEBORAH LANNI TRUSTEE	1.00 0	X					0	0	0	
(23) CECILIA A. MAGLADRY, C.S.J. TRUSTEE	1.00 0	X					0	0	0	
(24) MICHAEL MCCARTHY, S.J. TRUSTEE	1.00 0	X					0	0	0	
(25) GERDENIO MEDARD MANUEL, S.J. TRUSTEE	1.00 0	X					0	0	0	
1b Sub-total							463,834.	0	47,975.	
c Total from continuation sheets to Part VII, Section A							5,162,467.	0	766,382.	
d Total (add lines 1b and 1c)							5,626,301.	0	814,357.	

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 **▶** 448

	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) JOHN V. MEIGS ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(27) EDISON MIYAWAKI ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(28) WILLIAM H. MULLER, S.J. ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(29) GREGORY J. O'MEARA, S.J. ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(30) STEPHEN F. PAGE ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(31) JOAN A. PAYDEN ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(32) NORMA A. PROVENCIO ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(33) TIMOTHY G. PSOMAS ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(34) MICHAEL P. RUDINICA ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(35) ROBERT SCLABASSI ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
(36) ELBRIDGE H. STUART, III ----- TRUSTEE	1.00 ----- 0	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 **▶** 448

	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) MARKOS TAMBAKERAS ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(38) ROSEMARY L. TURNER ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(39) JOAN TREACY, R.S.H.M ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(40) PAUL S. VIVIANO ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(41) ROBERT T. WALSH, S.J. ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(42) MICHAEL A. ZAMPELLI, S.J. ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(43) DAVID J. ZUERCHER ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(44) ELENA M. BOVE ----- SVP FOR STUDENT AFFAIRS	40.00 ----- 0			X				238,685.	0	47,210.
(45) THOMAS O. FLEMING JR. ----- SVP & CHIEF FINANCIAL OFFICER	40.00 ----- 0			X				272,902.	0	51,948.
(46) VICTOR GOLD ----- SVP & DEAN LOYOLA LAW SCHOOL	40.00 ----- 0			X				352,119.	0	47,733.
(47) JOSEPH HELLIGE ----- EVP & PROVOST	40.00 ----- 0			X				389,907.	0	59,190.
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 ▶ 448

	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) EVELYNNE B. SCARBORO SVP FOR ADMINISTRATION	40.00 0			X			269,075.	0	38,847.	
(49) DENNIS SLON SVP FOR UNIVERSITY RELATIONS	40.00 0			X			310,792.	0	37,574.	
(50) CAROLINE WILHELM TREASURER	40.00 0			X			152,014.	0	16,241.	
(51) REBECCA CHANDLER VP FOR HUMAN RESOURCES	40.00 0				X		206,277.	0	37,279.	
(52) TIMOTHY HAWORTH VP OF FACILITIES MANAGEMENT	40.00 0				X		179,292.	0	24,274.	
(53) LORI A. HUSEIN VP AND CONTROLLER	40.00 0				X		195,524.	0	73,286.	
(54) MAUREEN WEATHERALL VP OF ENROLLMENT MANAGEMENT	40.00 0				X		217,645.	0	43,472.	
(55) DENNIS W DRAPER DEAN, COLLEGE OF BUSINESS ADMI	40.00 0					X	356,810.	0	46,989.	
(56) MICHAEL G DUNLAP MEN'S BASKETBALL COACH	40.00 0					X	421,237.	0	45,533.	
(57) SHANE MARTIN DEAN, SCHOOL OF EDUCATION	40.00 0					X	291,084.	0	38,755.	
(58) LESLIE PONCIANO ASSISTANT PROFESSOR OF ELEMENT	40.00 0					X	425,983.	0	14,630.	
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 **▶** 448

	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			
(59) DAVID W STEWART PRESIDENT'S PROFESSOR OF MARKE	40.00 0					X		302,264.	0	45,402.
(60) ERNEST ROSE FORMER SVP&CHIEF ACADEMIC OFF	40.00 0						X	241,760.	0	39,935.
(61) FREDERICK GARCIA FORMER VP FOR FACILITIES MGMT	40.00 0						X	173,635.	0	26,056.
(62) JAMES M. LANDRY FORMER INT VP FOR ENROLL MGMT	40.00 0						X	165,462.	0	32,028.
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 ▶ 448

