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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Loyola University Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2160 South First Avenue

City or town, state or country, and ZIP + 4
Maywood, IL 60153

D Employer identification number
36-4015560

E Telephone number
(708) 216-9000

G Gross receipts $ 897,046,844

F Name and address of Principal Officer
Paul K WheltonMD
2160 South First Ave
Maywood, IL 60153

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www luhs org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1995

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
See Schedule "O"

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	7,037
6	Total number of volunteers (estimate if necessary)	6	272
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	386,638
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-26,764

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	6,989,176	29,179,175
9	Program service revenue (Part VIII, line 2g)	739,731,135	807,981,044
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,276,255	-8,655,422
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,557,579	13,399,142
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	753,554,145	841,903,939
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		30,005,481
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	369,461,696	455,798,493
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,046,408)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	401,033,390	389,599,031
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	770,495,086	875,403,005
19	Revenue less expenses Subtract line 18 from line 12	-16,940,941	-33,499,066
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	772,968,114	802,034,787
21	Total liabilities (Part X, line 26)	515,677,232	652,621,222
22	Net assets or fund balances Subtract line 21 from line 20	257,290,882	149,413,565

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-05-13

John P Mordach Sr VP, CFO & Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Schedule "O"

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 469,949,692 including grants of $ 17,897,569) (Revenue $ 480,186,000)

Hospital Services - for description see Schedule "O" pages 61 - 111

4b (Code) (Expenses $ 122,881,000 including grants of $ 4,679,800) (Revenue $ 172,160,000)

Ambulatory Services - for description see Schedule "O" pages 111 - 116

4c (Code) (Expenses $ 26,776,000 including grants of $ 1,019,737) (Revenue $ 38,549,000)

Cancer Center Services - For Description see Schedule "O" pages 116 - 124

(Code) (Expenses $ 168,270,000 including grants of $ 6,408,375) (Revenue $ 116,486)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 787,876,692 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 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 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? *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 question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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 M*	**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**		No
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 section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	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 percent 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	255		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7,037		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	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			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . . (1a: 21)			
b	Enter the number of voting members that are independent . . (1b: 18)			
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	Yes	
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	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed AL, AZ, FL, GA, KS, KY, LA, MD, MN, MS, NH, NJ, OH, OK, SC, TN, UT, VA, WA, IL

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 make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes 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

John Mordach
2160 South First Ave
Maywood, IL 60153
(708) 216-9000

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, 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 the organization did not compensate any officer, director, trustee or key employee

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

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								8,735,835	1,026,414	1,663,334

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 407

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Dependicare Home Health 1815 Gardner Rd Broadview, IL 60153	DME Equipment billing & delivery	1,723,038
Capital Temp Funds Inc PO Box 60839 Charlotte, NC 28260	Registered Nurse Agency	1,361,466
AMN Healthcare 2735 Collection Center Dr Chicago, IL 60693	Registered Nurse Agency	1,213,657
International Language Service 2241 Momentum Pl Chicago, IL 60689	Translators	850,939
Medstaff Alternatives Inc 180 North Michigan Ave Chicago, IL 60601	Registered Nurse Agency	774,414

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 29

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 11,727,163				
	e	Government grants (contributions) 1e 3,899,425				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 13,552,587				
	g	Noncash contributions included in lines 1a-1f $ 1,060,753				
	h	**Total (Add lines 1a-1f)** ▶	29,179,175			
Program Service Revenue		Business Code				
	2a	Medical Services 900,099	795,795,980	795,795,980		
	b	Retail Pharmacy Revenu 900,099	3,986,065	3,986,065		
	c	Cafeteria Revenue 900,099	3,939,157	3,939,157		
	d	Parking Revenue 900,099	3,592,072	3,592,072		
	e	Medical Laboratory Ser 621,500	386,638		386,638	
	f	All other program service revenue	281,132	281,132		
	g	**Total. Add lines 2a-2f** ▶ $ 807,981,044				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	4,874,970			4,874,970
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 41,612,513				
	b	Less cost or other basis and sales expenses: 55,142,905				
	c	Gain or (loss): -13,530,392				
	d	Net gain or (loss) ▶	-13,530,392	-13,530,392		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	Integration net assets 900,099	12,306,035	12,306,035		
	b	Equity Income on Inves 900,099	1,093,107	1,093,107		
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 13,399,142				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	841,903,939	807,463,156	386,638	4,874,970

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	29,988,464	29,988,464		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	17,017	17,017		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,924,106	9,503,972	1,420,134	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	368,815,134	320,869,167		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,676,919	16,725,381	2,951,538	
9	Other employee benefits	28,254,351	24,016,198	4,238,153	
10	Payroll taxes	28,127,983	23,908,786	4,219,197	
11	Fees for services (non-employees)				
a	Management	10,321,196	8,955,702	1,365,494	
b	Legal	1,211,803	787,672	424,131	
c	Accounting	549,357	357,082	192,275	
d	Lobbying	143,770	143,770		
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	2,375,204	1,543,883	831,321	
g	Other				
12	Advertising and promotion	3,936,162	3,936,162		
13	Office expenses	4,051,197	3,515,224	535,973	
14	Information technology	3,721,495	2,418,972	1,302,523	
15	Royalties . .				
16	Occupancy	25,112,538	21,790,149	3,322,389	
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,181,565	768,017	413,548	
20	Interest	11,042,272	11,042,272		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,119,021	32,147,611	9,971,410	
23	Insurance	19,184,153	19,184,153		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Medical Supplies & Othe	95,491,204	94,536,292	954,912	
b	Pharmaceutical Supplies	60,304,401	60,304,401		
c	Provision for Bad Debts	48,183,697	48,183,697		
d	Purchased Services, Oth	47,367,151	30,788,648	16,578,503	
e	Hospital Access Improve	22,444,000	22,444,000		
f	All other expenses	-9,141,155		-10,187,563	1,046,408
25	**Total functional expenses.** Add lines 1 through 24f	875,403,005	787,876,692	86,479,905	1,046,408
26	**Joint Costs.** Check ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		20,165,193	1	115,413,044
	2	Savings and temporary cash investments		2,214,654	2	2,030,654
	3	Pledges and grants receivable, net		7,251,275	3	9,709,124
	4	Accounts receivable, net		140,471,192	4	144,732,856
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		17,121,789	8	16,178,189
	9	Prepaid expenses and deferred charges		8,601,904	9	6,164,556
	10a	Land, buildings, and equipment cost basis	10a 712,935,088			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 322,800,799	408,670,194	10c	390,134,289
	11	Investments—publicly traded securities		134,462,039	11	97,430,337
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		34,009,874	15	20,241,738
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		772,968,114	16	802,034,787
Liabilities	17	Accounts payable and accrued expenses		100,264,664	17	121,089,642
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		368,973,835	20	359,785,292
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		46,438,733	25	171,746,288
	26	**Total liabilities.** *Add lines 17 through 25*		515,677,232	26	652,621,222
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		237,700,223	27	128,215,019
	28	Temporarily restricted net assets		13,008,113	28	14,589,475
	29	Permanently restricted net assets		6,582,546	29	6,609,071
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		257,290,882	33	149,413,565
	34	Total liabilities and net assets/fund balances		772,968,114	34	802,034,787

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b			No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
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?	3a		Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b		Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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 990EZ, Part VI, line 47 (Lobbying Activities)
- 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)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Loyola University Medical Center	36-4015560

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	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?	Yes		219,455
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		46,674
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			266,129
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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		

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

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	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 (line 2c total minus 3 and 4)	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
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Loyola University Medical Center did not participate or intervene in any political campaigns An insubstantial portion of its activities involved legislative health care matters The majority of the activities of Loyola University Medical Center involved educating legislators regarding appropriate health care public policy in the areas of Illinois Medicaid reimbursements and issues relating to the provision of health care in an Academic Teaching Hospital environment

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	8,111,894				
b	Contributions	26,525				
c	Investment earnings or losses	-585,077				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	-200,809				
f	Administrative expenses					
g	End of year balance	7,754,151				

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	6,712,117	1,349,446		8,061,563
b Buildings		415,932,002	162,564,013	253,367,989
c Leasehold improvements		23,189,510	11,027,605	12,161,905
d Equipment		248,502,724	145,895,482	102,607,242
e Other	1,362,762	15,886,527	3,313,699	13,935,590
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				390,134,289

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Pension & Post Retirement Liability	87,696,524
Other Miscellaneous Liabilities	10,479,704
Line of Credit	20,000,000
Estimated Third-Party Payor Settlements, net	52,730,511
Reserve for Insurance Losses (IBNR)	839,549
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	171,746,288

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	841,903,939
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	875,403,005
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-33,499,066
4	Net unrealized gains (losses) on investments	4	-9,044,241
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-13,229,035
8	Other (Describe in Part XIV)	8	-52,104,975
9	Total adjustments (net) Add lines 4 - 8	9	-74,378,251
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-107,877,317

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The endowment funds are intended to be used for Health care and Hospital services and research
		Part XI, line 8 LUPF contribution of long lived assets 699,960 Loss on Swap Mark to Market valuation -10,040,796 Transfer to affiliates -159,785 Grant funds used for capital expenditures 69,911 Endowment earnings -585,077 Net unrealized actuarial loss pension & post-retirement -43,372,675 Pledge receivable - no cash received 1,074,973 Contribution reclassified as operating revenue -256,859 Reclassify Health Excellence gifts to contributions 461,719 Other miscellaneous 3,654 Total -52,104,975

