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DLN: 93493133033913

1

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Internal	Revenue	Service The organization may have to use a copy of	tnis return to satisfy	state reporting	requirements	Inspection	
		2011 calendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30-20	12	D Employer id	entification number	
		Loyola University of Chicago			. ,		
_	dress ch	Doing Business As			36-140847 E Telephone n		
	me chai				(312)915-	9777	
Init	tıal retui	Number and street (of F O box if mail is not delivered	to street address) Room/s	uite	G Gross receipts		
Tei	rmınateo	820 N Michigan Avenue			2 0.000 (000.pts		
Am	ended i	return City or town, state or country, and ZIP + 4 Chicago, IL 606112147	•				
Apı	plication	pending					
		F Name and address of principal officer		H(a) Is thi	' s a group retur	n for	
		Michael J Garanzini SJ Pres CEO 820 N Michigan Ave		affilia	tes?	┌ Yes ┌ No	
		Chicago, IL 60611		H(b) Are al	l affiliates includ	led?	
				1 ' '		(see instructions)	
I Ta	x-exem	pt status	47(a)(1) or	H(c) Grou	p exemption nu	ımber ►	
J W	ebsite	:: ► www.luc.edu					
K For	m of org	ganization 🗸 Corporation 🧵 Trust 🖺 Association 🗍 Other 🕨		L Year of fo	rmation 1909	M State of legal domicile IL	
Pa	rt I	Summary		<u> </u>	· ·		
	1 8	Briefly describe the organization's mission or most signif	ficant activities				
	\	Ne are one of the nation's largest Jesuit, Catholic Unive	rsities with 16,000 ur	dergraduate, g	raduate, and do	octoral students We	
క	\ <u>\</u>	work to expand Knowledge through learning, justice, and	faith				
를	_						
<u>ē</u>	-						
Governance	2 (Check this box 🔰 if the organization discontinued its o	perations or disposed	of more than 2	5% of its net a	ssets	
	3 1	Number of voting members of the governing body (Part V	'I, line 1a)	•	3	45	
<u>ග</u>	4 1	Number of independent voting members of the governing	body (Part VI, line 1b)	. 4	45	
差	5 7	Fotal number of individuals employed in calendar year 20	011 (Part V , line 2a)		5	7,748	
Activities &	6 7	Total number of volunteers (estimate if necessary) .			6	203	
-	7a 1	Fotal unrelated business revenue from Part VIII, columr	n (C), line 12		7a	368,283	
	Ьſ	Net unrelated business taxable income from Form 990-T	, line 34		7b		
				Prio	r Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		91,240,626	114,127,573		
를	9	Program service revenue (Part VIII, line 2g)		187,897,862	530,904,928		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		22,690,241		
二	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		4,036,462	6,562,999	
	12	Total revenue—add lines 8 through 11 (must equal Pa			505,865,191	676,852,808	
	13	Grants and similar amounts paid (Part IX, column (A),			26,636,507	135,059,420	
	14	Benefits paid to or for members (Part IX, column (A),		<u> </u>	0	133,033,420	
	15	Salaries, other compensation, employee benefits (Part	·		<u> </u>		
8	13	5-10)	177, column (77), mics	2	252,471,904	268,145,146	
₩ ₩	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)		30,797	45,597	
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶10,870	,227				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	. 1	56,870,471	168,936,233	
	18	Total expenses Add lines 13–17 (must equal Part IX	, column (A), line 25)		36,009,679	572,186,396	
	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>		69,855,512	104,666,412	
8 8					of Current	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		-	ear 558,027,159	1,974,949,340	
AB.	20	Total liabilities (Part X, line 26)			63,157,603	805,118,616	
7 E E	22	Net assets or fund balances Subtract line 21 from line			94,869,556	1,169,830,724	
	11 III	Signature Block			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,200,000,724	
Unde know	r penal	ties of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete. Declaration of pr					
				20	13-05-13		
Sigr		Signature of officer		Da	nte		
Her		WILLIAM G LAIRD SR VP OF FINANCE AND CFO					
		Type or print name and title			,		
		1 reparer 3	Date	Check if		ayer identification number	
Paid		signature	self- employed •	oyed • (see instructions)			
Prep	arer's			•	FTN: 6		
Use (Only	If self-employed), address, and ZIP + 4 111 MONUMENT CIRCLE STE 2600			EIN 🕨		
		INDIANAPOLIS. IN 46204			Phone no 🕨 (3	317) 681-7000	
		INDIANAPULIS, IN 462U4					

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Pa	rt III		of Program Serv Iule O contains a res		lishments uestion in this Part II	ı	୮
1			rganızatıon's mıssıor				
						VITH 16,000 UNDERGRAD ING, JUSTTICE, AND FAIT	
2		e organization u ior Form 990 or		ant program se	ervices during the year	ar which were not listed on	「Yes ▽ No
	If "Ye	s," describe thes	se new services on S	chedule O			
3	servic	es?			nt changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe thes	se changes on Sched	ule O			
4	expen	ses Section 50	1(c)(3) and 501(c)(4	l) organization:	s and section 4947 (a	hree largest program service)(1) trusts are required to re ach program service reporte	eport the amount of
4a	(Code	<u> </u>) (Expenses \$	421,515,553	including grants of \$	130,000,321) (Revenue \$	484,295,832)
	to 10		s Arts and Sciences, Busi			,000 undergraduate, graduate, and tion, Graduate Studies, Law, Medic	d professional students and is home ine, Nursing, Continuing and
4b	(Code	<u> </u>) (Expenses \$	44,107,000	including grants of \$	4,147,681) (Revenue \$	0)
						n medicine and the basic sciences ge as well as the training of studer	Through Loyola's Stritch School of ints in the research process
4c	(Code	<u>.</u>) (Expenses \$	46,498,000	ıncludıng grants of \$	925,929) (Revenue \$	50,555,461)
						rices for the benefit of its students facilities and transportation	, faculty and staff, and in support o
4d	Othe	r program servi	ces (Describe in Sch	nedule O)			
	(Exp	enses \$	ınc	luding grants o	f \$) (Revenue \$)
4e	Tota	l program servic	e expenses►\$	512,120,55	3		

art IV	Checklis	t of Re	auired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
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? If "Yes," complete Schedule C, Part II.	4	Yes	
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? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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? If "Yes," complete Schedule D, Part VIII.	11c		N o
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? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	Yes	
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? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		Fo	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 18,365			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	10	163	
_	return			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4 a	Yes	
b	If "Yes," enter the name of the foreign country •UK, IT, CJ, VM			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
4-	Did the organization receive any nayments for indoor tanning services during the tay year?	1/1-		NI o
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
	Independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		No
S-6	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		NO
	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
_	the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ection C. Disclosure		. 03	<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ANDREA SABITSANA CONTROLLER

820 N Michigan Avenue

Chicago,IL 60611 (312)915-8722

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

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

1a Complete this table for all persons required to be listed 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, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

		_												
(A) Name and Title		(B) Average hours per week (describe	mor unles an	ore than one box, con ess person is both f an officer and a orga					Rep comp fro organi:	(D) cortable censation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount of compen from organizat	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		relat organıza	
See A	dditional Data Table						-					+		
												+		
												+		
												\dashv		
												4		
												_		
												1		
												+		
												+		
14	Cub Tatal							<u> </u> ▶				1		
1b c	Sub-Total					•		•						
d		· · · · ·						P		6,066,237		0		858,945
2	Total number of individuals (incl \$100,000 of reportable compens	-					above) who	o receive	ed more th	an			
3	Did the organization list any forr on line 1a? <i>If "Yes," complete Sch</i>										sated employee	3	Yes Yes	No
4	For any individual listed on line 1 organization and related organization and related organization.											4		
5	Did any person listed on line 1a	receive or accru	ie comi	- oensa	- ition	- ı froı	m anv	- unre	lated or	anızatıon	or individual for	4	res	
	services rendered to the organiz										•	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
	Nam	(A) ne and business add	dress							Desc	(B) ription of services		(C Compe	
1101	skı Hammer Moretta Sheehy SOUTH BENCH STREET IA, IL 61036	Te dila basiless da	11033							Architect/Pla	•			2,698,389
	Day EST WACKER DRIVE AGO, IL 60601									LEGAL SERV	ICES		1	.,061,764
500 G DETR	IGROUP JJR LLC RISWOLD SUITE 1700 DIT, MI 48226									ARCHITECT,	PLANNING			743,676
60 GR WOOL	ERMAZARS LLP OSSWAYS PARK DR WEST SUITE 3 DBURY, NY 11797									AUDIT/CON:	SULTANT			653,493
1920 RICHI	L COMPANY EAST PARHAM ROAD MOND, VA 232282206			-1.7			L.L.	1	4 - 1		T MNGMT SVC			566,572
2	Fotal number of independent cont \$100,000 of compensation from t			ot lin	nted	1 to	cnose	iiste	u apove) wno recei	vea more than			