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 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	578,615.					
	d Related organizations	1d						
	e Government grants (contributions),	1e	4,338,770.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,014,264.					
	g Noncash contributions included in lines 1a-1f: \$		2,566,511.					
	h Total. Add lines 1a-1f			35,931,649.				
	Program Service Revenue	2a <u>TUTION AND FEES</u>	Business Code	900099	348,346,088.	348,346,088.		
b <u>AUXILIARY</u>			900099	37,020,108.	37,020,108.			
c <u>CONFERENCES</u>			532000	4,308,188.	1,338,757.	2,969,431.		
d <u>FITNESS CENTER</u>			713940	1,273,846.	1,082,589.	191,257.		
e <u>OTHER PROGRAM SERVICE REVENUE</u>			900099	8,536,011.	8,536,011.			
f All other program service revenue								
g Total. Add lines 2a-2f				399,484,241.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			5,887,699.		-223,638.	6,111,337.	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			344,491.			344,491.	
	6a Gross rents	(i) Real	553,547.					
		(ii) Personal						
		b Less: rental expenses		247,174.				
		c Rental income or (loss)		306,373.				
	d Net rental income or (loss)			306,373.			306,373.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	196,578,407.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		156,531,817.				
		c Gain or (loss)		40,046,590.				
	d Net gain or (loss)			40,046,590.		212,732.	39,833,858.	
	8a Gross income from fundraising events (not including \$ <u>578,615.</u> of contributions reported on line 1c). See Part IV, line 18	a	222,336.					
		b Less: direct expenses		538,930.				
c Net income or (loss) from fundraising events				-316,594.			-316,594.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	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							
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code					
11a <u>OTHER</u>				264,811.			264,811.	
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				264,811.				
12 Total revenue. See instructions				481,949,260.	396,323,553.	3,149,782.	46,544,276.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	78,494.	78,494.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	94,596,072.	94,596,072.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,253,001.	1,253,001.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,438,650.	135,104.	3,022,425.	281,121.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	876,541.	181,554.	694,987.	
7 Other salaries and wages	158,150,551.	134,856,194.	17,112,626.	6,181,731.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,264,029.	11,309,191.	1,435,981.	518,857.
9 Other employee benefits	28,349,212.	23,887,473.	3,344,523.	1,117,216.
10 Payroll taxes	11,106,285.	9,271,765.	1,393,764.	440,756.
11 Fees for services (non-employees):				
a Management	183,025.	168,596.	14,429.	
b Legal	992,917.		991,899.	1,018.
c Accounting	494,521.		494,521.	
d Lobbying	63,121.	63,121.		
e Professional fundraising services. See Part IV, line 17.	9,623.			9,623.
f Investment management fees	1,072,948.	66,480.	1,006,468.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	17,171,599.	12,285,719.	4,724,510.	161,370.
12 Advertising and promotion	1,742,229.	1,560,292.	165,569.	16,368.
13 Office expenses	7,313,897.	5,652,983.	1,298,432.	362,482.
14 Information technology	7,331,244.	5,952,917.	1,376,110.	2,217.
15 Royalties	0			
16 Occupancy	12,217,213.	9,769,136.	2,442,284.	5,793.
17 Travel	6,726,548.	6,246,965.	358,192.	121,391.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	9,306,700.	6,427,742.	2,646,858.	232,100.
20 Interest	7,931,327.	6,185,532.	1,745,795.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	24,597,892.	23,319,693.	1,278,199.	
23 Insurance	1,505,364.	873,622.	630,855.	887.
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>	10,251,374.	8,583,695.	1,518,345.	149,334.
b <u>EQUIPMENT AND MAINTENANCE</u>	1,639,586.	780,120.	856,498.	2,968.
c <u>BOOKS & PERIODICALS</u>	2,243,407.	2,207,908.	25,414.	10,085.
d <u>AWARDS & PRIZES</u>	1,064,756.	1,048,181.		16,575.
e All other expenses	6,107,769.	4,886,096.	1,188,248.	33,425.
25 Total functional expenses. Add lines 1 through 24e	431,079,895.	371,647,646.	49,766,932.	9,665,317.
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	34,511,320.	1	35,970,194.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	19,079,974.	3	22,332,592.
	4 Accounts receivable, net	33,383,677.	4	17,466,574.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	980,000.	5	335,000.
	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	11,193,605.	7	12,114,337.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	9,469,143.	9	10,036,889.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 970,390,264.		
	b Less: accumulated depreciation	10b 345,617,909.	577,817,214.	10c 624,772,355.
	11 Investments - publicly traded securities	200,946,025.	11	186,884,000.
	12 Investments - other securities. See Part IV, line 11	304,128,000.	12	301,456,000.
	13 Investments - program-related. See Part IV, line 11	27,028,449.	13	27,912,807.
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	14,549,169.	15	6,494,024.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,233,086,576.	16	1,245,774,772.	
Liabilities	17 Accounts payable and accrued expenses	96,068,845.	17	98,979,709.
	18 Grants payable	0	18	0
	19 Deferred revenue	15,959,317.	19	16,049,196.
	20 Tax-exempt bond liabilities	146,623,674.	20	139,814,641.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,344,441.	21	1,482,738.
	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	48,940,460.	25	48,199,497.
	26 Total liabilities. Add lines 17 through 25	308,936,737.	26	304,525,781.
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	610,195,103.	27	602,152,450.
	28 Temporarily restricted net assets	136,043,241.	28	151,935,401.
	29 Permanently restricted net assets	177,911,495.	29	187,161,140.
	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	924,149,839.	33	941,248,991.
	34 Total liabilities and net assets/fund balances	1,233,086,576.	34	1,245,774,772.