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Foster G McGaw Hospital 2160 South First Avenue Maywood, IL 60153	X	X	X	X			X		
Cardinal Bernadin Cancer Center 2160 South First Avenue Maywood, IL 60153									Cancer diagnosis, treatment, research & prevention
Ambulatory Surgery Center 2160 South First Avenue Maywood, IL 60153									Outpatient Surgery Center
Loyola Ctr for Rehab Roosevelt Rd 1219 W Roosevelt Rd Maywood, IL 60153									Rehabilitation Clinic
Loyola Ctr for Rehab Hickory Hills 9608 Roberts Rd Hickory Hills, IL 60457									Rehabilitation Clinic
Loyola Ctr for Dialysis Roosevelt Rd 1201 Roosevelt Rd Maywood, IL 60153									Dialysis Center
Primary Care Centers - 13 locations 2160 South First Avenue Maywood, IL 60153									Primary Care Centers
Loyola Ctr Imaging Oakbrook Terrace 1S260 Summit Ave Oakbrook Terrace, IL 60181									CT, MRI & X-ray services
Loyola Ambulatory Surgery Center 1S224 Summit Ave Suite 201 Oakbrook Terrace, IL 60181									Ambulatory Surgery Center
Ronald McDonald Children's Hospital 2160 South First Avenue Maywood, IL 60153			X						
Loyola Ctr Aesthetics Oakbrook Terrace 1S260 Summit Ave Oakbrook Terrace, IL 60181									Aesthetic services
Loyola Ctr Children's Health Oakbrook 1S224 Summit Ave Suite 201 Oakbrook Terrace, IL 60181									Children's Health Specialties
Loyola Ctr Heart & Vascular Park Ridge 1030 W Higgins Rd Park Ridge, IL 60068									Heart & Vascular Specialties
Loyola Ctr for Hearing Woodridge 6440 Main St Suite 120 Woodridge, IL 60517									Hearing services
Loyola Outpatient Center 2160 South First Avenue Maywood, IL 60153									Outpatient Specialties

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on 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 Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Loyola University of Chicago 820 N Michigan Ave Chicago, IL 60611	36-1408475		30,724,380				Support of the Stritch School of Medicine Clinical Education supportCapital supportResearch & Education

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Father Baumhart Fund - employee hardship assistance Contributions are made by employees which are matched by Loyola	41	18,645			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Each grant is identified separately in the general ledger Each grant has an approved budget A responsible official approves requests for reimbursement A responsible member of management reviews costs charged to the grant accounts to ensure they are in accordance with the grant agreement An A-133 audit is performed each year

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ 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 VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**	Yes	

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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
	Part I, Line 1a	Travel for Companions The former Chief Financial Officer, received compensation in the form of a payment for one spouse airline ticket, which was treated and reported as taxable income to him Both the Loyola University Medical Center Retirement Restoration Plan (LUMC-RRP) and the Loyola University Medical Center Supplemental Executive Retirement Plan (LUMC-SERP) are non-qualified deferred compensation plans with limited participation Both plans provide a lump sum benefit payable on termination of employment as a supplemental retirement benefit The LUMC-RRP applies the benefit formula of the Loyola University Medical Center Employees' Retirement Plan (LUMC-ERP) and the Loyola University Chicago Employees' Retirement Plan (LUERP) to a participant's service and compensation without regard to the limits on compensation imposed by law on LUMC-ERP and LUERP The resulting benefit amount is reduced by the benefits actually payable under LUMC-ERP and LUERP, and the resulting benefit is converted to an actuarial equivalent lump sum for payment The formula gives eligible executives credit for all of their service with Loyola University Medical Center (LUMC) The LUMC-SERP provides a benefit equal to a stated percentage of compensation multiplied by a participant's years of service with the resulting amount reduced by the value of any LUMC-ERP and LUERP benefits Both the LUMC-RRP and the LUMC-SERP comply with Section 409A of the Internal Revenue Code (Code) Both contain compliant definitions for disability, termination of employment and unforeseeable emergency, and both plans specify the time and form of benefit payment In the case of the LUMC-RRP, a participant is allowed to defer payment of benefits for a five year period in accordance with the requirements of Section 409A Because of the special income tax rules that apply to tax-exempt entities under Section 457(f) of the Code, benefits provided under non-qualified deferred compensation arrangements like the LUMC-RRP and the LUMC-SERP are taxable on the earlier of the date such benefits are actually paid to a participant or the date the participant's right to receive benefits becomes vested (non-forfeitable) under the terms of the plan In the case of both the LUMC-SERP and the LUMC-RRP, benefits vest after five years of service Consequently, the amount of a participant's accrued benefit is taxable when the participant is credited with five years of service (future benefits are also taxable as they accrue after vesting) Both the LUMC-RRP and the LUMC-SERP provide a payment to participants in an amount based on their income tax obligations for benefits vesting prior to termination of employment (other events, such as disability, death or financial hardship resulting from an unforeseeable emergency, also can trigger payment of benefits) This payment is a permissible benefit distribution under the Section 409A regulations Any such payments are treated as accelerated payments of benefits and reduce the benefit amount payable at termination of employment Housing allowance As part of a management transition, the new Chief Executive Officer received a limited amount of compensation in the form of payments for his home mortgage in lieu of moving expenses from out of state, which were treated and reported as taxable income to him Social Club Dues The Chief Executive Officer and the former Chief Executive Officer received compensation in the form of payments related to their memberships at Chicago Club, which were treated and reported as taxable income to them
	Part I, Line 4a	Line 4a Elizabeth B Frye M D received a severance payment in the amount of $260,016 60 as a result of her separation from service Line 4b Elizabeth B Frye, M D, participated in the Supplemental Executive Retirement Plan (SERP) and as a result of her termination of employment received $2,220 00 She participated in the Retirement Restoration Plan (RRP) and as a result of her termination of employment received $386,838 62 Paul K Whelton, Michael Scheer, Martin Massiello and Charles E Reiter, III participated in the SERP but received no payments Paul K Whelton is a non-vested participant in the SERP plan Michael Scheer, Martin Massiello, Charles E Reiter, III and Patricia Cassidy participated in the RRP but received no payments For a detailed discussion of SERP and RRP, see Schedule J, Part III, description of Line 1a
	Part I, Line 7	Non-fixed payments Incentive Process Senior administrators have a range of potential incentive compensation, depending on individual and group performance and achievement of pre-determined goals Each year, the CEO meets with his direct reports to assess performance and review their annual summary reports The performance evaluations are then included as part of an annual report that is reviewed by the Compensation Committee of the LUMC/LUHS Board The Compensation Committee determines the bonus, if any The annual report includes the following documents Narrative annual report detailing benchmark goal achievement based upon prior year's goals, stated goals from previous year, audited financials, financial plan for the next year, individual evaluations for each senior officer, and, incentive compensation recommendations
	Part I, Line 8	As part of a management transition, the CEO joined the organization from another institution and received an initial written contract which described his base compensation That compensation was set by the organization's Compensation Committee pursuant to the factors checked in line 3

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-4015560
Name: Loyola University Medical Center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Richard Gamelli MD	(I)	185,317					185,317	
	(II)	376,867	433,321	9,847	38,903	8,604	867,542	
Ellen R Gaynor MD	(I)							
	(II)	139,400		1,964	11,526	2,706	155,596	
Paul K Whelton MD	(I)	769,570	225,000	40,484	260,760	11,858	1,307,672	
	(II)							
Martin J Massiello	(I)	350,127	257,667	137,731	27,654	6,788	779,967	80,359
	(II)							
Michael Scheer	(I)	503,148	203,828	335,719	75,852	15,819	1,134,366	79,578
	(II)							
Charles E Reiter III	(I)	420,394	85,000	121,393	46,873	27,980	701,640	
	(II)							
Patricia Cassidy	(I)	332,155	288,960	74,478	42,272	11,834	749,699	187,960
	(II)							
Jill Rappis	(I)	139,765		11,935	41,669	7,791	201,160	
	(II)	59,900		5,115			65,015	
Arthur Krumrey	(I)	272,428	108,891	22,059	188,268	26,156	617,802	76,991
	(II)							
Daniel J Post	(I)	221,418	88,054	15,963	114,608	20,919	460,962	56,954
	(II)							
William Cannon MD	(I)	268,389	83,758	16,180	131,341	18,674	518,342	37,558
	(II)							
Paula Hindle	(I)	212,439	65,732	21,481	122,778	9,013	431,443	54,232
	(II)							
Amy Stoeffler MD	(I)	376,173	4,000	21,742	19,686	9,243	430,844	
	(II)							
Mark E Cichon DO	(I)	333,041	20,204	35,179	19,680	24,860	432,964	
	(II)							
Scott Graziano MD	(I)	350,191	6,125	13,881	19,680	6,533	396,410	
	(II)							
Vicky Piper	(I)	205,244	64,427	16,344	80,596	2,726	369,337	22,227
	(II)							
Sabrina R Olsen	(I)	192,182	91,089	20,734	112,760	4,145	420,910	78,989
	(II)							
Anthony L Barbato MD	(I)	224,385		21,517		24,102	270,004	
	(II)							
Elizabeth Frye MD	(I)	176,852	90,000	350,841	19,680	24,860	662,233	
	(II)							
William Barron MD	(I)	121,031	77,704	43,486	13,821	10,316	266,358	77,704
	(II)							

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Illinois Finance Authority	86-1091967	45200BN46	12-19-2006	85,145,000	Advance Refunding of 09/01/01 issue		X		X
B	Illinois Finance Authority	86-1091967	45200BN53	12-20-2006	75,000,000	See Schedule O		X		X
C	Illinois Finance Authority	86-1091967	45200BS58	12-20-2006	75,000,000	See Schedule O		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Dawn Mack RN	Sister of Key Employee	47,575	Employed by LUMC as a nurse		No
Theresa Hindle	Sister of Key Employee	42,035	Employed as an administrative assistant by LUMC		No
Rebecca Barbato MD	Daughter of Former Director and CEO	197,345	Employed as a physician by LUMC		No
Benjamin Barbato	Son of Former Director and CEO	15,147	part-time employee of LUMC		No
Edward Sankary MD	Brother-in-law of Former Officer	275,039	Employed by LUMC as a Professor		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	1,004,885	FMV on date of gift
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Digital Billboard)	X	1	8,500	Provided by Donor
26	Other (describe Book Bags with school supplies)	X	1	5,000	Provided by Donor
27	Other (describe)				
28	Other (describe)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	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, describe in Part II			

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	ReturnReference	Explanation
Third Party Use	Part I, Line 32b	Securities donated are sent directly to a Financial Advisor firm that sells them and deposits the proceeds in our bank account

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other Program Services - For Description see Schedule "O" pages 124 - 127 Expenses $ 168270000 including grants of $ 6408375 Revenue $ 116486

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Patrick Kelly, Thomas Fitzgerald and Patricia Cassidy have identified a business relationship with each other