Part VIII		Statement o	f Revenue							
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514		
\$ \$	1a	Federated cam	paigns 1a							
듄둦	ь	Membership du	es 1b							
ာမျိ	c	Fundraising eve	ents 1c	760,761						
£	d	Related organiz	rations 1d	230,503						
%.≣	e	Government grants		44,164,862						
등등	f f	All other contribution	ons, gifts, grants, and 1f	68,971,447						
Contributions, gifts, grants and other similar amounts	_	similar amounts no	ot included above butions included in							
클	g		,315,957							
SE	h		s 1a-1f	▶	114,127,573					
				Business Code						
IIIe	2a	Tuition & fees		611710	449,903,806	449,903,806				
e. e.	ь	Auxiliary		611710	50,559,209	50,559,209				
or GE	, ,	<u> </u>	RT - TRINITY HEALTH	611710	22,772,528	22,772,528				
ž Š	d	OTHER EDUCATION								
¥		- OTHER EDUCATION	N AND GENERAL	611710	7,669,385	7,669,385				
Program Service Revenue	e	A. II A.b								
Š	f	All other progra	am service revenue							
<u>~</u>	g	Total. Add lines	s 2a-2f		530,904,928					
	3	Investment inc	ome (ıncludıng dıvıden	ds, ınterest						
			aramounts)	F	10,334,513		85,122	10,249,391		
	4		stment of tax-exempt bond	proceeds 🕨	151	151				
	5	Royalties		*	3,550,982	3,550,982				
		6	(ı) Real 7,760,358	(II) Personal						
	6a b	Gross rents Less rental	4,945,987							
	"	expenses								
	C	Rental income or (loss)	2,814,371							
	d	Net rental inco	me or (loss)		2,814,371			2,814,371		
		_	(ı) Securities	(II) Other						
	7a	Gross amount from sales of	255,057,000							
		assets other than inventory								
	ь	Less cost or	240,134,356							
		other basis and sales expenses								
	c	Gain or (loss)	14,922,644							
	d	Net gain or (los	ss)		14,922,644			14,922,644		
Other Revenue	8a	Gross income f events (not inc	luding							
٠ د		of contributions See Part IV, lin	reported on line 1c)							
Ģ.		200 i aic IV , iiii	a	209,225						
프	ь	Less direct ex	penses b	693,721						
ర్	С	Net income or (loss) from fundraising	events 🕨	-484,496			-484,496		
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19							
	ь	less directev	penses b							
	c		(loss) from gamıng actı	vities	o					
	10a	Gross sales of returns and allo	inventory, less owances .							
	ь	Less cost of g	a oods sold b							
	С		(loss) from sales of inv		0					
		Miscellaneous	s Revenue	Business Code						
	11a	Interest on Stu	dent Loans	611710	398,981	398,981				
	b	CONFERENCE	SERVICES	532000	-114,461		-114,461			
	c	FITNESS CENT	TER	713940	397,622		397,622			
	d	All other reven	ue							
	e	Total. Add lines	s 11a-11d		682,142					
	12	Total revenue.	See Instructions .	•	676,852,808	534,855,042	368,283	27,501,910 Form 990 (2011)		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX			· · · · · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,503,048	3,503,048		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	130,188,628	130,188,628		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,367,744	1,367,744		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,649,108	1,768,156	2,508,565	372,387
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	64,768	64,768		
7	Other salaries and wages	206,404,930	181,026,682	19,777,607	5,600,641
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,903,777	15,233,561	2,081,781	588,435
9	Other employee benefits	24,903,139	21,409,513	2,721,339	772,287
10	Payroll taxes	14,219,424	12,795,387	1,186,297	237,740
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	903,441	89,564	813,877	
C	Accounting	629,915		629,915	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	45,597			45,597
f	Investment management fees	1,735,048		1,735,048	
g	Other	22,107,067	19,005,804	2,805,500	295,763
12	Advertising and promotion	3,274,826	1,728,886	1,282,848	263,092
13	Office expenses	25,921,895	23,622,386	1,535,488	764,021
14	Information technology	9,792,474	5,529,792	4,081,511	181,171
15	Royalties	31,370	31,370		
16	Occupancy	14,981,811	13,814,256	1,005,888	161,667
17	Travel	739,193	522,230	24,963	192,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,221,213	7,732,924	301,302	186,987
20	Interest	10,721,545	8,665,425	1,863,216	192,904
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	38,531,395	35,135,447	3,017,442	378,506
23	Insurance	1,318,039	818,146	430,596	69,297
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Institutional Support	8,283,715	7,337,096	486,014	460,605
b	O perations and maintenance	6,022,740	5,651,568	325,016	46,156
c	Auxiliary	7,646,170	7,589,015	51,206	5,949
d	Sponsored Research	3,021,975	2,819,095	176,809	26,071
e					
f	All other expenses	5,052,401	4,670,062	353,388	28,951
25	Total functional expenses. Add lines 1 through 24f	572,186,396	512,120,553	49,195,616	10,870,227
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 23,025 20,331 1 1 80.331.370 2 345.786.252 2 Savings and temporary cash investments 3 15,405,246 3 51,697,512 22.779.750 4 Accounts receivable, net . . 4 21.491.829 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 106.353 5 108.892 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 21,854,118 21,983,447 7 8 15.710 6.084.382 10,149,865 9 9 Prepaid expenses and deferred charges 1,306,934,680 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 394,496,329 b Less accumulated depreciation 787,828,089 **10c** 912,438,351 313, 124, 566 255,711,987 11 11 213,333,884 12 Investments—other securities See Part IV, line 11 87, 179, 215 12 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 15 223, 181, 716 142,340,609 15 1,558,027,159 1,974,949,340 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 64,387,200 17 87,663,957 17 Accounts payable and accrued expenses . 18 18 19 52,047,566 19 49,503,744 20 159.948.568 20 206.152.159 21 1.078,677 21 1,222,312 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 14,245,928 23 12,222,748 24 Unsecured notes and loans payable to unrelated third parties 111,710,772 24 375,489,618 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 59,738,892 25 72,864,078 D 26 463, 157, 603 26 805,118,616 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 823,952,782 27 863,339,592 Unrestricted net assets 139,289,841 28 167,558,497 28 Temporarily restricted net assets Fund 29 131,626,933 29 138,932,635 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 1.094.869.556 33 1,169,830,724 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.558.027.159 34 1.974.949.340

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		676.8	352,808
2	Total expenses (must equal Part IX, column (A), line 25)	2			.86,396
3	Revenue less expenses Subtract line 2 from line 1	3		104,6	66,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,094,8	369,556
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-29,7	705,244
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,169,8	330,724
Par	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	NI.
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				1
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?	9	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493133033913

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Public Charity Status and Public Support

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

Employer identification number

Loyola	Univer	sity of Chicago				' '	
						36-1408475	
	rt I				s must complete this p		tions
The c	organız —				ugh 11, check only one bo	x)	
1		A church, convent	ion of churches, or a	ssociation of churches	section 170(b)(1)(A)(i).		
2	굣			.)(A)(ii). (Attach Sched	•		
3	Г	A hospital or a coo	operative hospital se	rvice organization desc	ribed in section 170(b)(1)	(A)(iii).	
4	Γ	A medical researc hospital's name, c		ted in conjunction with a	a hospital described in sec	tion 170(b)(1)(A)	(iii). Enter the
5	Г	An organization op	perated for the benefi	t of a college or univers	ity owned or operated by a	governmental uni	t described in
		section 170(b)(1)	(A)(iv). (Complete P	art II)			
6	Γ	A federal, state, or	r local government or	governmental unit des	cribed in section 170(b)(1)(A)(v).	
7	Γ	described in	at normally receives (A)(vi) (Complete P		support from a governme	ntal unit or from th	e general public
8	Г			170(b)(1)(A)(vi) (Co	mplete Part II)		
9	Ė	•			of its support from contrib	utions, membersh	in fees, and gross
_	•	-	·		ct to certain exceptions, a	•	·
					ess taxable income (less s		
		• • • •			509(a)(2). (Complete Pari	•	
10	Г				public safety See section		
11	,	-	•	•	nefit of, to perform the func	. , . ,	v out the nurnoses of
	•	one or more public	ly supported organiz	ations described in sec orting organization and	tion 509(a)(1) or section 5 complete lines 11e throug I - Functionally integrated	509(a)(2) See sec gh 11h	
е	Γ		ion managers and otl	_	rolled directly or indirectly blicly supported organizat	•	•
f				etermination from the If	RS that it is a Type I, Type	II or Type III su	pporting organization,
		check this box					i i i
g			•	zation accepted any gif	t or contribution from any	of the	
		following persons?		ontrols either alone or	together with persons des	cribed in (ii)	Yes No
			·	e the supported organiz	- ·	eribed iii (ii)	11g(i)
		, , , ,	er of a person descri				11g(ii)
		• •	·	n described in (i) or (ii)	ahove?		11g(iii)
h				the supported organiza			119(111)
		. To vide the followi	ng mormation about	the supported organiza			
	(i)		(iii) Type of organization	(iv) Is the organization in	(v) Did you notify the	(vi) Is the	(vii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	Is the organization in col (i) listed in your governing document?		on in your t?	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493133033913

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

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

- 00	ection 501(c)(4), (5), or (6) organizations Complete Part III	
	ame of the organization	Employer identification number
Loy	yola University of Chicago	
		36-1408475
Par	rt I-A Complete if the organization is exempt under section 501	(c) or is a section 527 organization.
	complete if the organization is exempt under section 501	(e) or is a section ser organization
1	Provide a description of the organization's direct and indirect political campaign actin opposition to candidates for public office in Part IV	<u> </u>
	Provide a description of the organization's direct and indirect political campaign ac	<u> </u>
1	Provide a description of the organization's direct and indirect political campaign action of the organization of the organizat	<u> </u>

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				
Par	t I-C Complete if the organization is exempt under section 501(c) except section	n 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 5.27 exempt function activities	b	ф	•	

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	F	\$ 	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	-	\$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	٠	\$	
4	Did the filing organization file Form 1120-POL for this year?		 ☐ Yes	ю

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

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
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(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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)).	

				(b)	
		Yes	No	Amount	
•	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				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		222,754	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			222,754	
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	Consider if the appropriation is account under coefficient FOA(a)(A) coefficient	- FA1/-			

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 carryover lobbying and political expenditures from the prior year?	3		

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

-	Dues, assessments and similar amounts nom members	_	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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

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

Identifier	Return Reference	Explanation
Lobbying Activity		Philip Hale, VIce President for Government Affairs, is registered as a lobbyist with the U S House of Representatives, the United States Senate, and the State of Illinois Jennifer Clark, Associate Vice President of Campus-Community Planning, and Wayne Magdziarz, Sr Vice President, Capital Planning & Campus Management, are both registered with the City of Chicago During fiscal year 2012, the lobbying activities of the University involved contacts with legislators and their staffs at the Federal, State, and City levels These contacts through office visits, phone conversations, and large gatherings were principally for purposes of goodwill and for issues related to student financial aid and tax issues at the Federal, State, and City levels Loyola students have volunteered their time and traveled to Springfield, IL and Washington D C to advocate for financial aid

DLN: 93493133033913

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

nterna	Revenue Service	orm 990. ► See separate instructions.		Inspection
	me of the organization ola University of Chicago		Employer identifica	tion number
Da	rt I Organizations Maintaining Donor Ad	duised Funds or Other Similar Fu	36-1408475	Complete if the
ĿС	organizations Maintaining Donor At		ilius of Accounts	• Complete ii the
		(a) Donor advised funds	(b) Funds and o	ther accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	_	oradvised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			┌ Yes
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part I\	/, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically important ertified historic struc of a conservation	•
	easement on the last day of the tax year	Г	Held at the	End of the Year
а	Total number of conservation easements		2a	4
ь	Total acreage restricted by conservation easements	<u> </u>	2b	0 00
c	Number of conservation easements on a certified his		2c	4
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d	0
3	Number of conservation easements modified, transfe the taxable year ▶		d by the organization	during
4	Number of states where property subject to conserva		_	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and	┌ Yes ┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents during the year l	1000
7	A mount of expenses incurred in monitoring, inspecting ▶ \$824	ng, and enforcing conservation easements	during the year	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sect	tion	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financial		
Par	Complete if the organization answered "		or Other Similar	Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of pu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	2,064,760
	(ii) Assets included in Form 990, Part X			15,852,069
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		· 	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$	