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	481,949,260.
2	Total expenses (must equal Part IX, column (A), line 25)	2	431,079,895.
3	Revenue less expenses. Subtract line 2 from line 1	3	50,869,365.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	924,149,839.
5	Net unrealized gains (losses) on investments	5	-31,918,410.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,851,803.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	941,248,991.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2014

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

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (71.45%); 15 Public support percentage from 2013 Schedule A, Part II, line 14 (77.18%); 16a 33 1/3% support test - 2014; 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b			

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Table with 2 columns: Name of organization (LOYOLA MARYMOUNT UNIVERSITY) and 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...

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2014

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%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		63,121.
j Total. Add lines 1c through 1i			63,121.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES

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 MEMBERSHIP 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

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.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

LOYOLA MARYMOUNT UNIVERSITY

95-1643334

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2014

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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" 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	458,000,000.	412,034,000.	409,128,000.	435,169,000.	376,506,000.
b Contributions	9,758,000.	17,256,000.	13,343,000.	4,573,000.	5,364,000.
c Net investment earnings, gains, and losses	13,814,000.	49,349,000.	57,689,000.	-20,580,000.	64,089,000.
d Grants or scholarships	6,244,000.	4,459,000.	4,349,000.	4,722,000.	6,166,000.
e Other expenditures for facilities and programs	25,978,000.	15,430,000.	63,777,000.	5,312,000.	4,624,000.
f Administrative expenses	870,000.	750,000.			
g End of year balance	448,480,000.	458,000,000.	412,034,000.	409,128,000.	435,169,000.

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

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- 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		50,860,352.		50,860,352.
b Buildings	13,179,957.	431,669,048.	120,243,378.	324,605,627.
c Leasehold improvements		45,335,129.	31,571,185.	13,763,944.
d Equipment		164,606,852.	122,877,143.	41,729,709.
e Other		264,738,926.	70,926,203.	193,812,723.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				624,772,355.

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	135,873,000.	FMV
(B) ALTERNATIVE INVESTMENT FUNDS	162,829,000.	FMV
(C) REAL ESTATE AND OTHER	2,754,000.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	301,456,000.	

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	10,701,370.
(3) ANNUITY LIABILITIES AND ASSETS	
(4) HELD FOR OTHERS	631,421.
(5) LOAN FUNDS RETURNABLE TO DONOR	1,301,706.
(6) TAXABLE BONDS	35,565,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	48,199,497.

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	351,795,956.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a -31,918,410.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d -1,312,873.		
e	Add lines 2a through 2d		2e	-33,231,283.
3	Subtract line 2e from line 1		3	385,027,239.
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 1,072,948.		
b	Other (Describe in Part XIII.)	4b 95,849,073.		
c	Add lines 4a and 4b		4c	96,922,021.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	481,949,260.

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	334,696,804.
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 538,930.		
e	Add lines 2a through 2d		2e	538,930.
3	Subtract line 2e from line 1		3	334,157,874.
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 1,072,948.		
b	Other (Describe in Part XIII.)	4b 95,849,073.		
c	Add lines 4a and 4b		4c	96,922,021.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	431,079,895.