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		During a management transition, an employee of Navigant Consulting acted as interim CFO Management duties included, but were not limited to the hiring, firing, and supervising of personnel, planning or executing budgets or financial operations, or supervising exempt operations or unrelated trades or business of the organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		On July 1, 2008, Loyola University Health System ("LUHS") became the sole member of Gottlieb Memorial Hospital and Gottlieb Health Resources, Inc Both qualify as exempt organizations under section 501(c)(3) of the Code and are described in section 509(a)(1) or (3) respectively (collectively "Gottlieb") The membership substitution was accomplished through certain bylaws amendments and changes to the LUHS and Gottlieb articles of incorporation The amended Loyola University Medical Center ("LUMC") bylaws provide certain LUMC director positions for a given period of time to directors who have been designated as Gottlieb Legacy Directors On December 31, 2008, LUMC integrated with and assumed employment liabilities for certain of its medical staff, who were formally employed by Loyola University Physician Foundation ("LUPF") an Illinois not-for-profit corporation exempt under section 501(c)(3) of the Code In order to accomplish the transaction, the LUMC bylaws were amended to provide certain LUMC director positions to be held exclusively by physicians who are employed within the LUHS network, who have clinical privileges at LUMC and an academic appointment to the faculty of LUC's Stritch School of Medicine

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Loyola University Health System ("LUHS"), an Illinois not-for-profit corporation exempt under section 501(c)(3) of the Code is the sole member of Loyola University Medical Center ("LUMC") The members of the LUMC Board of Directors must be the same persons as those serving on the LUHS Board of Directors As sole member, LUHS has the right to approve significant decisions of the LUMC governing body including but not limited changes to governing documents, plan of dissolution or liquidation and employee benefit changes Upon dissolution or liquidation, all remaining assets shall be distributed to Loyola University of Chicago, an Illinois not-for-profit corporation exempt under section 501(c)(3) of the Code or if LUC is not qualified or ceases to be in existence to such organization(s) organized and operated exclusively for charitable, scientific or educational purposes and qualified as tax-exempt organization described in each of Sections 170(b)(1)(A), 170(c) and 501(c)(3) of the Code

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Loyola University Health System ("LUHS"), an Illinois not-for-profit corporation exempt under section 501(c)(3) of the Code is the sole member of Loyola University Medical Center ("LUMC") The members of the LUMC Board of Directors must be the same persons as those serving on the LUHS Board of Directors As sole member, LUHS has the right to approve significant decisions of the LUMC governing body including but not limited changes to governing documents, plan of dissolution or liquidation and employee benefit changes Upon dissolution or liquidation, all remaining assets shall be distributed to Loyola University of Chicago, an Illinois not-for-profit corporation exempt under section 501(c)(3) of the Code or if LUC is not qualified or ceases to be in existence to such organization(s) organized and operated exclusively for charitable, scientific or educational purposes and qualified as tax-exempt organization described in each of Sections 170(b)(1)(A), 170(c) and 501(c)(3) of the Code

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Loyola University Health System ("LUHS"), an Illinois not-for-profit corporation exempt under section 501(c)(3) of the Code is the sole member of Loyola University Medical Center ("LUMC") The members of the LUMC Board of Directors must be the same persons as those serving on the LUHS Board of Directors As sole member, LUHS has the right to approve significant decisions of the LUMC governing body including but not limited changes to governing documents, plan of dissolution or liquidation and employee benefit changes Upon dissolution or liquidation, all remaining assets shall be distributed to Loyola University of Chicago, an Illinois not-for-profit corporation exempt under section 501(c)(3) of the Code or if LUC is not qualified or ceases to be in existence to such organization(s) organized and operated exclusively for charitable, scientific or educational purposes and qualified as tax-exempt organization described in each of Sections 170(b)(1)(A), 170(c) and 501(c)(3) of the Code No directors are compensated for their director role

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		1 In order to prepare the Form 990, two multi-disciplinary committees, led by senior management and comprised of persons knowledgeable of the business affairs of LUMC, LUHS and GMH, gathered information, reviewed the Form 990 instructions, researched certain Code provisions, developed questionnaires for certain departments and drafted the Form 990 These groups collaborated with staff of the ultimate corporate parent Loyola University of Chicago 2 The draft return was reviewed by an external consultant 3 A detailed summary of the draft Form 990 was prepared and presented to the organization's governing body's Audit & Corporate Compliance Committee In addition to the detailed summary presented, each member of the Audit & Corporate Compliance Committee and the organization's senior officers were provided a copy of the organization's draft Form 990 (including required schedules), in paper form, prior to finalizing the form The organization's officers and directors discussed the Form 990 A summary of the draft Form 990 was provided to the Board of Directors 4 Once finalized, a copy of the organization's Form 990 (including required schedules), as ultimately filed with the IRS, was made available in electronic form, to each voting member of the organization's governing body, prior to its filing with the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each year, Directors, Officers, medical staff, various classes of employees (e g , managers, medical residents, researchers) are obligated to complete a disclosure statement that includes a list of questions to identify conflicts of interest This requirement is a condition of performance evaluation for LUMC employees In the case of directors and officers, the Board of Directors, through the Board Audit & Corporate Compliance Committee (A&CC) reviews the disclosures Other disclosures reported are reviewed by the Chief Compliance Officer and the relevant senior manager responsible for the reporting individual In the case of faculty, the relevant department chair person may also be queried in order to rule out conflicts of interest Disclosure information is reported to the organization's governing body's Audit & Corporate Compliance Committee on an annual basis The filing organization's disregarded entity does not employ any individuals and therefore the Conflict of Interest policy does not apply

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The CEO's initial compensation was determined by the LUHS Board Compensation Committee with the assistance of a compensation consultant and a survey The CEO has a written employment agreement The compensation of the officers was determined by the CEO and the compensation committee with support from a compensation consultant and/or the Human Resources Department Comparative data has been utilized in establishing compensation These employees have written agreements Annually, a System-wide range for merit increases for all employees is determined The CEO determines the merit increase percentage, based on performance, for each of his/her direct reports The senior administrators determine the merit increase, based on overall performance, for his/her respective employees, some of which are key employees Senior administrators have a range of potential incentive compensation, depending on individual and group performance and achievement of pre-determined goals Each year, the CEO meets with his direct reports to assess performance and review their annual summary reports The performance evaluations are then included as part of an annual report that is reviewed by the Compensation Committee of the LUMC/LUHS Board The annual report includes the following documents a Narrative annual report detailing benchmark goal achievement based upon prior year's goals, b Stated goals from previous year, c Audited Financials, d Financial Plan for the next year, e Individual evaluations for each senior officer, f Incentive Compensation recommendations The filing organization's disregarded entity does not employ any individuals and therefore the compensation methodology does not apply

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The filing organization's governing documents are not available to the public The filing organization's Conflicts of Interest and Disclosure of Certain Interests Policy is available to the public and located at http //www loyolamedicine org/Learn)About)Us/ The filing organization's Financial Statements are available on the Illinois Attorney Generals web site at http //www illinoisattorneygeneral gov/charities/search/index jsp Financial performance summaries are contained in the LUHS Annual Report and made available to the public on the LUHS web site at http //www loyolemedicine org/News/Publications/LUHS_Annual_Report/index cf

Identifier	Return Reference	Explanation
Form 990, Part IV, line 12	Audit of Financial Statements	Although the filing organization did not receive an individual audited financial statement prepared in accordance with generally accepted accounting principles (GAAP) for Fiscal Year 2009, it was included in consolidated audited financial statements that were prepared in accordance with GAAP

Identifier	Return Reference	Explanation
Schedule K	Description of purpose for tax-exempt bond issue	To pay or reimburse, or refinance certain indebtedness, the proceeds of which were used to pay or reimburse, the costs of acquiring, constructing, renovating and equipping improvements to the 523 licensed bed acute care academic medical center and Level I trauma center of the Loyola University Medical Center (LUMC) and all necessary and attendant facilities, equipment, site work and utilities thereto, including the construction and equipping of a heart and vascular care center expected to consist of approximately 175,000 gross square feet and a new 1,315 space parking garage (the "Project") To pay a portion of the interest accruing on the Series 2006 Bonds To fund a debt service fund To fund working capital for the Project And to pay certain expenses incurred in connection with the issuance of the Series 2006 Bonds

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2a	Audited Financial Statements	Although the filing organization did not receive an individual audited financial statement prepared in accordance with generally accepted accounting principles for FY2009, it was included in a consolidated audited financial statement that was prepared in accordance with GAAP

Identifier	Return Reference	Explanation
Form 990, Part III, Line 1	Mission Statement	Loyola University Medical Center is committed to excellence in patient care and the education of health professionals We believe that our Catholic heritage and Jesuit traditions of ethical behavior, academic distinction, and scientific research lead to new knowledge and advance our healing mission in the communities we serve We believe that thoughtful stewardship, learning and consistent reflection on experience improve all we do as we strive to provide the highest quality health care We believe in God's presence in all our work Through our care, concern, respect and cooperation, we demonstrate this belief to our patients and families, our students and each other To fulfill our mission we foster an environment that encourages innovation, embraces diversity, respects life, and values human dignity We are committed to going beyond the treatment of disease We also treat the human spirit

Identifier	Return Reference	Explanation
Form 990, Part I, Line 1	Description of the organization's most significant activities	We educate students, care for patients and conduct research as part of the last fully integrated Jesuit Catholic university, medical school and teaching hospital in America