b Assets included in Form 990, Part X

Part	t IIII Organizations Maintaining Co	llections of Art,	, Histori	cal Treas	sures, or O	ther S	<u>imilar</u>	Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the fol	lowing that	are a significa	nt use o	of its co	llectio	n	
а	Public exhibition		d √	Loan or e	xchange progr	ams				
b	Scholarly research		e 🔽	Other SE	E PART XIV					
С	▼ Preservation for future generations									
4	Provide a description of the organization's control Part XIV	ollections and explai	n how the	y further th	e organization	's exem	pt purpo	se in		
5	During the year, did the organization solicite assets to be sold to raise funds rather than							Г	Yes	√ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	•		_	on answered	d "Yes"	to For	m 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary for c	ontribution	s or other ass	ets not		Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	following t	able	_					
					L			Amou	unt	
С	Beginning balance				_	1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					굣	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete								\= \	<u> </u>
4.	Degunning of year balance	(a)Current Year 388,739,191	(b) Prior	,304,802	Two Years Back 278,873,12		ee years 372,52		e) Four Y	ears Back
1a b	Beginning of year balance	22,744,405		,967,327	11,868,03			5,761		
C	Investment earnings or losses	6,533,445		,448,551	35,226,80		-99,06			
d	Grants or scholarships	2,950,842		,905,374	2,836,04	_		.6,709		
e	Other expenditures for facilities	7,436,295		,824,933	6,716,12	_	-	52,632		
_	and programs									
f	Administrative expenses	1,675,168	1	,251,182	1,110,99	7	1,30	7,658		
g	End of year balance	405,954,736	388	,739,191	315,304,80	2	278,87	3,125		
2	Provide the estimated percentage of the year	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	48 000 %								
b	Permanent endowment ▶ 21 000 %									
c	Term endowment ► 31 000 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held and	d administered	for the				
	organization by						ı	- 411	Yes	No
	(i) unrelated organizations							3a(i)		No
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization		 lon Schoo	ulo P2				3a(ii) 3b	<u> </u>	No_
4	Describe in Part XIV the intended uses of the						• •	30		<u> </u>
	t VI Land, Buildings, and Equipme									
rai	Description of property	ent. See Form 550	(a)	Cost or other (investment			Accumul lepreciati		(d) Bo	ok value
1a	Land			48,463,564	137,922,	723		+	18	6,386,287
	Buildings			36,747,15!			305,79	0,756		8,414,814
	Leasehold improvements		·	766,949	 			4,772		9,008,842
	Equipment			, 50,54.	95,478,			6,644		5,192,017
	Other				159,790.			4.157		3.436.391

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

912,438,351

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		of valuation year market value
(1)Financial derivatives		Cost of end-of-	year market value
(2)Closely-held equity interests			
(3)Other			
(A) Marketable Equity Investments	97,353,065		F
(P) Drivata Equity Investments	20 727 221		F
(B) Private Equity Investments	38,737,231		F
(C) Fixed Income Investments	49,438,019		F
			_
(D) Real Estate	27,805,570		F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	213,333,885		
Part VIII Investments—Program Related. See		3.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation
(a) Description of investment type	(B) Book Value	Cost or end-of-y	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descript	tion		(b) Book value
(1) Receivable from Trinity Health			75,000,000
(2) INTEREST HELD PERPETUAL TRUST			9,588,171
(3) Beneficial Interest in Trust			585,959
(4) Gift Property			910,922
(5) LUC/TRINITY HEALTH ESCROW			20,001,841
(6) IFA '12 TAX EXEMPT BOND ESCROW			36,253,716
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5,)		142,340,609
Part X Other Liabilities. See Form 990, Part X			, ,
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
COND ASSET RETIREMENT OBLIGATION	2,590,412		
REFUNDABLE ADVANCES - LOANS	18,426,343		
Pension and Other Post Retirement	51,847,323		
	. ,		
- 11.00 (1) (1)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	72,864,078		

	ule D (Form 990) 2011	Change in Net Assets from For	m 000	to F:	nancial (tatama:	nte .	Page 4
<u> Pari</u> 1	Total revenue (Form 990, Par	Change in Net Assets from For	טפע ווו	to FI	manciai S	<u>sta temel</u>	nts 1	T
2	Total expenses (Form 990, Par						2	
3							3	
4	Excess or (deficit) for the year						4	
5	Net unrealized gains (losses) Donated services and use of f						5	
6	Investment expenses	acincles					6	
7	Prior period adjustments						7	
8							8	
9	Other (Describe in Part XIV)	lines 4 . 9					9	
10	Total adjustments (net) Add		2				10	
Part		r per financial statements Combine lin Revenue per Audited Financia			s With Re	venue r		turn
1		ner support per audited financial statem					1	tui ii
2	· -	out not on Form 990, Part VIII, line 12				•		
a		stments	[2a				
b	_	facilities	.	2b				
С	Recoveries of prior year gran	ts	.	2c				
d	Other (Describe in Part XIV)		[2d				
e	Add lines 2a through 2d						2e	
3	Subtract line 2e from line 1						3	
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1						
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b	. L	4a				
b	Other (Describe in Part XIV)		. [4b				
С	Add lines 4a and 4b						4c	
5	Total Revenue Add lines 3 a	nd 4c. (This should equal Form 990, Pa	ırt I, lıne	12)			5	
<u>Part</u>		Expenses per Audited Financia	al State	emen	ts With E	xpenses	per	Return
1	Total expenses and losses p	er audited financial					1	
2		ut not on Form 990, Part IX, line 25					<u> </u>	
a		facilities	1	2a				
b	Prior year adjustments .			2b			1	
c	Other losses			2c			1	
d	Other (Describe in Part XIV)			2d				
e	Add lines 2a through 2d .		'				2e	
3	Subtract line 2e from line 1						3	
4	A mounts included on Form 9	90, Part IX, line 25, but not on line 1:						
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIV)			4b			1	
c	Add lines 4a and 4b			-			7	
				•			4c	
_5	Total expenses Add lines 3	and 4c. (This should equal Form 990, P	art I, lın	e 18)	· · · ·		4c 5	
	Total expenses Add lines 3 Supplemental Ir		art I, lin	e 18)				
Part Com Part	Supplemental Ir plete this part to provide the d V, line 4, Part X, Part XI, line		5, and 9), Part	III, lines 1		5 art IV,	
Par Com Part	Supplemental Ir plete this part to provide the divided by line 4, Part X, Part XI, line conal information	formation escriptions required for Part II, lines 3	5, and 9), Part	III, lines 1	complete t	5 art IV , I	
Part Com Part addit	plete this part to provide the divided by line 4, Part X, Part XI, line conal information Identifier	escriptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part X	5, and 9), Part s 2d ar	III, lines 1 nd 4 b Also	complete t	5 art IV, I	t to provide any
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Part Com Part addit	plete this part to provide the divided by line 4, Part X, Part XI, line conal information Identifier	escriptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part X Return Reference Schedule D, Part II, Question 5, 6, 7	5, and 9 III, line Loyola Nationa	O, Part s 2d ar Univer al Regis	III, lines 1 nd 4b Also rsity Chicag ster of Histo wn as the M	Explanat o has two oric Places undelein C	5 art IV, I this partion properts The Nollege	t to provide any ties listed on the Mundelein Center Skyscraper) and the
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Part Com Part addit	plete this part to provide the divided by line 4, Part X, Part XI, line conal information Identifier	escriptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part X Return Reference Schedule D, Part II, Question 5, 6, 7	Loyola Nationa (former 14-16 propert Madoni	Univeral Registly know East Pules than	III, lines 1 nd 4b Also sity Chicag ster of Histo wn as the M earson buil at are desig a Strada Ch	Explanat to has two pric Places undelein C ding Furth hated as C	ion properts The Nollege er, the hicago s Towe	t to provide any ties listed on the Mundelein Center Skyscraper) and the University has three Landmarks The rs and the Mundelein
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Part Com Part addit	plete this part to provide the divided by line 4, Part X, Part XI, line conal information Identifier	escriptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part X Return Reference Schedule D, Part II, Question 5, 6, 7	Loyola Nationa (former 14-16 propert Madoni Center monito conser Office of Plannin building and the any cha structu and foll approx	Univeral Registry known East Pares than Dell There Grounds, in vation of the Grounds, as of Commanges, as of Commanges, the owed Imately imately	rsity Chicag ster of History wn as the M earson buil at are desig a Strada Ch is no spection, vieasements General Cou ip are aware dictated by nission on C modification e appropria It is estima viten hours	Explanat o has two oric Places undelein C ding Furth nated as C lapel, Lewi fic written olations, a held by the nsel and tl of the reg the Nation chicago La ns or renov te rules an ted that st annually of	art IV, I chis par ion propert is The Nollege er, the hicago is Towe policy and enforce University ulation al Regulations diregulaff men in these	cies listed on the Mundelein Center Skyscraper) and the University has three Landmarks The rs and the Mundelein regarding the periodic orcement of the ersity However, the versity's Capital s attached to these ster of Historic Places as As such, before are made to these ations are reviewed onbers spend
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Part addit addit Conse	plete this part to provide the divisional information Identifier Ervation Easements FICANT USE OF NIZATION'S ART ECTION	Return Reference Schedule D, Part II, Q uestion 5, 6, 7 and 9	Loyola Nationa (former 14-16 propert Madoni Center monito conser Office of Plannin building and the any chastructu and foll approxi A dditiona forem sheet of as ther measur building Integra Descriptor of Art (art that D'Arcy to the propert of the	Universely known and sity's North and Income of the County	rsity Chicagester of Histown as the Mearson build are designed a Strada Cheston and pare aware dictated by mission on Comodification and purpose approprial at its estimal to the conserved buildings evenue and book value blace to profession and independent and purpose art III, Queback to a conserved buildings evenue and book value blace to profession and independent and independen	Explanat To has two pric Places undelein C ding Furth nated as C tapel, Lewi fic written olations, a held by the insel and til e of the reg the Nation chicago La ins or renov te rules an ted that st annually or ation ease are not re expense as tect the his collections i of organiza estion 4 Th was devel cludes art cl	art IV, ithis part IV	cies listed on the Mundelein Center Skyscraper) and the University has three Landmarks The rs and the Mundelein regarding the periodic procement of the ersity However, the versity's Capital s attached to these ster of Historic Places as As such, before are made to these ations are reviewed in either the balance ent of the University, in They are solely lintegrity of the ended to the infacts from antiquities included Neolithic photographs and tion, promotion and in that attempts to and concerns of all prets and displays the illection, known as the impermanent museum with an ramming, the Loyola
Part addit addit SIGNI ORGA COLL	plete this part to provide the divisional information Identifier Trivation Easements FICANT USE OF NIZATION'S ART ECTION	Return Reference Schedule D, Part II, Q uestion 5, 6, 7 and 9	Loyola Nationa (former 14-16 propert Madoni Center monito conser Office of Plannin building and the any cha aforem sheet of as ther measur building Integra Descrip Schedu of Art (art that D'Arcy to the pseudof Art) (art that D'Arcy to the p	University known and provided the roll of	III, lines 1 nd 4b Also sity Chicag ster of Hist wn as the M earson buil at are desig a Strada Ch is no spect spection, vieasements General Cou- ip are aware in a strada by inssion on C modification e appropria It is estima y ten hours the conserved buildings evenue and book value blace to pro- f museum co ind purpose part III, Qui- cond purpose part III, Qui- co	Explanat To has two pric Places undelein C ding Furth nated as C napel, Lewi fic written olations, a held by the nsel and the of the reg the Nation Chicago La ns or renov te rules an ted that st annually ose are not re expenses to the eas tect the his cludes art quisitions prints, dra cation, other exhibitions ed to the eas textine Museum d Renaissa ction, other exhibitions education t reflects t to helping own faith a arious stud arious stud arious stud	art IV, I chis pari	cies listed on the Mundelein Center Skyscraper) and the University has three Landmarks The rs and the Mundelein regarding the periodic orcement of the ersity However, the versity's Capital s attached to these ster of Historic Places as As such, before are made to these ations are reviewed in bers spend activities related to the in either the balance ent of the University, integrity of the reward actions of omplement to the infacts from antiquities included Neolithic photographs and that attempts to and concerns of all orets and displays the integrity's Jesuit ind women of all creeds retual quest ganizations, study
Part addit addit Conse	plete this part to provide the divisional information Identifier Trivation Easements FICANT USE OF NIZATION'S ART ECTION	Return Reference Schedule D, Part III, Question 3E Schedule D, Part III, Question 3E	Loyola Nationa (former 14-16 propert Madoni Center monito conser Office of Plannin building and the any cha approx A ddition aforem sheet of as ther measur building Integral Descrip Schedu of Art (that D'Arcy to the pseudof Arcy t	University known and Delivers that the Ground of Ground	III, lines 1 nd 4b Also sity Chicag ster of Hist wn as the M earson buil at are desig a Strada Ch es is no spec spection, v easements General Cou up are aware dictated by nission on C modification on appropria It is estima v ten hours the conserv ed buildings evenue and book value blace to pro finuseum co nd purpose vart III, Qu) Collection ss the LUM ction and inc t Recent ac ntemporary A is dedicat gof art and enduring s societies T Medieval an v, S J Collect and rotating e ucation and iseum of Ar s dedicated iots of their assets for v ims, and thi ch are pass	Explanat To has two pric Places undelein C ding Furth nated as C lapel, Lewi fic written olations, a held by the insel and til e of the reg the Nation chicago La ins or renov te rules an ted that st annually on ation ease are not re expenses are the his collections i of organiza exto the ease cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his collections i of organiza exto the expenses cet the his	art IV, ithis part IV	cies listed on the Mundelein Center Skyscraper) and the University has three Landmarks The rs and the Mundelein regarding the periodic orcement of the ersity However, the versity's Capital s attached to these ster of Historic Places as As such, before are made to these ations are reviewed in eativities related to the in either the balance ent of the University, integrity of the remaining the integrity of the demic coursework art collections of omplement to the infacts from antiquities included Neolithic photographs and that attempts to and concerns of all orets and displays the integrity's Jesuit ind women of all creeds retual quest