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

FUNDRAISING DIRECT EXPENSES	\$538,930
DECREASE IN VALUE OF INTEREST SWAP AGREEMENT	(\$1,851,803)

	(\$1,312,873)

SCHEDULE D, PART XI, LINE 4B

SCHOLARSHIPS	\$95,849,073
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SCHEDULE D, PART XII, LINE 2D

FUNDRAISING DIRECT EXPENSES	\$538,930
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SCHEDULE D, PART XII, LINE 4B

SCHOLARSHIPS	\$95,849,073
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**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.

2014

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 provide any other additional information (see instructions).

SCHEDULE E, 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. INSTITUTE OF MUSEUM AND LIBRARY SERVICES

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

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

Name of the organization

Employer identification number

LOYOLA MARYMOUNT UNIVERSITY

95-1643334

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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) EAST ASIA AND THE PACIFIC		18.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	258,513.
(2) MIDDLE EAST AND NORTH AFRICA		2.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	3,228.
(3) NORTH AMERICA		12.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	60,384.
(4) SOUTH AMERICA		14.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	349,983.
(5) SOUTH ASIA		2.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	22,418.
(6) CENTRAL AMERICA/CARIBBEAN		4.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	8,290.
(7) EUROPE		52.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	560,579.
(8) SUB-SAHARAN AFRICA		1.	PROGRAM SERVICES	STUDY ABROAD/SUMMER PR	10,221.
(9) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		96,005,530.
(10) EUROPE			INVESTMENTS		3,366,355.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		105.			100,645,501.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		105.			100,645,501.

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

Schedule F (Form 990) 2014

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	EAST ASIA/PACIFIC	25.	404,614.	CR STDNT ACC			
(2) SCHOLARSHIP FOR TUITION	CENT. AMERICA/CARIBBEAN	2.	65,345.	CR STDNT ACC			
(3) SCHOLARSHIP FOR TUITION	EUROPE/ICELAND/GREENLAND	83.	464,562.	CR STDNT ACC			
(4) SCHOLARSHIP FOR TUITION	MIDDLE EAST/NORTH AFRICA	7.	115,180.	CR STDNT ACC			
(5) SCHOLARSHIP FOR TUITION	NORTH AMERICA	6.	114,870.	CR STDNT ACC			
(6) SCHOLARSHIP FOR TUITION	SOUTH AMERICA	6.	37,290.	CR STDNT ACC			
(7) SCHOLARSHIP FOR TUITION	SOUTH ASIA	1.	23,840.	CR STDNT ACC			
(8) SCHOLARSHIP FOR TUITION	SUB-SAHARAN AFRICA	10.	27,300.	CR STDNT ACC			
(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; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* 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

2014

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						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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
		CJ DINNER (event type)	GRAND REUNION (event type)	3. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	309,220.	162,750.	328,981.	800,951.
	2 Less: Contributions	253,250.	121,395.	203,970.	578,615.
	3 Gross income (line 1 minus line 2).	55,970.	41,355.	125,011.	222,336.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			11,740.	11,740.
	6 Rent/facility costs	7,000.	29,906.		36,906.
	7 Food and beverages	110,673.	88,832.	35,254.	234,759.
	8 Entertainment				
	9 Other direct expenses	27,057.	131,752.	96,716.	255,525.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				538,930.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-316,594.

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

a The organization's facility	13a	%
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 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

2014

**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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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) CATHOLIC ARCHDIOCESES OF LOS ANGELES 3424 WILSHIRE BLVD., LOS ANGELES, CA 90010	95-1642382	501(C)(3)	9,500.				SPONSORSHIP
(2) DEL REY AMERICAN LITTLE LEAGUE 6705 W 77TH ST., LOS ANGELES, CA 90045	95-6156383	501(C)(3)	6,000.				SPONSORSHIP
(3) TEACH FOR AMERICA 606 S OLIVE ST., LOS ANGELES, CA 90014	13-3541913	501(C)(3)	11,500.				SPONSORSHIP
(4) LOYOLA HIGH SCHOOL 1901 VENCIE BLVD., LOS ANGELES, CA 90006	95-1664109	501(C)(3)	5,900.				SPONSORSHIP
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

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) (2014)

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	7,011.	94,596,072.			
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

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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), 501(c)(4), and 501(c)(29) 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		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) 2014