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Program Service Accomplishments - Hospital Services	We are an academic medical center and an important part of the last integrated Jesuit Catholic university, medical school and teaching hospital in the United States Loyola University Medical Center's Foster G McGaw Hospital ("the Hospital") is a 561 licensed bed facility, which includes a Level I trauma center, the region's largest burn unit, one of the Midwest's most comprehensive organ transplant programs, the Russo Surgical Pavilion, and the Ronald McDonald Children's Hospital The Hospital serves approximately two million people living in western Cook, DuPage and Will counties, as well as surrounding states Over 200 hospitals transfer approximately 2,500 inpatients to the Hospital annually for specialized care and treatment, in particular, for heart disease, burn/trauma, organ transplantation, neonatal care and neurological disorders Our medical helicopter service and landing pad adjacent to the emergency department permit our specialized capabilities to be made available to patients in need throughout northern Illinois We received 291 aeromedical transports during the year During fiscal year 2009, 29,042 patients were treated at the Hospital, 11,120 surgeries were performed and 53,029 patients received care in the emergency department We provided charity care, valued based on our Medicare cost-to-charge ratio, of $18,849,707 We also cared for 4,855 Medicaid inpatients, for a total of 28,160 hospital days Our cost exceeded reimbursement by $45,869,000 In Illinois, as in other states, physicians cannot be licensed to practice medicine without attending an appropriate medical education program and completing a period of practical training or "residency" under the supervision of qualified teachers in the particular medical specialty the physician desires to pursue The Stritch School of Medicine of Loyola University of Chicago offers an accredited undergraduate medical education program, and Loyola University Medical Center ("LUMC") provides a medical facility where clinical training of physicians can occur under the tutelage of physicians who are members of the faculty of Loyola University's Stritch School of Medicine LUMC physicians are all faculty members of the Stritch School of Medicine Our residency programs are accredited by the Accreditation Council for Graduate Medical Education ("ACGME") The purpose of ACGME accreditation is to provide for training programs of good educational quality in each medical specialty Completion of a course of study in an ACGME accredited program is a prerequisite for a physician becoming "board certified" in a particular specialty The specific standards for ACGME accreditation vary by specialty, but, as a general rule, it is necessary for an ACGME program to offer residents a sufficient number of patients with diverse disease presentations in their designated specialty to assure a well-rounded education in the specialty LUMC operates 38 programs for 599 residents and fellows in Maywood in the specialties of urology, general surgery, vascular surgery, thoracic surgery, diagnostic radiology, radiation oncology, dermatology, vascular neurology, surgical critical care, pain medicine, anesthesiology, cardiovascular disease, internal medicine, gastroenterology, endocrinology, diabetes, and metabolism, infectious disease, nephrology, rheumatology, clinical cardiac electrophysiology, interventional cardiology, hematology and oncology, pulmonary disease and critical care medicine, neurological surgery, neurology, clinical neurophysiology, nuclear medicine, orthopedic surgery, ophthalmology, obstetrics and gynecology, otolaryngology, anatomic and clinical pathology, cytopathology, hematology, pediatrics, neonatal-perinatal medicine, plastic surgery, physical medicine and rehabilitation, and psychiatry All patients present the opportunity for medical training to occur A principal purpose of the operation of LUMC is to provide a facility where a sufficient number of patients can be attracted to provide appropriately diverse opportunities for undergraduate and graduate medical education Consequently, LUMC takes into account the need to attract sufficient patients to maintain ACGME accreditation for the specialties the institution offers, even if such specialties do not always generate patient care revenues for the institution (or any revenue at all) in excess of the costs of maintaining the facilities for such specialties Resident and fellow activity, including graduation statistics, community service, awards and scholarly activity is available upon request In addition to teaching, our physicians spend a portion of their time pursuing scholarly activity, including publishing medical books, chapters and journal articles While these publications are too numerous to mention, our Department of Neurology, authored these in FY09 Love BB, Biller J, Wilber D Cardiac Manifestations of Neurological Disorders Chapter 1, pp 1-7 In The Interface of Neurology and Internal Medicine Jose Biller, Editor-in-Chief Wolters Kluwer Lippincott, Williams & Wilkins 2008 Sech CK, Heroux A, Biller J Heart Failure Chapter 6 pp 40-49 In The Interface of Neurology and Internal Medicine Jose Biller, Editor-in-Chief Wolters Kluwer Lippincott, Williams & Wilkins 2008 Fleck JD, Biller J Coronary Artery Bypass Surgery Chapter 11 pp 81-85 In The Interface of Neurology and Internal Medicine Jose Biller, Editor-in-Chief Wolters Kluwer Lippincott, Williams & Wilkins 2008 Sech CK, Biller J, Heroux A, Schwartz J Aortic Diseases Chapter 15, pp 99-108 In The Interface of Neurology and Internal Medicine Jose Biller, Editor-in-Chief Wolters Kluwer Lippincott, Williams & Wilkins 2008 Miravalle A, Biller J, Corbett JJ Stroke Complicating Systemic and Central Nervous System Infections Chapter 93 pp 564-570 In The Interface of Neurology and Internal Medicine Jose Biller, Editor-in-Chief Wolters Kluwer Lippincott, Williams & Wilkins 2008 Biller J, Love BB, Schneck MJ Ischemic Cerebrovascular Disease Neurology in Clinical Practice (5th Edition) Bradley WJ, Daroff RB, Fenichel GM, Jankovic J Butterworth Heinemann Elsevier Chapter 55 A pp 1165-1220, 2008 Golomb M, Biller J Stroke in Children Neurology in Clinical Practice (5th Edition) Bradley WJ, Daroff RB, Fenichel GM, Jankovic J Butterworth Heinemann Elsevier Chapter 55 E pp 1273-1284, 2008 Dafer RM, Biller J Antiphospholipid Syndrome Role of Antiphospholipid Antibodies in Neurology Hematol Oncol Clin N Am 22 95-105, 2008 Gruener G, Biller J Spinal Cord Anatomy, Localization, and Overview of Spinal Cord Syndromes In CONTINUUM Life Long Learning in Neurology Vol 14,3, 9-35, June 2008 Hamnik SE, Hacein-Bey L, Biller J, Gruener G, Jay W Neuromyelitis Optica (NMO) Antibody Positivity in Patients with Transverse Myelitis and No Visual Manifestations Seminars in Ophthalmology, 23(3) 191-200, 2008 Love BB, Fleck JD, Biller J Neurologic complications of cardiac surgery Medlink Neurology June 19, 2008, pp 1-36 Biller, J Aspirin non-response in patients with arterial causes of ischemic stroke Considerations in detection and Management Journal of the Neurological Sciences 272,1-7,2008 Roach ES, Golomb M, Adams R, Biller J, Daniels S, deVeber G, Ferriero D, Ichord R, Jones BV, Kirkham F, Scott RM, Smith ER Guidelines for the Management of Cerebrovascular Disorders in Infants & Children A Statement for Healthcare Professionals From a Special Writing Group of the Stroke Council, American Heart Association Cosponsored by the Council on Cardiovascular Disease in the Young Stroke 39 2644-2691, 2008 Velicu S, Biller J, Hacein-Bey L, Freihage JH, Leya F Paradoxical embolism to the central nervous system following sexual intercourse in a young woman with a complex atrial septal abnormality J of Stroke and Cerebrovascular Disease 17(5),320-324, 2008 Biller J The role of antiplatelet therapy in the management of ischemic stroke implementation of guidelines in current practice Neurological Research 30(7) 669-677, 2008 Dafer R, Biller J, Lopez-Yunez AM Nephrotic Syndrome and other renal diseases and stroke In Uncommon Causes of Stroke Caplan LR, Ed New York Cambridge University Press 3rd Edition 2008 Chapter 54, p 391-400 Dafer RM, Love BB, Yilmaz EY, Biller J Metabolic causes of stroke In Uncommon causes of stroke Caplan LR, Ed New York Cambridge University Press 3rd Edition 2008 Chapter 57, p 413-422 Bandt SK, Anderson D, Biller J Deep brain stimulation as an effective treatment option for post-midbrain infarction-related tremor as it presents with Benedikt syndrome J Neurosurg 2008 Oct,109(4) 635-639 Biller J Expert Review of Neurotherapeutics recent stroke highlights Expert Rev Neurother 9(2), 175-178 (2009)