up for the convenience of outside organizations to use Loyola's

The endowment funds have been established to provide a stable source of funding for university academic programs, financial

aıd, and faculty support on a long-term time horizon

services

Schedule D, Part V, Question 4

Intended uses of Endowment Funds

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As Filed Data -

DLN: 93493133033913

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶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.

Schools

Name of the organization Loyola University of Chicago

Employer identification number

	36-1408475			
Pai	rt 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?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		- - -		
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	- 4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
	Use of facilities?	5f		No
	Athletic programs?	5g		No
h	O ther extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u> 5h</u>		No
_		1		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II 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	7	Vas	

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
SCHEDULE E, LINE 3		On Monday, May 21, 2012 the University published an advertisement in the Chicago Tribune, a widely read new spaper in the community. This year's advertisement was titled "Diversity in Thought. Diversity in Faith Diversity in Practice." SCHEDULE E, LINE 6A A number of federal, state and local agencies issue grants and contracts to the University for research, training and general educational support.

Schedule E (Form 990 or 990-EZ) 2011

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OMB No 1545-0047

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Loyola University of Chicago **Employer identification number**

36-1408475

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

1	For gr	ant	mak	ers. D	oes t	he	org	anız	atıo	n n	naıı	nta	ın r	e cc	rds	to	sul	bst	an	tıat	e t	he a	a m	oui	nt d	of t	he	gra	ant	:S 01	-			
	assist	ance	e, th	e grar	itees'	elı	gıbı	lity	for t	the	gra	nts	or	as	sıst	anc	æ,	an	d t	he	sel	ecti	on	crit	erı	aι	se	d to	o a	war	d			
	the gr	ants	ora	assista	ance?																										굣	Yes	Γ	No
_	_	_		_		_										,							_											

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

United States					
Activites per Region (Use Part (a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Europe (Including Iceland and Greenland)			Grantmakıng		44,63
Sub-Saharan Africa			Grantmakıng		145,10
Central America and the Caribbean			Grantmakıng		54,93
North America			Grantmakıng		8,32
Central America and the Caribbean		1	Program Services	Humanıtarıan Aıd	566,71
East Asia and the Pacific			Program Services	Int'l Immersion Prgm	2,53
Europe (Including Iceland and Greenland)		4	Program Services	Field Research	568,11
Middle East and North Africa		1	Program Services	Promote entrepreneurs	74,79
South America			Program Services	Int'l Immersion Prgm	51,50
South Asia			Program Services	Int'l Immersion Prgm	6,00
Sub-Saharan Africa			Program Services	Int'l Immersion Prgm	41,67
Europe (Including Iceland and Greenland)	1	58	Program Services	STUDY ABROAD	7,137,00
Middle East and North Africa			Program Services	STUDY ABROAD	48,90
East Asia and the Pacific		4	Program Services	STUDY ABROAD	427,43
Europe (Including Iceland and Greenland)			Program Services	CATHOLIC CONFERENCE	53,72
Central America and the Caribbean			Investments	FOREIGN INVESTMENTS	19,611,05
Sub-total	1	. 68			28,842,45
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) Privacy Act and Paperwork Reduction	1			No 50082W Schedul	28,842,45 e F (Form 990) 2011

. (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Modeling the Epidemiologic Transition research	58,584	WIRE TFR			
		Cent A merica/Caribbean	Modeling the Epidemiologic Transition research	54,936	WIRE TFR			
		Sub-Saharan Africa	Modeling the Epidemiologic Transition research	43,200	WIRE TFR			
		Sub-Saharan Africa	Severity of Sickle Cell Disease	43,320	WIRE TFR			
		North America	Genetics of Hypertension in Blacks research	8,320	WIRE TFR			
		Europe/Iceland/Greenlan		44,631	WIRE TFR			
2 Enter total	number of recip	ient organizations listed for which the grantee (d above that are reco	ognized as charitie	s by the foreign co	untry, recognized a	IS	6

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Fellowship	Europe/Iceland/Greenland	18	390,642	WIRE TFR	1		
Scholarship	Europe/Iceland/Greenland	d 23	723,111	WIRE TFR			
			·	<u> </u>		 	
			<u> </u>	 		 	
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>\</u>	Yes	Γ	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
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)	Г	Yes	দ	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	দ	Νo
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	Γ	Νo
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).	Г	Yes	ে	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Organization's Procedures for Monitoring Use of Grant Funds Outside the US	Schedule F, Part 1, Question 2	Any organizations and entities receiving grants from LUC are required to submit annual progress reports on the use of these funds. These progress reports are monitored and reviewed by the principal investigators to ensure funds are being used appropriately. Description of how expenditures are reported Schedule F, Part I, Line 3, Column (f). We maintain a separate sub-ledger related to our Rome Center study abroad campus, which includes the expenses related to that program. For other study abroad programs which are conducted through other educational institutions, wie maintain separate accounting units within our general ledger in order to track these expenses.

ldentifier	Return Reference	Explanation
Description of how expenditures are reported		Grant Assistance is recognized when expenses are incurred. We maintain a separate accounting unit for each grant within our general ledger in order to track these expenses.

Schedule F (Form 990) 2010

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DLN: 93493133033913

OMB No 1545-0047

2011

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization Loyola University of Chicago Employer identification number

36-1408475

Part I	Fundraising Activitie	s. Complete if the	organization answered	"Yes" to Form 990). Part IV. line 17.
	i diidi dibiliq Activiti	Di Compicte ii the	organization answered	100 101111 001	,, I GILIV, IIIIC I/.

- ${f 1}$ Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a Mail solicitations
 - Internet and e-mail solicitations
- c Phone solicitations
- d

 ✓ In-person solicitations

- e 🔽 Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- g 🔽 Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Campbell Company	Training		No	0	19,912	
Ter Molen Watkıns Brandt	CONSULTING		Νo	0	10,213	
Christina Pulawski Consulting	Research		Νo	0	15,472	
Total			>	0	45,597	

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form						
		, ,	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
			Stritch DINNER	Founder Dinner	0	(Add col (a) through col (c))		
Ф			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts Less Charitable	571,700	398,286		969,986		
Rey	2	contributions	445,550	315,211		760,761		
	3	Gross income (line 1 minus line 2)	126,150	83,075		209,225		
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	172,391	115,780		288,171		
ă	7	Food and beverages	163,384	109,559		272,943		
Direct	8	Entertainment	10,000	2,841		12,841		
ā	9	Other direct expenses .	44,183	75,582		119,765		
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(693,720)		
	11	Net income summary Combine lin	nes 3 and 10 ın column (d)	$(x_1, x_2, x_3, x_4, x_4, \dots, x_n) \blacktriangleright$	-484,495		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than		
₽			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming		
Revenue				bingo/progressive bingo		(Add col (a) through col (c))		
æ	١.	_						
		Gross revenue						
ses	2	Cash prizes				_		
Expenses	3	Non-cash prizes						
<u>й</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	┌ Yes ┌ No	┌ Yes			
	7	L Direct expense summary Add lines				()		
	8	Net gaming income summary Com	ome mes I and / in colu	mm (a)	<u> . .</u>	<u> </u>		
9	Enter the state(s) in which the organization operates gaming activities							
a b		Is the organization licensed to operate gaming activities in each of these states?						
		· · · · · · · · · · · · · · · · · · ·						
10a	 Wer	re any of the organization's gaming l						
b		Yes," Explain				, 163 , 100		

Sche	edule G (Form 990 or 990-EZ) 20	11		Page 3
11	Does the organization operate g	aming activities with nonmembers?		Tyes TNo
12	Is the organization a grantor, be	neficiary or trustee of a trust or a me	mber of a partnership or other entity	
	formed to administer charitable	gamıng?		Yes No
13	Indicate the percentage of gami	ng activity operated in		
а			13a	
b	An outside facility		13b	
14	Provide the name and address o records	f the person who prepares the organı	zation's gaming/special events books and	
	Name 🟲			
	Address ►			
15a	Does the organization have a co	ntract with a third party from whom t	ne organization receives gaming	
1Ju	=	· · ·		
ь			zation 🟲 \$ and the	Yes I No
		ned by the third party 🟲 \$		
С	If "Yes," enter name and addres			
		-		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation			
	Description of services provided	· · · · · · · · · · · · · · · · · · ·		
	Director/officer	☐ Employee	Independent contractor	
17	Mandatory distributions	ı Employee	i independent contractor	
a a	<i>,</i>	er state law to make charitable distr	butions from the gaming proceeds to	
	retain the state gaming license?			┌ _{Yes} ┌ _{No}
b	Enter the amount of distributions	s required under state law distributed	to other exempt organizations or spent	105 7 110
		t activities during the tax year 🟲 💲		
Pai	Complete this part to instructions.)	provide additional information fo	or responses to quuestion on Schedule G (se	÷e
	Identifier	ReturnReference	Explanation	
	ounts paid to consultants for draising, training and consulting	Form 990, Schedule G, Part I, Line 2b	During fiscal year 2012, the University paid throorganizations for training and consulting service fundraising. These services did not provide directly for the services but instead provided general training and University Staff working in the area of fundraising amount paid for these services was \$45,596.97	es related to ct fundraising nd guidance to ng The total

Schedule G (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493133033913

Inspection

Internal Revenue Service Employer identification number Name of the organization Lovola University of Chicago 36-1408475 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to Individuals	10859	129,484,473			
(2) Fellowships	140	704,155			

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

Identifier	Return Reference	Explanation
•	Procedures for Monitoring the Use of Grants	All grants and scholarships are awarded on a nondiscriminatory basis. Amounts are applied directly towards a student's tuition, room, and board costs, thereby ensuring the funds are used as intended. Additionally, any organizations and entities receiving subcontract grants from Loyola University Chicago are required to submit annual progress reports on the use of these funds. These progress reports are monitored and reviewed by the principal investigators to ensure funds are being used appropriately.