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ELENA M. BOVE SVP FOR STUDENT AFFAIRS	(i) 218,255.	0	20,430.	21,974.	25,236.	285,895.	0
	(ii)	0	0	0	0	0	0	0
2	DAVID W. BURCHAM PRESIDENT/TRUSTEE	(i) 441,109.	0	22,725.	24,700.	23,275.	511,809.	0
	(ii)	0	0	0	0	0	0	0
3	REBECCA CHANDLER VP FOR HUMAN RESOURCES	(i) 199,670.	0	6,607.	19,548.	17,731.	243,556.	0
	(ii)	0	0	0	0	0	0	0
4	THOMAS O. FLEMING JR. SVP & CHIEF FINANCIAL OFFICER	(i) 251,812.	0	21,090.	24,700.	27,248.	324,850.	0
	(ii)	0	0	0	0	0	0	0
5	VICTOR GOLD SVP & DEAN LOYOLA LAW SCHOOL	(i) 340,200.	0	11,919.	24,700.	23,033.	399,852.	0
	(ii)	0	0	0	0	0	0	0
6	TIMOTHY HAWORTH VP OF FACILITIES MANAGEMENT	(i) 178,565.	0	727.	17,179.	7,095.	203,566.	0
	(ii)	0	0	0	0	0	0	0
7	JOSEPH HELDIGE EVP & PROVOST	(i) 368,222.	0	21,685.	24,700.	34,490.	449,097.	0
	(ii)	0	0	0	0	0	0	0
8	LORI A. HUSEIN VP AND CONTROLLER	(i) 192,399.	0	3,125.	19,367.	53,919.	268,810.	0
	(ii)	0	0	0	0	0	0	0
9	EVELYNNE B. SCARBORO SVP FOR ADMINISTRATION	(i) 256,760.	0	12,315.	24,700.	14,147.	307,922.	0
	(ii)	0	0	0	0	0	0	0
10	DENNIS SLON SVP FOR UNIVERSITY RELATIONS	(i) 296,441.	0	14,351.	24,700.	12,874.	348,366.	0
	(ii)	0	0	0	0	0	0	0
11	MAUREEN WEATHERALL VP OF ENROLLMENT MANAGEMENT	(i) 205,088.	0	12,557.	20,443.	23,029.	261,117.	0
	(ii)	0	0	0	0	0	0	0
12	CAROLINE WILHELM TREASURER	(i) 151,486.	0	528.	14,493.	1,748.	168,255.	0
	(ii)	0	0	0	0	0	0	0
13	DENNIS W DRAPER DEAN, COLLEGE OF BUSINESS ADMI	(i) 340,632.	0	16,178.	24,700.	22,289.	403,799.	0
	(ii)	0	0	0	0	0	0	0
14	MICHAEL G DUNLAP MEN'S BASKETBALL COACH	(i) 416,523.	0	4,714.	24,700.	20,833.	466,770.	0
	(ii)	0	0	0	0	0	0	0
15	SHANE MARTIN DEAN, SCHOOL OF EDUCATION	(i) 279,049.	0	12,035.	24,033.	14,722.	329,839.	0
	(ii)	0	0	0	0	0	0	0
16	LESLIE PONCIANO ASSISTANT PROFESSOR OF ELEMENT	(i) 79,563.	0	346,420.	7,754.	6,876.	440,613.	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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID W STEWART PRESIDENT'S PROFESSOR OF MARKE	(i)	278,201.	0	24,063.	24,700.	20,702.	347,666.	0
	(ii)	0	0	0	0	0	0	0
2 FREDERICK GARCIA FORMER VP FOR FACILITIES MGMT	(i)	169,585.	0	4,050.	16,496.	9,560.	199,691.	0
	(ii)	0	0	0	0	0	0	0
3 JAMES M. LANDRY FORMER INT VP FOR ENROLL MGMT	(i)	163,161.	0	2,301.	16,065.	15,963.	197,490.	0
	(ii)	0	0	0	0	0	0	0
4 ERNEST ROSE FORMER SVP&CHIEF ACADEMIC OFF	(i)	204,720.	0	37,040.	20,428.	19,507.	281,695.	0
	(ii)	0	0	0	0	0	0	0
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, VICTOR GOLD, 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 4A

AS PART OF A SETTLEMENT AGREEMENT WITH LESLIE PONCIANO, A ONE-TIME SEVERANCE PAYMENT OF \$346,000 WAS MADE DURING 2014.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA 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	13,985,951.		8,475,000.		12,084,875.			
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 BONDS

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebate computation, and hedge issues.

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

2014

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.

▶ 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), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(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 ▶						\$ 335,000.						