Identifier	Return Reference	Explanation
		Biller J Improving characterization of childhood cerebral arteriopathies Native Reviews/Cardiology Vol 6, 395-396, June 2009 Seif Eddeine H, Dafer RM, Schneck MJ, Biller J Bilateral Subdural Hematomas in an Adult with Osteogenesis Imperfecta Journal of Stroke and Cerebrovascular Diseases 8(4),313-315, 2009 Antiplatelet therapy in ischemic stroke Variability in clinical trials and its impact on choosing the appropriate therapy J Neurol Sci 2009, 284 1-9 Love BB, Hocker SE, Biller J Neurologic complications of cardiac surgery MedLink Neurology, April 12, 2009 Whapham JM, Biller J Basilar Artery Stroke Medlink Neurology, May 14, 2009 Morales-Vidal S, Schneck MJ, Biller J Oral contraceptives and stroke Medlink Neurology, May 14, 2009 Biller J (ed) Practical Neurology, 3rd Edition, Philadelphia, PA, Lippincott 2009 Biller J (ed) Stroke in Children and Young Adults, 2nd Edition, Philadelphia, PA, Saunders/Elsevier 2009 The hospital also demonstrates its commitment to medical education by transfers of funds to the Stritch School of Medicine In FY09, we transferred nearly $30 million to the Stritch School of Medicine and to support medical education These funds are generally used to assist the Stritch School of Medicine in providing its medical education activities, which cost far more to provide than the revenue afforded by tuition and other grants the School of Medicine receives LUMC provides a site for education of medical students who have not yet graduated from the Stritch School of Medicine A substantial portion of the clinical educational activities of students of the Stritch School of Medicine occurs at the adjacent LUMC facility in Maywood A list of required clerkships and electives successfully completed at LUMC by the medical students in FY09 is available upon request Our commitment to the community goes far beyond caring for more than 50,000 patients in the Emergency Department The Loyola Emergency Medical Services (EMS) System began as one of the three original medical resource centers designated by the State of Illinois The last 35 years has seen an explosion in the scope-of-practice and education within the EMS profession This is why, today, the Loyola EMS System provides education in numerous areas EMT-Basic, EMT-Paramedic, Emergency Communications Registered Nurse, Critical Care Paramedic, ACLS, ITLS, PEPP, National Review and Preceptor Workshops The EMT-Basic program is one semester and is designed as a comprehensive introduction to the EMS profession and the treatment of the sick and injured In accordance with the U S Department of Transportation's National Standard Curriculum for the EMT-Basic, and the Illinois Department of Public Health, this program focuses on honing the knowledge, skills and abilities that will allow students to properly assess and treat a wide variety of medical emergencies in the pre-hospital setting The EMT-Paramedic program is a fully accredited, thirteen month-long course of study based on the U S Department of Transportation's National Standard Curriculum for paramedic instruction The program is designed to provide students with the cognitive and psychomotor skills necessary to perform advanced-level medical care in the pre-hospital setting, and to assume leadership positions in the various EMS professions Classes incorporate a variety of teaching methods, including lecture, small group activities, student teaching sessions, and skills laboratories Dynamic didactic sessions, along with comprehensive clinical and field internships will prepare students to pass the National Registry Examination for Emergency Medical Technician-Paramedics and receive state licensure as a paramedic from the Illinois Department of Public Health Advanced Cardiac Life Support (ACLS) is taught according to the American Heart Association curriculum and is designed to give healthcare providers advanced-level skills in the management of life-threatening cardiac emergencies, stroke, and sudden death The Basic Trauma Life Support (BTLS) course, endorsed by the American College of Emergency Physicians and the National Association of EMS Physicians, offers a focused perspective on the pre-hospital treatment of traumatic injuries Course participants at all levels (EMT-B, EMT-P, RN, etc) benefit from learning new skills to quickly assess, resuscitate, prepare and transport critically injured patients Emphasis is placed on early recognition of life threatening injuries and very rapid in-field stabilization, with the main goal of getting a patient to definitive care in the hospital setting The Critical Care EMT-Paramedic course is an intensive, two-week program that prepares the experienced paramedic, nurse or respiratory technician to become a critical care transport specialist A variety of topics are discussed, including ventilators, 12-lead ECGs, IV pumps, advanced pharmacology, invasive lines, intra-aortic balloon pumps, aeromedical transport, and complications of critical care transports The Emergency Communications Registered Nurse course is offered to Emergency Department nurses, who monitor EMS telecommunications from pre-hospital providers, and act as designees of the EMS System Medical Director to collaborate with EMTs and Paramedics in the field This course provides the experienced Emergency Department nurse with the necessary information to perform this extended role competently and confidently The course also prepares candidates for the written examination required by the Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety The Emergency Medical Dispatcher (EMD) course, is offered to EMD's who are trained to offer adult and pediatric pre-arrival medical instructions to individuals calling 911 As one of the earliest links in the chain of survival, and the first step in initiating and coordinating an EMS response, EMDs provide a vital service to the general public This 24-hour EMD course is taught in accordance with the National Standard Curriculum of the U S Department of Transportation The Emergency Medical Services Lead Instructor Certification process assures that any educational program we sponsored is delivered professionally, competently, and is in line with the standards and philosophy of the Loyola EMS System The Lead Instructor course, sponsored and presented by the National Association of EMS Educators (NAEMSE), serves as the foundation of the approval process for LEMSS Additionally we require that individuals are practicing EMS professionals and have classroom and/or small group teaching experience The National Registry Review Course is an intensive and dynamic review of the knowledge, skills and abilities that are required to perform the role of an EMT-Paramedic, as outlined by the National Registry of Emergency Medical Technicians Taught by expert paramedic instructors, physicians and nurses, this program offers paramedics a chance to refresh and practice their skills in a challenging and supportive environment The combination of 40 hours of interactive presentations and 8 hours of clinical skills practice is meant to prepare course participants to successfully challenge the National Registry Examination for Intermediate and Paramedic EMTs The Paramedic Field Instructor Course is designed to provide practicing EMS personnel with a specific body of knowledge related to field education of paramedic candidates This course, conveniently presented in a one-day format, combines lecture and role-play scenarios that are intended to examine field instructor roles and responsibilities Also discussed are practical applications of adult education, communication techniques, inter-personal skills and principles of effective evaluation The Pediatric Education for Pre-hospital Professionals (PEPP) program,

Identifier	Return Reference	Explanation
		developed by the American Academy of Pediatrics, is designed as a comprehensive source of pre-hospital medical information for the emergent care of infants and children PEPP teaches EMS personnel at all levels (First Responder, EMT-B, EMT-Paramedic) how to assess and manage ill and/or injured children with greater insight into the special needs of this population The PEPP course incorporates lectures, case studies and skills stations into a two-day (16 hour) course for ALS providers and a one-day (8 hour) course for BLS providers The Pre-hospital Management of Traumatic Brain Injury course, supported by the National Highway Traffic Safety Administration and the Brain Trauma Foundation, is specifically designed to encourage the optimal management of traumatic brain-injured patients in the pre-hospital environment Aimed at all levels of pre-hospital providers, this four-hour course focuses on enhancing the assessment, triage, treatment and hospital transport of brain injured patients Participants will learn to rapidly identify and treat brain injured patients, with a specific focus on adult and pediatric patients with a Glasgow Coma Score between 3 and 8 The School Nurse Emergency Care (SNEC) course is designed to enhance the assessment and appropriate triaging skills of school-based nurses who might encounter acutely ill or injured children It is meant to support and enhance the school nurse's core knowledge, while also presenting new materials to help school nurses deal with the increasing number of urgent health-related conditions seen within the school setting and is open to all Registered Nurses within the State of Illinois All of these courses and others are designated to meet the needs of our EMS providers and to bring the best possible care into the many communities that we serve Through the years we have also partnered with the Illinois Department of Public Health to improve the care of pediatric patients throughout the state with the EMS for Children program This program has demonstrated statistical improvements in institutions that have undergone the facility recognition process through the EMSC grants In addition to the work in education, our system has developed an active research program in EMS, having performed the breakthrough artificial blood study in the past several years, as well as active research in improving care for asthma and prehospital 12-lead EKGs Current research includes Nebulized Albuteral Administration by EMT-Basics Previous research has demonstrated that using nebulized albuterol in a pre-hospital setting for bronchospasm and/or asthma is an effective treatment and can lead to better clinical outcomes Research has also shown that with proper education and training, EMT-Basic providers can effectively administer nebulized albuterol and improve patient outcomes (Richmond, 2005, Markenson, 2004) Currently no EMT-Basics in the Chicagoland area are trained to administer albuterol With permission from the Illinois Department of Public Health and the LUMC Institutional Review Board (IRB), EMS is piloting a research project with the goal of addressing the clinical, professional and societal ramifications implementing this new standard operating procedure with the Maywood Fire Department in Maywood, Illinois Attitudes of Prehospital Providers in Regards to Albuterol Administration by EMT-Basics This study is examining the opinions and attitudes of multiple levels of Prehospital Providers in regards to EMT-Basics administering albuterol EMT-Basics were surveyed about their attitudes to administering a new drug that was not taught to them during formal EMT-Basic training Their attitudes will be reexamined six months after usage of albuterol These surveys will be compared to the attitudes of Paramedics who work in the same region as the EMT-Basics Study of Employment Expectations and Demographics of EMT-Basic Students (SEEDS Study) Prehospital Providers, especially EMT-Basics represent a significant health care resource, and to date there is little or no data available that describes this large population of potential healthcare employees in Illinois The only descriptive data available of prehospital employees comes from the LEADS project (Brown, et al, 2003, Dawson et al, 2003), a longitudinal study project hosted by the National Registry of Emergency Medical Technicians (NREMT) It is designed to describe the attributes and demographic information that accurately reflect the individuals currently providing emergency medical services throughout the United States Data has shown that EMT-Basics earn an average of only $18,324, and 94% believe that EMT-Basics should be paid more for the job that they do In addition, 25% have no health insurance While this study examines current trends and attitudes of EMT-Bs, there is no research on the perceptions of prospective and future EMT-B providers The objectives of our study are to assess personal attributes, expectations for employment and perceptions of the prehospital profession for students enrolled in EMT-Basic classes at LUMC and in the surrounding area, assess demographic variables of enrolled EMT-B students, including age, gender, geographical location and highest level of education completed, assess if the events of September 11, 2001, a family history of prehospital employment, and military experience affect a student's desire to become an EMT-B, compare results from our survey to results from the LEADS study, assess expectations and perceptions that EMT-B students have towards employment in the prehospital field and determine students' short and long-term plans regarding employment in prehospital care Our past research played an important role in shaping our education and mass disaster programs Highlights include Inclusion of Medical Students in Hospital Mass Casualty Disaster Plans Medical students are a manpower resource that could be mobilized during a disaster As medical students may be eager to participate in a catastrophic disaster, it is incumbent on medical schools and teaching hospitals to collaborate to develop guidelines to protect them Results Of the 140 medical schools, 93 (66%) completed the survey and 22 schools (24%) reported medical students were included in the hospital mass casualty disaster plans Of the hospitals incorporating medical students into their mass casualty plan, at least one specifically excluded them from participating Of the 22 schools in which students were included, 14 (64%) had activated the medical student mass casualty plan With respect to when the medical students were integrated into the hospital mass casualty plans, 15 of 22 schools with plans knew when this occurred, 6 were written before 9/11 and 9 were written afterward Conclusion Staffing for mass casualty events presents a challenge for hospitals Medical students are an underutilized source of potential manpower in disaster planning Only one quarter of Deans from US medical schools reported knowledge of an official plan defining the role of their students in disaster activities Data was presented at the American College of Emergency Physician National Research Forum, October 15, 2006 Disaster Training for Prehospital Providers Surveyed prehospital providers (PPs) to determine 1) the quantity and format of training over the past year in chemical, biological, radiological/nuclear (CBRN) and other mass casualty events (MCEs), 2) exposure to pediatric casualties, 3) preferred educational formats, 4) self-assessed preparedness for various MCEs and 5) perceived likelihood of occurrence for MCEs Differences between municipal and private ambulance company personnel were examined A survey, consisting of 11 questions, was distributed to 1010 active PPs in an urban EMS system comprised of 40 departments The system includes fire departments, private ambulance services, and industrial, air and hospital-based ambulance services with a variety of departmental sizes and organizational structures Demographic data was collected for descriptive analysis Results Surveys were completed by 640 (63%) of PPs from 31 departments Twenty-two percent of PPs reported no CBRN or other mass casualty training within the past year, 19% reported 1-5 hours, 15% reported 6-10 hours, 24% reported 11-39 hours, and 7% reported receiving greater than 40 hours The mean hours of training in the past year was 5 hours for both chemical and biological events and 4 hours for radiological/nuclear and other MCEs Ninety percent of respondents reported never receiving pediatric specific disaster education and 86% had not participated in a drill with victims <15 years old Lectures and drills were the most common formats for prior training A comparison between municipal and private ambulance PP's revealed that municipal workers felt more prepared for chemical and biological events