Software ID:

Software Version:

EIN: 36-1408475

Name: Loyola University of Chicago

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bradley University1501 West Bradley Ave Peoria,IL 61625	37- 0661494	501 (c)(3)	8,500				SURVEY TAFT HOMES RESIDENTS ON COMMUNITY NEEDS RELATED TO REDEVELOPMENT
Cares5000 S Fifth Ave Bldg One Hines,IL 60141	36- 3334177	501 (c)(3)	24,767				Health Services research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University10900 Euclid Avenue Cleveland, O H 44106	34- 1018992	501 (c)(3)	31,837		ocilei)		Develop statistical methods
Children's Hospital Boston PO Box 414413 Boston, MA	04- 2774441	501 (c)(3)	9,721				RESEARCH ON THE GENETICS OF HYPERTENSION IN BLACKS

	•	•					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Memorial Hospital 225 E Chicago Ave Chicago, IL 60611	36- 2170833	1 501 (6)(3)	6,086				O BESITY RESEARCH
Christ The King College5088 W Jackson Blvd Chicago, IL 60644	36- 4067307	1 501 (6)(3)	10,000				SPONSORSHIP KING OF HEARTS GALA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City Colleges Of Chicago226 West Jackson Blvd Chicago, IL 60606	36- 2606236	501 (c)(3)	14,957				DEVELOPMENT OF CHEM CURRICULUM
Depaul University 1 East Jackson Blvd Chicago, IL 60604	36- 2167048	501 (c)(3)	13,252				MIGRATION AND IMMIGRANT INTEGRATION RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Drexel University 3201 Arch St Philadelphia, PA 19104	23- 1352630	501 (c)(3)	28,688				OBESITY RESEARCH
Guest House Inc 1601 Joslyn Rd Lake Orion, MI 48360	38- 1557146	I 501 (c)(3)	10,000				GUEST HOUSE BENEFIT DINNER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hematology Oncology Consultants100 Spalding Drive Naperville, IL 60540	36- 3082580		18,320				BREAST CANCER THERAPY RESEARCH
Hines Va Hospital PO Box 1490 Hines, IL 60141	36- 3767770	501 (c)(3)	170,622				MOLECULAR PHARMACOLOGY, THERAPEUTICS & NEUROSCIENCE RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Illinois Institute Of Technology3300 S Federal St Chicago, IL 60616	36- 2170136	501 (c)(3)	78,220				CARDIOVASCULAR RESEARCH
Indiana University PO Box 66057 Indianapolis, IN 46266	35- 6001673	501 (c)(3)	222,488				CHEMOKINE- MEDIATED MODULATION OF OPIOID INDUCED PAIN RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lawrence Livermore National LaboratoryPO Box 5516 Livermore,CA 94551	20- 5624386	501 (c)(3)	242,000				ANTHRAX VACCINATION RESEARCH
Medical University Of South Carolina 19 Hagood Ave Ste 303 Charleston, SC 29425	57- 6000722	501(c)(3)	605,729				MODULATING TOLERANCE IN A SPONTANEOUS MOUSE RESEARCH MODEL OF AUTOIMMUNE VITILIGO

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan State University301 Adm Bldg East Lansing, MI 48824	38- 6005984	501(c)(3)	148,170				Sexuality in adolescents research
Oregon State UniversityOffice of Post Award Adm PO BOX 1086 Corvalis,OR 97331	48- 1278540	501(c)(3)	49,183				Restoring Wetland Biodiversity

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Purdue University 401 S Grant St West Lafayette, IN 47907	35- 6002041	501(c)(3)	344,312				Mechanisms of viral proteases research
University Of California1850 Research Pk Dr Sacramento, CA 95817	94- 6036493	501(c)(3)	15,576				Leukemia research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Of Chicago5801 S Ellis Ave Chicago, IL 60637	36- 2177139	501(c)(3)	45,491				Cancer & Homelessness Research
University Of Illinois At Chicago 1737 W Polk St 310 AOB M/C 672 Chicago, IL 60612	37- 6000511	501(c)(3)	45,968				Teachers training & HIV research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Of New MexicoMSC 05 3180-1 Albuquerque, NM 87131	85- 6000642	1 501(6)(3)	10,037				Motivational interviewing
University Of Wisconsin - Madison 21 North Park St Madison, WI 53715	39- 6006492	I 501(c)(3)	85,170				Mechanical ventilation study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Quality Schools Corp850 West Jackson Chicago,IL 60607	36- 4298732	501(c)(3)	36,991				Federal work study
Asian Human Services4753 North Broadway 700 Chicago,IL 60640	36- 3698770	501(c)(3)	36,581				Federal work study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK MEN'S XCHANGE NATIONAL1396 FALLS RIVER DR CONYERS, GA 30013	27- 2330266	I 501(c)(3)	40,930				RESEARCH
Centro Romero 6216 North Clark Street Chicago, IL 60660	36- 3517408	501(c)(3)	19,590				Federal work study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chicago House and Social Service Agency1925 North Clybourn 401 Chicago,IL 60614	36- 3376432	501(c)(3)	14,475				Federal work study
Chicago International Charter School2235 N Hamilton St Chicago, IL 60647	99- 2737640	501(c)(3)	8,389				Federal work study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Counseling Center of Chicago4740 N Clark Chicago, IL 60640	23- 7115384	501(c)(3)	5,518				Federal work study
Community Shares of Illinois44 East Main 208 Champaign, IL 61820	36- 3073918	501(c)(3)	12,258				Federal work study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Edgewater Chamber of Commerce1210 West Rosedale Avenue Chicago,IL 60660	36- 3311042	1 501(6)(3)	9,081				Federal Work Study
Family Matters 7731 N Marshfield Ave Chicago,IL 60626	36- 3588490	I 501(c)(3)	10,082				Federal Work Study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEMI Memorial Outreach Fund 5875 N Lincoln Ave Chicago,IL 60659	03- 0549622	501(c)(3)	17,133				Federal Work Study
Hamdard Center 1542 W Devon Ave Chicago, IL 60660	36- 3917885	501(c)(3)	32,403				Federal Work Study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Housing Opportunities for Women1607 W Howard St Chicago,IL 60626	36- 3263818	501(c)(3)	8,317				Federal Work Study
Howard Area Community7648 N Paulina Chicago,IL 60626	36- 3008606	501(c)(3)	23,911				Federal Work Study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indo American Center6328 N California Ave Chicago,IL 60659	36- 3689665	I 501 (c)(3)	21,863				Federal Work Study
Legal Assistance Fund of Metropolitan Chicago111 West Jackson Ave Chicago.IL 60604	36- 2754650	1 501(6)(3)	8,472				Federal Work Study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Living Water Community Church 6808 North Ashland Blvd Chicago, IL 60626	36- 4404672	501(c)(3)	39,443				Federal Work Study
McGaw YMCA1000 Grove Street Evanston, IL 60201	36- 2169194	501(c)(3)	25,455				Federal Work Study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Office of Catholic Schools835 North Rush Street Chicago,IL 60611	36- 2170826	501(c)(3)	20,875				Federal Work Study
Sacred Heart Schools6250 North Sheridan Chicago,IL 60660	2170839	501(c)(3)	71,941				Federal Work Study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southeast Asia Center1134 W Ainslie STE 300 Chicago,IL 60640	36- 3168093	501(c)(3)	21,302				Federal Work Study
Test Positive Aware Network 5537 N Broadway Chicago, IL 60640	36- 3591116	501(c)(3)	9,352				Federal Work Study

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
United Church of Rogers Park1545 W Morse Ave Chicago, IL 60626	36- 2677402	I 501 (c)(3)	9,628				Federal Work Study
Youth Organizations Umbrella Inc1027 Sherman Avenue Evanston, IL 60202	36- 2734966	I 501 (c)(3)	100,567				Federal Work Study

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVAL SURFACE WARFARE CENTER 17632 DAHLGREN RD DAHLGREN,VA 22448	52- 0592178	501(C)(3)	104,854				BIO-THREAT AGENT RESEARCH
NORTH DAKOTA STATE UNIVERSITYPO BOX 6050 FARGO.ND 58108	45- 6002439	501(C)(3)	23,259				MODERN METHODS IN CALCULUS OF VARIATIONS RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UNIVERSITY633 CLARK ST EVANSTON,IL 60208	32- 2167817	501(C)(3)	16,441				OBESITY RESEARCH
PACE UNIVERSITY ONE PACE PLAZA NEW YORK, NY 10038	13- 5562314	501(C)(3)	7,109				LAUNCH KNOWLEDGE WEBSITE ON VIRGINIA WOOLF'S TO THE LIGHTHOUSE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEORIA OPPORTUNITIES FOUNDATION301 NE JEFFERSON PEORIA,IL 61602	37- 1392514	501(C)(3)	8,500			SURVEY TAFT HOMES RESIDENTS ON COMMUNITY NEEDS RELATED TO REDEVELOPMENT
RESEARCH FOUND FOR THE STATE UNIV OF NY230 WEST 41ST ST NEW YORK, NY 74906	13- 1988190	501(C)(3)	38,648			INFLUENCE OF OYSTER RESTORATION RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSH UNIVERSITY MEDICAL CENTER 1725 W HARRISON CHICAGO,IL 60612	36- 2174823	501(C)(3)	96,133				ORAL HIV VACCINE RESEARCH
SAINT AGNES OF BOHEMIA PARISH 2643 S CENTRAL PARK CHICAGO,IL	36- 2170807	501(C)(3)	10,000				SUPPORT FOR THE PASTORAL EXCELLENCE PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT CATHERINE LABOURNE3525 THORNWOOD AVE GLENVIEW,IL 60026	36- 2478258	501(C)(3)	10,000				SUPPORT FOR PASTORAL EXCELLENCE PROGRAM
SAINT JOSEPH SEMINARY6551 SHERIDAN ROAD CHICAGO,IL 60626	36- 2170826	501(C)(3)	27,900				STAINED GLASS WINDOWS FOR NEW CHAPEL