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)				

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	256,037.	PARKING SERVICE FEE		X
(2) MARGARET BOVE-LAMONICA	FAMILY MEMBER OF OFFICER	48,694.	COMPENSATION		X
(3) JOHN A. PAGE	FAMILY MEMBER OF TRUSTEE	132,860.	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
DENNIS DRAPER	HIGH COMP EMPLOYEE	HOME EQUITY		X	100,000.	40,000.	X	X			X	
MAUREEN WEATHERALL	KEY EMPLOYEE	HOME EQUITY		X	150,000.	135,000.	X	X			X	
DAVID STEWART	HIGH COMP EMPLOYEE	HOME EQUITY		X	200,000.	160,000.	X	X			X	

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**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		74,045 .	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	80 .	2,161,277 .	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>)		35 .	331,189 .	
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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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	
32a 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) (2014)

JSA

4E1298 1.000

73566W 7377

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, LINE 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>
SCIENTIFIC MISC. ITEMS	X	2.	25,604.	FMV
THEATRICAL CINEMATOGRAPHY	X	2.	185,000.	FMV
ATHLETIC EQUIPMENT/OTHER	X	23.	87,521.	FMV
FOOD SERVED AT EVENTS	X	8.	33,064.	FMV
TOTALS		<u>35.</u>	<u>331,189.</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

2014

**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 7,466 INDIVIDUALS WERE SENT FORMS W-2 BY THE UNIVERSITY IN
CALENDAR YEAR 2014. INCLUDED IN THIS NUMBER ARE 3,148 EMPLOYEES AND 4,318
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 2015, LMU PROVIDED INSTRUCTION, RESEARCH, STUDENT SERVICES, AND
ACADEMIC SUPPORT FOR 8,982 FULL-TIME EQUIVALENT STUDENTS. OF THESE
STUDENTS, 6,037 WERE UNDERGRADUATES, 1,869 WERE IN VARIOUS GRADUATE
PROGRAMS, AND 1,076 WERE ENROLLED AT LOYOLA LAW SCHOOL. FULL TIME FACULTY
EMPLOYED WAS 550, PART-TIME WAS 618, FOR A TOTAL FACULTY OF 1,168.

Name of the organization LOYOLA MARYMOUNT UNIVERSITY	Employer identification number 95-1643334
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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 4

THE ORGANIZATION AMENDED ITS BYLAWS TO CREATE A 5 YEAR TERM LIMIT FOR THE CHAIR OF THE BOARD AND REVISE THE DESCRIPTION OF THE TREASURER POSITION.

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.

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

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

THE CONFLICT OF INTEREST POLICY FOR ADMINISTRATIVE EMPLOYEES (INCLUDING 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 OCCURRING 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 TRUSTEES' 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

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

AN INDEPENDENT COMPENSATION CONSULTANT COMPLETES A COMPREHENSIVE STUDY OF EXECUTIVE COMPENSATION EVERY OTHER YEAR IN ODD YEARS, AND USES A PREDETERMINED COMPARATOR GROUP OF UNIVERSITIES AND SIMILAR SIZED ORGANIZATIONS TO BENCHMARK LEADERSHIP POSITIONS. WELL RECOGNIZED SALARY SURVEY DATA IS USED. ALL EXECUTIVES ARE EMPLOYED "AT WILL" BUT COMPENSATION AT TIME OF HIRE IS ARTICULATED IN THEIR EMPLOYMENT 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, 2015, THE UNIVERSITY PAID THESE RELIGIOUS COMMUNITIES APPROXIMATELY \$3,467,000 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 (\$1,851,803)

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

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>
ALLIED BARTON SECURITY SVC PO BOX 828854 PHILADELPHIA, PA 19182-8854	SECURITY SERVICES	1,455,940.
ELLUCIAN COMPANY LP 62578 COLLECTIONS CENTER DR CHICAGO, IL 60693	ITS CONSULTING	778,663.
SUNUITY LOS ANGELES 7112 NW 25TH AVE. VANCOUVER, WA 98665-7004	ENERGY SERVICES	625,136.
WEAVER, DAVID, DRW ASSOCIATES 28492 AVENIDA PLACIDA SAN JUAN CAPISTRANO, CA 92675	ARCHITECTURAL SVCS	474,959.
BRIDGES & BRIDGES 318 AVE I, #606 REDONDO BEACH, CA 90277	ATTORNEY	329,508.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOYOLA MARYMOUNT UNIVERSITY

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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) 2014

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) N/A			N/A									
(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 (11)	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 sections 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).