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		There w as no statistically significant difference in reported training hours or feelings of preparedness for radiological/nuclear events Conclusions The quantity of training recalled in the past year for CBRN events varied greatly among PPs, w ith almost a quarter reporting receiving no education in this area Drills and lectures w ere the most utilized and preferred formats for training PPs felt least prepared for a radiological/nuclear event Further studies not subject to survey limitations are needed to assess competency and performance improvement related to training time and format Data w as presented at the American College of Emergency Physicians National Research Forum, October 15, 2006 Health Care Concerns for the 21st Century Educating Medical Students for WMD and Disaster Preparedness The objective w as creation of an introductory Bioterrorism/Weapons of Mass Destruction (BT/WMD) course for medical students Specific student learning objectives included gaining basic scientific principles of various agents and medical interventions, realizing potential roles and responsibilities in case of disaster, regardless of anticipated medical specialty, receiving hands-on training through a disaster drill utilizing decontamination equipment and appropriate Personal Protective Equipment and gaining understanding for the infrastructure and processes in place on local, state and national levels Fourth year medical students received presentations from hospital, regional and national experts, including representatives from the Emergency Department, Fire Department, Poison Center, CDC, and FBI Historical and hypothetical scenarios w ere used and basic science material covered, how ever, student roles regarding chain of command, overall management plans and available resources w ere emphasized Disaster preparedness principles (mitigation, preparedness, recovery, and response) w ere integrated into lectures Students participated in a disaster drill Basic science competencies w ere assessed w ith pre and post-tests Results Pre and post test results for basic science w ere 47% and 93% respectively Student recognition of their current and future roles in BT/WMD events w as affirmed during post-course and focus group discussions, and in comments to the media The London Underground bombings (July 2005) occurred during the course resulting in extensive media coverage and heightened appreciation of the subject matter Participation in a disaster drill allow ed students hands-on training and familiarity w ith roles, gave the hospital an opportunity to exercise policies and procedures, and through the media gave the general public the ability to w itness preparedness activity Conclusion As present and future participants in BT/WMD disaster preparedness and response, medical students must recognize their roles and be prepared to contribute constructively regardless of their career choices or the particular events on the ground An effective introductory method of accomplishing this is to use hospital, regional and national experts to emphasize general concepts of disaster medicine and to have students participate in a disaster drill Data w as presented at the American College of Emergency Physicians National Research Forum, October 15, 2006 Our hope of improving educational opportunities for students going through our basic and paramedic program has led to affiliations to allow providers accredited college credit courses that they can then use to pursue advanced degrees in both bachelor of science or even a masters in disaster preparedness and emergency management Region w ide, Loyola EMS has been active in the leadership of the regional disaster preparedness programs serving as the POD hospital In 1997, changes in the State Regulations in Emergency Care opened the door for certain institutions to seek voluntary designation as a regional facility to lead and develop efforts in disaster preparedness Loyola felt w e had the infrastructure that w ould enable the region to benefit from both our expertise and capabilities, as did the State of Illinois As a result, Loyola became the designated POD Hospital for EMS Region 8, one of 11 hospitals designated in the state We became the institution to lead any disaster preparedness effort in Western Cook County and all of DuPage County Four years later the events of 9/11 resulted in the state's POD Hospitals receiving over $1 5 million tow ard disaster preparedness for their regions As part of a designated resource hospital, the Loyola EMS System w orks to collaborate closely w ith our colleagues at associate hospitals Gottlieb Memorial Hospital, Hinsdale Hospital, LaGrange Memorial Hospital, MacNeal Hospital, Rush Oak Park Hospital, Westlake Hospital and West Suburban Medical Center Along w ith these associates and the other EMS Systems in Region 8, w e serve multiple roles, including ongoing Standard Operating Procedure review s, providing online and offline medical control, and coordinating w ith the Illinois Department of Public Health Nursing education is a fundamental part of the Hospital's w ork During the year, w e trained 865 nurses 798 nursing students during FY09 w ere taught about orientation to the medical center, review of regulatory information (such as fire safety, w aived testing requirements, infection control topics, HIPAA/Corporate Compliance information, etc), key policies and procedures and EPIC (electronic medical record) training Additionally the nursing students, at various levels of training (sophomore, junior, senior, graduate level) w ere assigned to a clinical experience that allow ed them the opportunity to apply theoretical know ledge, develop and enhance clinical skill w hile caring for patients under the supervision of their faculty member or w hile w orking beside a Loyola Registered Nurse Preceptor Clinical skills include but are not limited to IV insertion, medication administration, foley catheter care, dressing changes, therapeutic communication and patient teaching We estimate the preceptor program expense at $571,200 00 67 other nursing students w orked together w ith the unit nurses w ith a nursing school faculty member present These clinical rotations are typically 80 hours long Calculating an average salary of $27 00 per hour, this education w ould cost approximately $1,440,720 251 new ly graduated nurses w ere also trained in FY09 Training consisted of orientation to the medical center, review of regulatory information (such as fire safety, w aived testing requirements, infection control topics, HIPAA/Corporate Compliance information, etc), key policies and procedures, EKG training, Glucometer training, IV/Central Line class and EPIC training, as w ell as various patient population topics (stroke, transplant, cardiac/respiratory arrest patients) Additional training w as conducted based on w here the new nurses w ill be w orking For example, ICU nurses completed an on-line critical care orientation program and a critical care skills lab and nurses caring for patients undergoing conscious sedation attended the Conscious Sedation Course Classroom training is follow ed by a preceptor period, typically 6-12 w eeks, in w hich the new nurse w orks beside an experienced nurse 26 graduate nurses w ere placed w ith APN's or leaders for approximately 120 hours Calculating an average salary of $42 00 per hour, the cost of this education is approximately $131,040 National and local recognition of our w ork includes For the sixth year in a row , U S New s & World Report ranked Loyola as one of the top 50 hospitals nationw ide for Heart and Heart Surgery in the magazine's annual "America's Best Hospitals" issue The U S New s statistics show that the Hospital had the low est death rate among the four Chicago-area academic medical centers ranked in Heart and Heart Surgery Loyola achieved a place among the top 50 hospitals in the U S in Geriatric Care (ranked 39th) and in Urology (ranked 43rd) in addition to heart (ranked 31st) The Hospital w as the only one in Illinois to be named to a list of the nation's top 30 teaching hospitals w ith cardiovascular residency programs and w as among the Thomson Reuters 100 Top Hospitals for cardiovascular care compared w ith 971 other hospitals The list includes three categories 30 teaching hospitals, such as Loyola, w ith cardiovascular residency programs, 40 teaching hospitals w ithout cardiovascular residencies and 30 community hospitals These hospitals provide high quality and highly efficient cardiovascular services at a reasonable cost in comparison to peers across the United States As a group, the 100 Top Hospitals have low er mortality rates, shorter average hospital stay, and low er cost per case This is the fourth year Loyola has made the list The American Stroke Association aw arded Loyola its 2009 Gold Performance Achievement Aw ard for high quality stroke care