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MARY OF THE LAKE PARISH 4200 N SHERIDAN ROAD CHICAGO,IL 60613	36- 2171076	501(C)(3)	6,500				SUPPORT FOR PASTORAL EXCELLENCE PROGRAM
UNIVERSITY OF IO WAB5 JESSUP HALL IO WA CITY, IA 52242	42- 6004813	501(C)(3)	32,472				ENTRY & PATHOGENESIS OF CORONA VIRUSES RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS2385 IRVING HILL ROAD LAWRENCE, KS 55342	48- 0680117	501(C)(3)	5,928				SEROTONIN REUPTAKE INHIBITORS RESEARCH
CABRINI GREEN LEGAL AID740 NORTH MILWAUKEE AVE CHICAGO,IL 60642	36- 2775706	1 501(0)(3)	5,625				FEDERAL WORK STUDY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBODIAN ASSOCIATION OF ILLINOIS2831 WEST LAWRENCE AVE CHICAGO,IL 60625	36- 3129057	501(C)(3)	8,046				FEDERAL WORK STUDY
CHICAGO JEWISH DAY SCHOOL5959 N SHERIDAN ROAD CHICAGO,IL 60660	36- 4437180	501(C)(3)	7,192				FEDERAL WORK STUDY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO PUBLIC SCHOOLS640 W SCOTT ST CHICAGO,IL 60610	36- 6005821	501(C)(3)	19,380				FEDERAL WORK STUDY
CIRCESTEEM4730 N SHERIDAN RD CHICAGO,IL 60640	36- 0050649	501(C)(3)	9,057				FEDERAL WORK STUDY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS ACTION FOR CHILDREN 4753 N BROADWAY CHICAGO,IL 60640	36- 2712912	501(C)(3)	6,867				FEDERAL WORK STUDY
IMMANUEL LUTHERAN CHURCH1500 W ELMDALE AVE CHICAGO,IL	36- 2284282	501(C)(3)	6 ,9 5 7				FEDERAL WORK STUDY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTO HEALTH SCIENCES CAREER ACADEMY2520 S WESTERN AVE CHICAGO,IL 60608	27- 1488618	501(C)(3)	9,321				FEDERAL WORK STUDY
LYCEE FRANCAIS DE CHICAGO613 W BITTERSWEET PL CHICAGO,IL 60613	36- 4002001	501(C)(3)	7,398				FEDERAL WORK STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM WOMEN RESOURCE CENTER 6349 N WESTERN AVE CHICAGO,IL 60659	68- 0489248	501(C)(3)	7,847				FEDERAL WORK STUDY
NATIONAL RUNAWAY SWITCHBOARD3080 NORTH LINCOLN AVE CHICAGO II 60657	36- 2726331	501(C)(3)	5 ,5 2 4				FEDERAL WORK STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSIDE CATHOLIC ACADEMY6216 N GLENWOOD AVE CHICAGO,IL 60660	36- 3956710	501(C)(3)	7,704				FEDERAL WORK STUDY
VIETNAMESE ASSOCIATION OF ILLINOIS5110 NORTH BROADWAY CHICAGO.IL 60640	36- 2882292	501(C)(3)	5,783				FEDERAL WORK STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Memorial Hospital 225 E Chicago Ave Chicago,IL 60611		501(c)(3)	9,968				Federal Work Study

DLN: 93493133033913

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.		Inspection
Name of the organiz Loyola University of Chic	cago	Employer identif	fication number
Part I Questi	ons Regarding Compensation		

				Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizerimbursement orprovision of all the expenses described	above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire	- · · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that a				
	Compensation committee	Written employment contract			
	·	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paym	nent?	4a	Yes	
b	Participate in, or receive payment from, a supplemental r	nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a, did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.		7	Yes	
8	or accured pursuant to a contract that was s section 53 4958-4(a)(3)? If "Yes," describe	8		No	
9	If "Yes" to line 8, did the organization also follow the reb section 53 $4958-6(c)$?	uttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Housing allowance or residence for personal use	Schedule J, Part I, Question 1a	Father Garanzini, S J, the President of the University, is provided with a residence hall room at the Water Tower campus This room is for his occasional use when he is at the Water Tower campus for certain events and as a way to connect with the student body
Tax Indemnification and gross-up payments	Schedule J, Part I, Question 1a	Emilio Iodice received a tax gross-up payment of \$117,199 to cover Italian taxes, as he is an employee of the University's Rome Center
Severance Payment	SCHEDULE J, PART I, QUESTION 4A	James Whitesell received a severance payment during calendar year 2011 in the amount of \$283,250 His employment with the university ended on March 14, 2011
Supplemental Compensation Information - Other non-fixed payments	SCHEDULE J, PART I, QUESTION 7	Several persons listed in Part VII, Section A, line 1a received performance bonuses during calendar year 2011

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 36-1408475

Name: Loyola University of Chicago

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

(A) Name			W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Pamela G Costas	(I) (II)	183,047 0	15,000 0	412 0	15,595 0	8,949 0	223,003	0	
Rıchard L Gamellı MD	(1) (11)	561,848 0	0	1,782 0	30,930 0	16,263 0	610,823 0	0 0	
Philip D Hale	(I)	166,854 0	0 0	565 0	17,486 0	9,414 0	194,319 0	0	
Jonathan R Heintzelman	(I) (II)	263,966 0	0	2,809 0	24,876 0	16,295 0	307,946 0	0	
Emilio Iodice	(1) (11)	204,062 0	0	119,835	15,999 0	1,963 0	341,859 0	0	
Eric C Jones	(ı) (ıı)	158,471 0	0	240 0	13,611 0	26,544 0	198,866 0	0	
Robert D Kelly	(I) (II)	217,968 0	0	308 0	17,909 0	14,552 0	250,737 0	0	
Thomas M Kelly	(I) (II)	204,536 0	15,000	489 0	18,199 0	19,328	257,552 0	0	
William G Laird	(I) (II)	297,180 0	0	3,220 0	24,682 0	19,369 0	344,451 0	0	
Wayne Magdzıarz	(I) (II)	250,614 0	0	909	23,361 0	7,987 0	282,871 0	0	
Susan Malisch	(I) (II)	241,100 0	0	577 0	22,250 0	11,080	275,007 0	0	
Ellen Kane Munro	(I) (II)	238,967 0	10,000	2,895 0	24,997 0	16,889 0	293,748 0	0	
John P Pelissero PHD	(ı) (ıı)	292,658 0	0	2,100 0	24,682 0	21,239 0	340,679 0	0	
Kelly Shannon	(ı) (ıı)		50 0	649 0	19,884 0	21,698 0	225,031	0	
Francis Fennell Jr	(1) (11)	203,125 0	0	2,355 0	18,849 0	16,980 0	241,309 0	0	
A bolhassan Jalilvand	(I) (II)	233,485 0	0	1,636 0	22,595 0	22,932	280,648 0	0	
Lında Brubaker MD	(I) (II)		0	0	9,622	25,599 0	342,875 0	0	
Preter DeTombe (11)		306,473	0	1,167 0	24,431 0	38,428 0	370,499 0	0	

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Tarun Patel	(ı) (ıı)	317,399 0	0	2,219	28,219 0	8,670 0	356,507 0	0	
James Whitesell	(ı) (ıı)	· _	0	283,509 0	8,415 0	4,065 0	365,585 0	0	
David Yellen	(ı) (ıı)	· _	15,000 0	1,242	24,258 0	65,967 0	481,408 0	0	
John Frendreis Former Prov	(ı) (ıı)	180,069 0	0	1,104	19,884 0	23,839 0	224,896 0	0	
Philip R Kosiba	(I) (II)		10,000	1,049	12,785 0	5,104 0	142,291 0	0 0	

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493133033913

Open to Public **Inspection**

Name of the organization

Department of the Treasury

Internal Revenue Service

Loyola University of Chicago

Employer identification number

ola University of Chicago									3	6-140	8475			
(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue l	Price	(f)	Description	Description of Purpose				alf of uer	finan	Pool
THE INOIS SINANCE									Yes	No	Yes	No Y	'es	No
AUTHORITY	86-1091967	45200B2C1	04-12-2007	28,98						х		X		X
ILLINOIS FINANCE AUTHORITY	86-1091967	45203TAC0	06-04-2008	80,00						Х		×		X
ILLINOIS FINANCE AUTHORITY	86-1091967	45203HHM7	05-31-2012	104,52						Х		х		x
rt III Proceeds					•									
							I	 	_				D	
		710,												
<u> </u>	<u></u>					,884		80,082,002		104,	526,675	<u> </u>		
<u> </u>						0		0			()		
<u> </u>						0		0			(<u> </u>		
						0		0		43,6	591,130)		
					330,			0				<u> </u>		
<u> </u>					0		0	0			1			
- '	<u> </u>					0		0	0					
<u> </u>	oceeds					0		45,131,597		24,:	190,440			
					28,650,	,402		34,950,405			C			
· · ·						0		0		36,2	253,716	5		
Year of substantial completio	on			20	07		20	09		2014				
				Yes	No	•	Yes	No	Yes		No	Yes		No
Were the bonds issued as pai	rt of a current refund	ing issue?		Х			Х				Χ			
Were the bonds issued as pai	ied as part of an advance refunding issue?				×			X	X					
Has the final allocation of pro	Has the final allocation of proceeds been made?						Х				Х			
Does the organization mainta allocation of proceeds?	ort the final	Х			Х		Х							
TIIII Private Business l	Use													
				-				. +		C	N-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D No.	
	(a) Issuer Name ILLINOIS FINANCE AUTHORITY ILLINOIS FINA	(a) Issuer Name (b) Issuer EIN ILLINOIS FINANCE AUTHORITY ILLINOIS FINANCE AUTHORITY ILLINOIS FINANCE AUTHORITY Ref-1091967 ILLINOIS FINANCE AUTHORITY Ref-1091967 ILLINOIS FINANCE AUTHORITY Ref-1091967 ILLINOIS FINANCE AUTHORITY Ref-1091967 ITTI Proceeds Amount of bonds retired Amount of bonds defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrow Issuance costs from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refund Were the bonds issued as part of an advance reful Has the final allocation of proceeds been made? Does the organization maintain adequate books a allocation of proceeds?	(a) Issuer Name (b) Issuer EIN (c) CUSIP # ILLINOIS FINANCE	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued ILLINOIS FINANCE AUTHORITY 86-1091967 45200B2C1 04-12-2007 ILLINOIS FINANCE AUTHORITY 86-1091967 45203TAC0 06-04-2008 ILLINOIS FINANCE AUTHORITY 86-1091967 45203HM7 05-31-2012 ILLINOIS FINANCE AUTHORITY 86-1091967 45203HHM7 05-31-2012 ILLINOIS FINANCE AMOUNT of bonds retired Amount of bonds retired Amount of bonds defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrow Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds?	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue IIII Proceeds (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue IIII Proceeds (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue IIII Proceeds (c) CUSIP # (d) Date Issued (e) Issue IIII Proceeds (d) Date Issued (e) Issue IIII Proceeds (e) Issue IIIII Proceeds (e) Issue IIIII Proceeds (e) Issue IIIII Proceeds (e) Issue IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Capital ized in reserve from proceeds Capital expenditures from proceeds Capita	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) ILLINOIS FINANCE AUTHORITY 86-1091967 45203TACO 06-04-2008 80,000,000 REFURANT (ISSUE) ILLINOIS FINANCE AUTHORITY 86-1091967 45203TACO 06-04-2008 80,000,000 REFURANT (ISSUE) ILLINOIS FINANCE AUTHORITY 86-1091967 45203TACO 06-04-2008 80,000,000 REFURANT (ISSUE) ILLINOIS FINANCE AUTHORITY 86-1091967 45203TAM (ISSUE) Amount of bonds retired 710,000 Amount of bonds retired 710,000 Amount of bonds defeased 0 0 Total proceeds of issue 28,980,884 Gross proceeds in reserve funds 0 Capitalized interest from proceeds 0 0 Refunding escrow 0 0 Tessuance costs from proceeds 0 0 Refunding escrow 0 Refunding escrope escrope escrope escrope escrope escrope escrope escrope escrop	Capital proceeds in reserve funds Capital proceeds Capital proceeds in refunding escrow Capital proceeds Capital expenditures from proceeds Capital	Canal Cana	Table Proceeds P	Table	Table Tab	Solition Solition	Calissue Name Calissue Name Name Name Name Name Name Name Nam

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Yes

Χ

No

Χ

Yes

Yes

Yes

No

No

Χ

Χ

	edule K (Form 990) 2011									Page Z
Par	Private Business Use (Continued)		Г					_	1	_
			Yes	A I	Yes	B No	Yes	C No	Yes	D No
3a	Are there any management or service contracts that may result in private use?	business	res	NO	X	NO	res	X	res	NO
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?				X					
С	Are there any research agreements that may result in private business us financed property?	e of bond-				х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government			0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			0 %		0 %		0 %		
6	Total of lines 4 and 5			0 %		0 %		0 %		
7	Has the organization adopted management practices and procedures to en post-issuance compliance of its tax-exempt bond liabilities?	sure the			Х		Х			
Par	rt IV Arbitrage					1				
		Yes	No	Yes	B No	Ye	C	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	163	×	163	X			X	103	, and a second
2	Is the bond issue a variable rate issue?		X	Х				Х		
За	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		x			х		
b	Name of provider	0	-1	0		0				
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
4a	Were gross proceeds invested in a GIC?		X		Х			Х		
b	Name of provider	0	1	0	1	0				
c	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									

Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Were any gross proceeds invested beyond an available temporary

Χ

Χ

Χ

Part VI Supplemental Information

5

period?

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

Identifier	Return Reference	Explanation	
See Schedule O	0		

Χ

Χ

Χ

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As Filed Data -

DLN: 93493133033913

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2011

Open to Public Inspection

Name of the organization Loyola University of Chicago							Employer identification number					
Part I Excess Benefit Tra							organı		nly).	no 40h		
1 (a) Name of disc				(b) Description of transaction					Part V, II	(c) Corrected?		
									Yes	No		
2 Enter the amount of tax impossection 49583 Enter the amount of tax, if any							_	vear under	\$ —— \$			
Part II Loans to and/or Complete if the organi					, Part IV, line 26,	, or Forn	n 990-E	Z, Part V	, line 38:	a		
(a) Name of interested person and purpose	(b) Le) Loan to from the (c)Origanization?			(d)Balance due	(e) I defau	:n	(f) Approv by boar commit	ed d or	(g) Writ		
	То	From				Yes	No	Yes	No	Yes	No	
(1) Robert D Kelly - purchase of house		х	1	00,000	108,892		No		No	Yes		
Total				▶ \$	108,892							
Part III Grants or Assista Complete if the orga						, line 2	7.					
(a) Name of interested pers	son	(1			en interested per ganization	son	(c) A m	nount of gı	ant or ty	pe of assi	stance	
		-										
		_										

Part IV	Business	Transactions	Involving	Interested	Persons
		I I a I I Sa Ca	±111 0 1 0 1 1 1 1 1 9	ziitoi obtoa	

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

Complete if the organizati	Complete if the organization answered. Tes. of Form 330, Fart IV, line 20a, 20b, of 20c.							
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?				
.,	organization			Yes	No			
(1) Michael Beazley	Family Member of Trustee	64,768	Employment		No			

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Business Transactions with	Form 990, Schedule L, Part IV	Bernard J Beazley, Trustee, now deceased, had a family member
interested persons		employed by the reporting organization

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493133033913

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service	PAttach to Form 550.	Inspection
Name of the organiza Loyola University of Chica		Employer identification number
		36-1408475

(a) Check of the Check of Check of Check of Check of Check of the Chec	Pa	rt I Types of Property				
2 AT—Historical treasures			Check If	Number of Contributions or items contributed	Contribution amounts reported on Form 990, Part VIII, line	Method of determining
2 AT—Historical treasures	1	Art—Works of art	X	8	<u> </u>	opinions of experts
### Books and publications X	2	Art—Historical treasures .			, ,	<u>'</u>
5 Clothing and household goods	3	Art—Fractional interests				
5 Clothing and household goods	4	Books and publications	Х		1,101	cost/selling price
6 Cars and other vehicles . 7 8 Boats and planes		Clothing and household	Х			
8 Intellectual property	6	Cars and other vehicles				
9 Securities—Publicity traded . X	7	Boats and planes				
10 Securities—Closely held stock 11 Securities—Miscellaneous . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . 18 Collectibles	8	Intellectual property				
11 Securites—Partnership, LLC, or trust interests	9	Securities—Publicly traded .	Χ	48	676,461	cost/selling price
or trust interests	10	Securities—Closely held stock .				
13 Qualified conservation contribution—listoric structures	11					
contribution—Historic structures	12	Securities—Miscellaneous				
contribution—Other		contribution—Historic structures				
16 Real estate—Other		contribution—Other				
17 Real estate—Other						
18 Collectibles X 18 1,685 cost/selling pric 19 Food inventory						
19 Food inventory						
20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens X						
1 Taxidermy			X	/	3,542	cost/selling pric
22 Historical artifacts						
23 Scientific specimens						
24 Archeological artifacts Other ► (Miscellaneous) X 362 555,726 cost/selling price 25 Other ► (Miscellaneous) X 362 555,726 cost/selling price 26 Other ► ()					4.000	
Other - (Miscellaneous) X 362 555,726 cost/selling price 26 Other > (·		1	4,980	opinions of experts
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		Other-		262	555.736	
27 Other \(\begin{array}{c c c c c c c c c c c c c c c c c c c		·		362	333,/20	
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						
Number of Forms 8 283 received by the organization during the tax year for contributions for which the organization completed Form 8 283, Part IV, Donee Acknowledgement						
for which the organization completed Form 8283, Part IV, Donee Acknowledgement		· ·	l by the era		r for contributions	
During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	29					
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?	20-	During the year did the error	tion roco	a by contribution any pro-	rty reported in Dort I lines	
for exempt purposes for the entire holding period?	SUa					
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? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32 Yes b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,					on, and which is not require	
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 31 Yes 32 Yes 33 Yes 34 Yes 35 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	_					30a No
Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		· -			review of any non-standard	contributions? 31 Yes
contributions?						<u> </u>
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	32a		e third part	ies or related organizations		
	b	If "Yes," describe in Part II				
	33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY PROCESSING OF CONTRIBUTIONS	•	The University maintains brokerage relationships to facilitate the processing and selling of securities received from donors

Schedule M (Form 990) 2011

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SCHEDULE 0 (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