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		The aw ard is given to hospitals that demonstrated at least 85% adherence to stroke guidelines for at least 24 consecutive months These measures include aggressive use of clot-busting drugs, blood thinners, anticoagulation therapy, cholesterol-reducing drugs and smoking cessation The Hospital w as named one of the nation's top hospitals in the May/June issue of AARP magazine, and w as one of 125 hospitals in the 53 largest metropolitan areas to earn a top ranking Loyola's Cardiographics Department is one of the first laboratories in the country to be recognized by a respected accreditation body The Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) recognized Loyola for "its commitment to high quality patient care and its provision of quality diagnostic testing" In April 2009, Loyola w as named as having a prostate cancer program that is among the finest in the nation by Urology Times The Hospital's urology department is the only program in the Chicago area to be recognized as being among the nation's Clinical Centers of Excellence for prostate cancer by the magazine, a leading source of new s and analysis about key advances in the field of urology The list is based on surveys of Urology Times readers and on verifiable information provided by each center under consideration For the second year running, the National Association of Neonatal Nurses, an organization of more than 7,000 members, has bestow ed upon a Loyola NICU nurse its highest honor, the Robyn Main Excellence in Clinical Practice Aw ard This is an annual honor given to a neonatal nurse w ho best demonstrates excellence in patient care and w ho is view ed as a role model by his or her peers We are a national leader in health care information technology The 2009 American Recovery and Reinvestment Act codifies the importance of rapidly accelerating the adoption and effective use of information technology in healthcare Five years earlier, in 2004 Loyola began rolling out the electronic medical record (EMR) w ith deployment in the first ambulatory clinics Final clinics w ere activated in late 2006 Epic w as introduced to the inpatient hospital in phases physician order entry (POE), pharmacy and ED in early 2005, physician documentation began in the fall of 2006 and multidisciplinary/nursing documentation in FY 08 Our EMR enables physician access to patient records at any Loyola practice site and can be expanded to additional sites as required At present, only about 10% of the nation's hospitals have an EMR that achieves our level of completeness The Epic patient portal, "MyLoyolaSelect," w as launched and is extremely popular w ith patients and physicians throughout the primary care netw ork, Subspecialty Medicine, and the Cancer Center MyLoyolaSelect allow s patients to access portions of their medical record such as clinical laboratory results, medications, visit summaries and appointment history, and it provides a secure messaging facility allow ing patients to communicate online w ith their doctors and other care providers The EMR has facilitated compliance and quality improvement It helped in successful Joint Commission surveys by providing an available and ubiquitous record, w ith no issues regarding improper abbreviations and delinquent problem lists The surveyors complimented how w e use the EMR to help ensure the safety of our patients by reconciling medications as the patients pass through different sites of care The EMR helps comply w ith new regulations and safety goals Regulations now require that prescriptions be printed on tamper-resistant paper that cannot be copied This has been our practice since the introduction of prescriptions printed by the EMR A compliant asthma action plan is built into discharge plans for acute asthma discharges, among other quality improvement and compliance improvements In FY 09, w e began to integrate the EMR in our sister hospital, Gottlieb Memorial, allow ing OB/Gyn and Orthopaedics hospital stay information At Loyola, the Inpatient EMR w as adapted to support improvement in Joint Commission core quality measures A pilot initiative involving diabetes physician quality reporting utilizing quality of care tools in real time w as completed Heart failure discharge instructions are guided by the discharge navigator, and flu and pneumonia became part of the nursing admission navigator Nurses began to receive performance reports based on documentation on admission, w hile patients w ere still admitted A new w arfarin protocol w as implemented Clinical best practice alerts are being implemented in the EMR, including flu and pneumonia prevention The "After-visit summary," given to patients as they leave the clinic, contains a summary of medications, procedures performed, the treatment plan, and educational materials selected by the physician In addition to providing enhanced customer service, the medication list is a National Patient Safety Goal requirement The same concepts apply to digital radiology Imaging systems have been enhanced significantly in the last tw o fiscal years Cardiology images, catheterization lab "cines", ultrasounds, and peripheral vascular lab studies w ere made broadly available through the EMR and our digital radiology system The new hospital expansion required such an integrated imaging system to support its clinical imaging equipment The Ophthalmology clinic uses digital imaging storage and retrieval system for studies such as visual fields and retinal photographs EKG's are delivered more quickly w ith a new w ireless system Medication dispensing and control w ere improved w ith tw o new systems A robotic system automatically packages bar-coded first doses and cart fills from orders from the EMR This robot reduces the opportunity for medication dispensing errors and enables nurses to record medication administration at bedside using bar codes We are one of the first hospitals in the United States to be equipped w ith such extensive pharmacy automation Hospital areas w ere equipped w ith electronic medication cabinets, and the EMR interface allow s only properly ordered medications to be dispensed The cabinets are refilled w ith packages prepared by the system, and medications are charged automatically through an interface w ith the EMR to reduce billing errors A new innovative technology that helps our surgical teams keep track of all sponges is used during surgical procedures to enhance patient safety It w as installed in all of Loyola's operating rooms, labor and delivery rooms, interventional cardiology laboratories in w hich surgical procedures are performed and its ambulatory surgery suites We have received the Hospital and Health Systems 100 Most Wired aw ard for six of the last eight years We have been recognized as one of the 6% of health systems that have an essentially complete electronic health record and better than 90% computerized provider order entry Over 700 hospitals apply for this prestigious designation Since 2004, our EMR investment is approximately $35 million Our mission includes advancing medical care and treatment In 2009, the Hospital became the first in Illinois to provide an interventional cardiologist and cardiac catheterization team available in house 24 hours a day, seven days a w eek to treat heart attack patients rapidly, open their coronary arteries quickly and preserve as much heart function as possible This improves the quality of patient lives and substantially reduces the total cost of care Program revenue is far less than program expense, and this effort w as begun w ith the support of a generous donor Through universal screenings of its staff and patients, the Hospital w as a leader in fighting hospital acquired infections including the methicillin-resistant Staphylococcus aureus (MRSA) This program prevented the transmission of disease to other patients and reduced the amount of care required for these patients, thereby low ering the overall cost of care During the fiscal year, more than 30,000 patients w ere screened, and one in 14 patients admitted to hospital w ere found to be MRSA positive This program reduced the number of cases of hospital acquired MRSA infections by more than 50 and saved approximately 350 patient days At least six lives w ere saved through this screening program, and recent data suggests this number may be 3-4 times greater This screening program cost the hospital $1 1 million In tandem w ith its new $120 million tow er that features state-of-the-art operating rooms, private patient rooms and the latest medical technology, the Hospital has introduced a new nursing care model that takes a unique approach in caring for patients and their families The Magis Patient and Family Model makes patients and their families partners in treatment w ith the goal of improving their physical and spiritual comforts, speeding healing and improving overall hospital performance

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		The new model increases the time nurses spend at each bedside, ensuring that patients and their families receive as much one-on-one attention and hands-on care as needed The tower supports the new model by eliminating large, central nursing stations on patient floors and replacing them with smaller stations outside patient rooms, which permit nurses to confer about patients with complex conditions An increasing number of patients are being treated with a device called a stent graft, which is inserted without opening the chest Stent graft patients typically go home in a day or two, and recover fully in about two weeks At the Hospital's Thoracic Aortic Disease Clinic, about 70 percent of patients treated for aneurysms in the chest artery are receiving stent grafts rather than open chest surgery In the gastroenterology lab, the Hospital uses a revolutionary new therapy called cryospray ablation This is a minimally invasive way to treat Barrett's esophagus, a pre-cancerous condition largely caused by acid reflux disease Untreated, the condition could lead to esophageal cancer, the fastest-growing cancer in the United States, according to the American Cancer Society Though transfusions can be life-saving, the medical use of blood products comes with a certain amount of risk to patients from allergic reactions, overuse, infections such as HIV and hepatitis and from other complications The Hospital is among a handful of medical centers in the country that has put initiatives in place to track and better understand those risks, along with instituting measures to reduce the number of transfusions given to patients To lower the risk of anemia, intensive care nurses are reducing the number of daily blood draws from patients The Hospital has also invested in blood cell salvage technologies that allow for the recycling of a patient's blood during an operation, uses drugs that can cut down on the need for transfusion and is in the process of instituting a transfusion-free surgery program Loyola conducted a 24-hour emergency response exercise to test its ability to quickly and efficiently administer mass immunizations by inoculating its more than 6,000-member staff against influenza Loyola's Center for Clinical Effectiveness (CCE) is committed to improving the quality and value of health care services we provide Their FY09 accomplishments include Joint Commission Accreditation was achieved following two unannounced surveys in FY09 The Joint Commission also certified the hospital as a Primary Stroke Center Processes have begun for recertification of the Stroke program CCE continued to maintain accountability and communication structures for the National Patient Safety Goals We prepared organization-wide education materials, including the annual safety test, posters, badges and patient safety week emails The CCE staff participates in the improvement committees for three of the goals anticoagulation therapy, prevention of surgical site infections and medication reconciliation A series of patient safety videos for the flat screens throughout the hospital focused on patient safety tips for patients and staff Quality improvement education also included development of a curriculum for a one-day quality improvement education session for clinical staff Sessions were held twice, and a total of 59 clinical managers and staff attended the program The Agency for Healthcare Research and Quality patient safety culture survey was administered to the entire health system Two surveys were administered and 2,225 employees participated In a continuing effort to standardize care, clinical practice guidelines based on medical evidence are reviewed, updated and approved for placement on the EMR on an ongoing basis Detailed quality information is available on the organization website Each year, we conduct a week long patient safety fair, with educational materials provided for staff and patients, messages on the flat screens and posters for the patient care units An annual quality and patient safety fair attracts over 50 applications The FY09 quality and safety fair was entitled, "Pride in Quality Celebrating Successes" 37 projects were displayed Approximately 600 people attended the fair over a two-day period We welcomed Gottlieb Memorial Hospital to the fair with four entries CCE scholarly activity for FY09 included Dr Walter Jellish, LuAnn Vis and Michael Wall contributed to "Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time for Surgical Care Improvement Project Achieving the Standard of Care Tools and Resources for Hospital Performance Measurement Improvement Activities", Illinois Hospital Association, April 3, 2009 Loyola was invited to participate in response to top performer status with this SCIP measure Lu Ann Vis MSOD, RN and Mary Altier MSN, RN Magnet Education Session Source 6 Quality of Care June 2009 Mary Altier MSN, RN "Defining Nursing Excellence A Program to Recognize the Practicing Nurse" Nursing Management In Press Pinzur MS, Gurza E, Kristopaitis T, Monson R, Wall MJ, Porter A, Davidson-Bell V, Rapp T Hospitalist-orthopedic co-management of high-risk patients undergoing lower extremity reconstruction surgery Orthopedics 2009 July, 32(7) 495 Murphy D, Vercruysse R, Bertucci T, Wall M, Schriever A, Nabhan F, Barron W, Emanuele M Reducing Hyperglycemia Hospitalwide The Basal Bolus Concept The Joint Commission Journal on Quality and Patient Safety 2009 April, 35(4) 216-223 Since opening in 1969, Loyola has valued pastoral care as an essential element of our outreach to patients, families and staff As members of the health-care team, pastoral care chaplains share the commitment to "also treat the human spirit" During a time of personal or family illness, LUMC chaplains assist patients in drawing upon their personal spiritual resources and exploring their spiritual concerns Here at Loyola, out of the best of our Catholic tradition, we are a "home for all faiths" Pastoral care chaplains are specially trained in a particular health-care service area to help both patients and families deal with specific types of illness Chaplains are available 24 hours a day, seven days a week We also provide chaplain services to Loyola's outpatient centers and primary care clinics Upon request, pastoral care will contact the patient's church, parish, synagogue, mosque, temple, or house of worship We honor all religious beliefs and encourage patients to draw upon the spiritual resources of their faith tradition for healing and wholeness In the hospital, we invite patients to call us when they need to talk, feel lonely, are scared or worried, want someone to pray with, fear losing faith, feel grateful or blessed, desire the sacraments, think about giving up, are sad or angry, or feel confused or guilty Loyola's Paul V Galvin Memorial Chapel provides a welcoming place for reflection and spiritual renewal 24 hours a day for patients, families and staff Worship services are televised in-house at the Hospital, along with other spiritual programming Roman Catholic Mass is celebrated at noon Sunday through Friday and on holy days, but not on Saturdays Each day, volunteer Catholic Eucharistic ministers offer communion to patients and families upon request Protestant communion also is available upon request On Friday afternoons, Muslim hospital staff gathers for Jummah prayer Loyola's pastoral care chaplains have graduate academic credentials, advanced clinical training and professional affiliation with the National Association of Catholic Chaplains or the Association of Professional Chaplains Students in our Clinical Pastoral Education Program receive supervision and clinical experience as they prepare for full-time pastoral ministry At Loyola, chaplains address what we describe as "the needs beneath the medical needs" Whether patients or families are in the midst of a sudden crisis or an ongoing chronic struggle, our chaplains are available for spiritual needs, religious concerns and specific sacramental or denominational needs Loyola offers a variety of follow-up services and community outreach activities Chaplains are involved in grief support groups, parish training projects and hospital memorial services Loyola's staff members include 14 Roman Catholics (three Jesuits, two diocesan priests, two nuns and seven lay persons), one Jewish rabbi, three ordained Protestant ministers and one Protestant lay woman) All these chaplains are certified (or working towards certification) within one of the two national chaplain certifying bodies The total salary budget is just over $1 million, plus approximately $300,000 in benefits The department operating budget is $29,000 Pastoral care served 34,789 patients throughout the year This does not include the considerable pastoral care outreach provided to families of these