DLN: 93493133033913

Inspection

Name of the organization Loyola University of Chicago

Employer identification number

Loyola University of Chica	igo		36-1408475
ldentifier	Return	Explanation	
Describe the Process used by Management &/or Governing Body to	Reference Form 990, Part VI, Question 11	The Senior Tax Analyst works with a public accounting firm to correviewed in detail by the Controller and the accounting firm's mana reviewed by the Senior Vice President for Finance and CFO for ardraft version of the Form 990 has been produced, it is then review	agement team The draft form is then ny additional comments Once a final
Review 990		of Trustees The final complete version of the Form 990 is then dis secure website to all voting members of the Board of Trustees pri	tributed via the Board of Trustees or to its filing
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	Each year, the Conflict of Interest Policy is updated as necessary directors, trustees, and key employees, along with a Conflict of Interfort is made to obtain completed and signed Disclosure Statemer distributed	terest Disclosure Statement Every
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a, 15b	Executive Compensation has been documented and discussed at I Committee of the Executive Committee of the Board of Trustees. The University prepares comparative and historical information for the state of the following positions. President, Provosts and Vice-Presidents. It is alary history, an annual total compensation tally sheet, a detailed peer institutions including members of the Association of Jesuit Coas other doctoral institutions of comparable size. Most of the compand University Professional Association - Human Resources (CUP) meeting, the Chairman of the Board of Trustees reviews the compand proposes compensation for the President. Prior to the meeting compensation data, assesses performance, and proposes compeproposals, along with the comparability data, are then reviewed, docompensation Sub-Committee Meeting. Additionally, a summary repeticions will be made to the full Board of Trustees. The Human Rethe approvals and decisions made during any Compensation Sub-Corporation in its files, and processes any and all changes.	the Human Resources department of the sub-commttee to review for each of The information provided includes a comparison of compensation to other of other sub-comparison of compensation to other of other sub-comparison data comes from the College PA-HR) annual salary survey Prior to the densation data, assesses performance, the President reviews the insation for the Vice-Presidents. These discussed and approved at the port of this data and compensation esources department documents all of
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Question 19	The Conflict of Interest policy and Financial Statements are made a website Governing documents are available upon request	available to the public via the University's
Officers, Directors, Trustees, Key Employees, & Highest Paid Employees	Form 990, Part VII, Section A, Line 1a	Father Michael J Garanzini, S J is a member of the Society of Jes During calendar year 2011 the University paid compensation and b Society of Jesus, the founders of Loyola University Chicago, for h	penefits in the amount of \$592,354 to the
Other Changes in Net Assets or Fund Balances	Form 990, Part XI, Line 5	Unrealized Loss on investments (19,215,387) Revenue from disco in Post Retirement Benefit (11,110,774) Loss on Property Disposal (3,879,874) Total (29,705,244)	
2008 Bond, Description of Purpose	FORM 990, SCHEDULE K, PART I, LINE B, COLUMN (f)	THE 2008 NOTES REFUNDED THE 2004B BONDS ISSUED 12/2/2004 FINANCED CONSTRUCTION AND EQUIPPING OF VARIOUS EDUCA	
2012 Bond, Description of Purpose	FORM 990, SCHEDULE K, PART I, LINE C, COLUMN (f)	THE 2012B BONDS REFUNDED THE 2003A BONDS ISSUED 7/16/2012/2004, AND THE REMAINING PROCEEDS FINANCED CONSTRUEDUCATIONAL FACILITIES	
TOTAL PROCEEDS OF ISSUE	FORM 990, SCHEDULE K, PART II, LINE 3	COLUMN B THE TOTAL AMOUNT OF \$80,082,002 INCLUDES THE AND \$82,002 OF INVESTMENT EARNINGS COLUMN C THE TOTAL THE ORIGINAL ISSUE PRICE OF \$104,526,524 AND \$151 OF INVES	L AMOUNT OF \$104,526,675 INCLUDES
EXPLANATION OF CREDIT ENHANCEMENT DISCREPANCY	FORM 990, SCHEDULE K, PART II, LINE 10, COLUMN B	ACCORDING TO LINE 25 OF FORM 8038 FILED FOR THE 6/4/2008 I BOND PROCEEDS WERE ALLOCATED TO CREDIT ENHANCEMENT WERE ULTIMATELY USED FOR CONSTRUCTIONS COSTS THEREF SCHEDULE K, PART II, LINE 10 INSTEAD OF ON SCHEDULE K, PAR	FEES HOWEVER, THESE PROCEEDS FORE, THIS AMOUNT IS REPORTED ON
MANAGEMENT CONTRACTS	FORM 990, SCHEDULE K, PART III, LINE 3b, COLUMN B	THE UNIVERSITY HAS A CONTRACT POLICY THAT REQUIRES REVUNIVERSITY'S FINANCE AND LEGAL DEPARTMENTS MANAGEME RELEVANT TO THE BOND-FINANCED FACILITIES AND ENTERED IN BEEN REVIEWED BY OUTSIDE COUNSEL AND DETERMINED TO HAREV PROC 97-13	ENT AND SERVICE CONTRACTS ITO PURSUANT TO THE POLICY HAVE
RESEARCH CONTRACTS	FORM 990, SCHEDULE K, PART III, LINE 3C, COLUMN B	ALTHOUGH CERTAIN RESEARCH CONTRACTS "MAY" GIVE RISE FACILITIES IN THE PARTIALLY BOND-FINANCED BUILDINGS WERE OF THE BOND ISSUANCE	·
Private Business Use Percentage	Form 990, Schedule K, Part III, Lines 4-6, Columns B and C	Anticipated Private use was carved out of the bond financing and debt issuance	funded with equity at the time of the
REBATE EXCEPTION	FORM 990, SCHEDULE K, PART IV, LINE 6, COLUMN A	BECAUSE THE 2007 BONDS FULLY REFUNDED THE OUTSTANDIN PROJECTS AND INVOLVED NO INVESTED PROCEEDS, NO REBATI	

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DLN: 93493133033913

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Contain revenue ocivies	<u> </u>
lame of the organization byola University of Chicago	Employer identification number
	36-1408475
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part I's	V, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 51 contr organi	olled
						Yes	No
(1) Loyola Management Company							
820 N Michigan Avenue	Title Holding	IL	501(c)(2)	N/A	LUC	Yes	
Chicago, IL 60611 36-3858492							
(2) Mundelein College							
820 N Michigan Avenue	Education	IL	501(c)(3)	2	LUC	Yes	
Chicago, IL 60611 36-2179799							
(3) Krasa Family Trust							
PO BOX 803878	Support LUC	IL	501(c)(3)	11	NA	Yes	
Chicago, IL 60680 36-6828217							
(4) Loyola Rome Center Foundation							
Via Massimi 114/a ROME IT	SUPPORT	π	501(C)(3)		LUC .	Yes	
					<u> </u>		

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	, ·	(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 Disprop allocat	rtionate	(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	
												i

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) Рптагу 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

chedu	ule R (Form 990) 2011		Рa	ge 3
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
N	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Dur	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a F	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b (Gift, grant, or capital contribution to related organization(s)	1b		No
c (Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
d L	Loans or loan guarantees to or for related organization(s)	1d		No
e l	Loans or loan guarantees by related organization(s)	1e		No
f S	Sale of assets to related organization(s)	1f		No
	Purchase of assets from related organization(s)	1g		No
h E	Exchange of assets with related organization(s)	1h		No
	ease of facilities, equipment, or other assets to related organization(s)	1i		No
j L	ease of facilities, equipment, or other assets from related organization(s)	1j		No
-	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
	erformance of services or membership or fundraising solicitations by related organization(s)	11		No
m S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
	Sharing of paid employees with related organization(s)	1n		No
o F	Reimbursement paid to related organization(s) for expenses	10		No
	Reimbursement paid by related organization(s) for expenses	1 p		No
a (Other transfer of cash or property to related organization(s)	1q		No
-	Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) KRASA FAMILY TRUST	С	230,503	CASH
(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)	Are all partners Share of end-of-year assets Disproprtionate allocations? Code amoun 20 of Sch (Form organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No		Yes	No		Yes	No				

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 36-1408475

Name: Loyola University of Chicago

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a		/)		1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Patrick Arbor Trustee	10	Х						0	О	0	
Bernard J Beazley Trustee	1 0	Х						0	0	0	
James P Bouchard Trustee	1 0	Х						0	0	0	
William A Brandt Jr Trustee	1 0	Х						0	0	0	
Michael J Carbon MD Trustee	1 0	Х						0	0	0	
Anthony L Chirchirillo Trustee	1 0	Х						0	0	0	
Rosemary Croghan Trustee	1 0	Х						0	0	0	
John F Cuneo Jr Trustee	10	Х						0	0	0	
Ronald E Daly Trustee	1 0	Х						0	0	0	
Charles W Denny Trustee	1 0	Х						0	0	0	
Christopher J Devron SJ Trustee	1 0	Х						0	0	0	
Mary Judith Duchossois Trustee	1 0	Х						0	0	0	
Paul J Fitzgerald SJ Trustee	1 0	Х						0	0	0	
Michael J Garanzini SJ President & CEO, Trustee	400	Х		Х				0	0	0	
Michael J Graham SJ Trustee	1 0	Х						0	0	0	
William J Hank Vice Chair, Trustee	1 0	Х		Х				0	0	0	
John J Hartman Trustee	1 0	Х						0	0	0	
Marvın Herman Trustee	1 0	Х						0	0	0	
Christina M Johnson-Wolff Trustee	1 0	Х						0	0	0	
Patrick J Kelly Trustee	1 0	Х						0	0	0	
Richard J Klarchek Trustee	1 0	Х						0	0	0	
William C Kunkler III Trustee	1 0	Х						0	0	0	
Patrick C Lynch Trustee	1 0	Х						0	0	0	
Shirley R Madigan Trustee	1 0	Х						0	0	0	
Barry C McCabe Trustee	1 0	Х						0	0	0	

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Patrick McGrath SJ Trustee	1 0	×						0	0	0	
Carlos Montoya Trustee	1 0	Х						0	0	0	
Ruthellyn Musil Trustee	1 0	х						0	0	0	
Terry E Newman Trustee	1 0	Х						0	0	0	
Allan J Norville Trustee	1 0	Х						0	0	0	
Robert L Parkinson Jr Trustee	1 0	Х						0	0	0	
Joseph A Power Jr Trustee	1 0	Х						0	0	0	
Mıchael R Quınlan Chaırman, Trustee	1 0	Х		X				0	0	0	
John E Rooney Trustee	1 0	Х						0	0	0	
Judith A Scully Trustee	1 0	Х						0	0	0	
Michael D Searle Trustee	1 0	Х						0	0	0	
Smita N Shah Trustee	1 0	Х						0	0	0	
Susan S Sher Trustee	1 0	Х						0	0	0	
Raymond F Simon Trustee	1 0	Х						0	0	0	
George Andrews Smith Trustee	1 0	Х						0	0	0	
Joan E Steel Trustee	1 0	х						0	0	0	
Joseph Swedish Trustee	1 0	Х						0	0	0	
Jackie Taylor Holsten Trustee	1 0	Х						0	0	0	
Mary Tolan Trustee	1 0	Х						0	0	0	
Edward Wanandı Trustee	1 0	Х						0	0	0	
Kevin W Wildes SJ Trustee	1 0	Х						0	0	0	
Mary Ann Zollmann BVM Trustee	1 0	Х						0	0	0	
Pamela G Costas Asst Sec & Dep Gen Counsel	40 0			х				198,459	0	23,474	
Richard L Gamelli MD Sr VP & Provost Health Science	36 0			х				563,630	0	45,663	
Philip D Hale VP for Governemt Affairs	40 0			x				167,419	0	25,922	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustaa or diisotor	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Jonathan R Heintzelman Sr VP for Advancement	40 0			×				266,775	0	39,777	
Emilio Iodice VP, Director John Felice Rome	40 0			х				323,897	0	16,935	
Eric C Jones Treasurer & Chief Invest Off	40 0			x				158,711	0	39,195	
Robert D Kelly VP for Student Development	40 0			х				218,276	0	31,179	
Thomas M Kelly Sr VP for Admin SVCS & CHRO	40 0			х				220,025	0	36,298	
William G Laird Sr VP for Finance & CFO	40 0			х				300,400	0	42,583	
Wayne Magdzıarz Sr VP for Capıtal Plannıng	40 0			х				251,523	0	29,990	
Susan Malisch VP & Chief Information Officer	40 0			х				241,677	0	31,984	
Ellen Kane Munro Sr VP, General Counsel & Sec	40 0			х				251,862	0	40,730	
John P Pelissero PHD Provost for Lakeside Campuses	40 0			х				294,758	0	44,453	
Kelly Shannon VP for Univ Marketing & comm	40 0			х				183,449	0	40,487	
Francis Fennell Jr Dean,College of Arts & Science	40 0				х			205,480	0	34,782	
A bolhassan Jalilvand Dean, School of Business	40 0				х			235,121	0	44,197	
Lında Brubaker MD Dean Stritch School of Med	40 0					Х		307,654	0	33,724	
Pieter DeTombe Cell & Molecular Physiology	40 0					Х		307,640	0	61,368	
Tarun Patel Molecular Pharmacology	40 0					Х		319,618	0	35,388	
James Whitesell Head Basketball Coach	40 0					Х		353,105	0	12,125	
David Yellen Dean, School of Law	40 0					Х		391,183	0	88,695	
John Frendreis Former Prov Prof Political Science	40 0						х	181,173	0	42,710	
Philip R Kosiba Former VP for Facilities	40 0						х	124,402	0	17,286	