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		patients, as well as to Loyola physicians, nurses, students and staff Finally, these figures do not include the number of Loyola outpatients seen in the Outpatient Center, Cardinal Bernardin Cancer Center and Homer Glen cancer clinic In addition, Loyola offers a Clinical Pastoral Education Program for training health care chaplains Training health care chaplains is one of the essential services of Loyola's Pastoral Care and Education Department The Clinical Pastoral Education (CPE) Program offers intensive Intern units in Fall, Winter, Spring and Summer Interns can pursue CPE for personal ministerial development, as a requirement for their seminary or ordination or as a step toward professional certification Clinical pastoral education is built upon adult- and student-centered process learning Students focus their ministerial education by working with their supervisor and peers in articulating learning goals for each CPE unit Midterm and final evaluations, along with other written assignments, allow each student to track his or her progress in realizing their goals Four elements are distinctive in Loyola's CPE program (1) Pastoral Care chaplains serve as mentors and adjunct faculty for CPE students Each CPE student chaplain teams with a staff chaplain and is integrated into patient care on the unit he or she serves at the medical center The spiritual, religious and denominational/ sacramental "needs beneath the medical needs" focus the pastoral care provided to patient, family and staff, from blessing a newborn to facilitating difficult end-of-life issues (2) Pastoral Care chaplains are highly integrated in providing care in crisis situations Hospital administrative protocols require that a chaplain respond to every trauma, respiratory and cardiac arrest and also to every death While on-call, student chaplains minister to patients and families in a Level One trauma center where victims of car crashes, falls, gang violence or industrial accidents are rushed by ambulance or helicopter Student chaplains also daily hone their crisis ministry skills, as the general patient population at LUHS ranks in the top ten in the nation in acuity of illness and 30% of our 450 beds are ICU beds (3) Patient, family and staff care is why the Pastoral Care department exists, and so the CPE program strongly emphasizes clinical care Thus, students generally are not permitted to arbitrarily take time off from patient care during their day to work on verbatims or other CPE written assignments At the same time, CPE values reflection on clinical experience, and so the CPE schedule each week provides one afternoon (3 5 hours) for time away from patient care for reading, research, reflection and writing (4) The Jesuits are involved in health-care precisely because of their commitment to education Thus the Loyola University Health System is intimately tied in with Loyola University's Stritch School of Medicine and the Neihoff School of Nursing and every medical department in the hospital incorporates the training of students in its work Unique, as far as we are aware, our CPE residents are integrated into a first year medical school course and attend 27 "Patient-Centered Medicine" lectures and then participate in 2-3 hour small group process groups with the medical students for some great inter-disciplinary education Throughout the year, there are numerous opportunities to attend grand rounds in the medical and nursing schools, while often attending inter-disciplinary rounds on the medical units they are covering in the hospital Loyola's CPE program was initially accredited in 1974 Since 1997, Loyola University Health System has been dually accredited by the Association for Clinical Pastoral Education (ACPE) and the United States Conference of Catholic Bishops/Commission on Certification & Accreditation (USCCB/CCA) We are one of only 14 dually accredited centers in the country CPE offers supervised clinical learning in both inpatient and outpatient settings, individualized mentoring by the staff chaplains and opportunities for working as members of interdisciplinary teams Specialties include cardiology, with a heart transplant unit, oncology, with a bone marrow transplant unit and a large outpatient cancer center, ER/trauma, with a specialty burn unit, women's and children's health, including a 50 bed neonatal unit, neurology and neurosurgery with an inpatient rehabilitation unit, and general medicine, with dialysis and renal transplant services Once oriented to LUMC, a typical day for a CPE student involves a half-day ministering as a chaplain and a half-day for various seminars Group sessions include verbatim presentations, story theology, didactic input classes and open seminars In addition, each student meets weekly for individual supervision After extensive orientation with an experienced staff chaplain, student chaplains spend the night at LUMC on-call Friday or Saturday every two or three weeks They also enter the rotation as an evening on-call chaplain Other learning opportunities at the medical center include grand rounds pertinent to pastoral care (e g , ethics and psychiatry), pastoral care staff meetings and in-services, CPE retreat/reflection days, medical center on-going education opportunities like the health fair and presentations for area pastors and ministers sponsored by pastoral care outreach days The CPE intern quarter is a full-time program (50 hours/week) and usually runs for 11-12 weeks Upon successfully completing the quarter, students earn one unit credit with the Association for Clinical Pastoral Education (ACPE) or the National Association of Catholic Chaplains (NACC) CPE residency is a year-long training program that provides a stipend and will allow the student to pursue certification as a chaplain in the Association of Professional Chaplains, the National Association of Catholic Chaplains or the National Association of Jewish Chaplains For certification, these associations require a masters degree in theology, pastoral studies or spirituality Many hospitals require certification for full-time employment as a chaplain 15-20 students per year are educated in the CPE program (Quarter & Extended students) All first year medical students are trained each year through the required chaplain/mentor project that is part of the Patient-Centered Medicine course We also train Deacons for the Archdiocese of Chicago Community outreach is an important part of the hospital's work Our Chair of Urology, helped build an "educational bridge" with the Indian Society of Urology Our Sports Medicine physicians provide coverage of sports activities at several local high schools and colleges as a community service without compensation Services provided include weekly coverage (approximately three hours per event) of football games in September and October on a weekly basis, averaging once per week for approximately 10 weeks From mid-August thru mid-May they also provide weekly coverage of training rooms for approximately four hours Game coverage for athletic events in January and February total average weekly coverage of two games per week for approximately five hours per event An ophthalmologist, volunteers at a clinic on a monthly basis Patients are scheduled through Access DuPage Patients must reside in DuPage County for at least 90 days, be under the age of 65 (over 65 may be eligible for either Medicaid or Medicare), have a household income at or below 200% of the Federal Poverty Level, and not be eligible for other health insurance programs (Medicaid, Medicare, KidCare, employer-sponsored insurance, Cobra, SSI, etc) There is no charge to patients for exams New frames are donated by local labs/doctors, and lenses are ground by local labs for nominal charge Other doctors/offices donate visual field testing or specialty care (glaucoma, retina, cataract) including surgical care This program began in 2002 The Hospital and the Medical School collaborate through Campus Ministry to offer the following volunteer opportunities Community Health is a free clinic located in Chicago that serves primarily Latino and Polish patients Loyola holds a primary care clinic every Tuesday night and lab hours two Saturdays per month at Community Health First year medical students have the opportunity to work with second year students to practice interviewing patients, learn the basics of a physical exam, present to doctors, manage patient care, write notes, and learn to draw blood Compassionate Care Network is a community organization that screens high-risk individuals for obesity, high blood pressure, and diabetes Those who screen positive are enrolled in a low-cost insurance program if they do not already have health insurance First and second year medical students help take blood pressures, weigh patients, and do finger sticks for blood glucose

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		The screenings typically take place on Sundays at Chicago area churches and mosques Alivio Medical Center, Chicago, is a bilingual, bicultural organization committed to providing access to quality, cost-effective health care to the Latino community, the uninsured and underinsured, and not to the exclusion of other cultures and races This mission is expressed through the provision of services, advocacy, education and research and evaluation provided in an environment of caring and respect Chicago Medical Students United is a new health initiative taken on by Loyola students to coordinate the efforts of other Chicago area medical schools to plan periodic health fairs in various underserved communities Cradle Cuddlers, Pediatrics Inpatient Unit Medical students hold and visit with babies and help out nurses in the Neonatal Intensive Care Unit Most cuddlers are assigned to volunteer once every two weeks for 1-2 hours Proviso United with Loyola Students for Educational Enrichment (PULSE) First and second year medical students pair up with students from Proviso East High School and from the Proviso East Math and Science Academy in order to encourage ethnic minorities/students from underserved backgrounds to go into medicine This program was created in hopes of fostering relationships in which students could share experiences, understand the causes of health disparities, and learn from each other Events occur once a month such as a suture clinic, Body Worlds visit and presentations by various interest groups Radio ECHO, Pediatrics Inpatient Unit, provides news coverage, music and other activities in the in-house station at the Children's Hospital of LUMC Loyola Ronald McDonald House is a house that families can stay at if their child is admitted to the Hospital Volunteers cook, clean and provide other support as needed LUMC Special Friends Medical students meet with pediatric cancer patients and their families for fun events to take their minds off treatment and helping them be involved in normal activities They also visit patients and families while at clinic for treatment to provide moral support and to better understand patients' perspectives STEPS, LUMC Pediatrics Inpatient Unit Medical students tutor pediatrics patients Students participate in group activities as well as one-to-one at bedside Stritch Writers Club, Juvenile Detention Project Chicago As a volunteer outreach program through the Stritch Writers Club, medical students meet with adolescent detainees for weekly hour long sessions at the Cook County Juvenile Detention Center in downtown Chicago Understanding that creative writing allows these individuals an outlet for their emotions, Loyola medical students facilitate group discussions and free writing exercises Tar Wars, Chicago Area, is a tobacco education program for 4th and 5th grade students Medical students give a 45-60 minute presentation about the effects of smoking and the tobacco industry AIDS Week takes place in early March and is a week of events to raise awareness of the devastating worldwide AIDS pandemic, the disparities in access to treatment, the heroic people who have dedicated their lives to fighting HIV/AIDS, and many more topics In addition, funds raised from AIDS Week have benefited organizations in Africa that are working to support people with HIV/AIDS Community Night Preparation, Oak Park Medical students help other volunteers make sandwiches for the homeless on Lower Wacker in downtown Chicago once per week, as well as being involved in local homeless advocacy and education Medical students act as Eucharistic Ministers, visit the patients in the Hospital, give Holy Communion and share open discussion Fall Urban Plunge, Chicago Area Students and staff have the opportunity to work together on a two-day service immersion project in an under-served Chicago neighborhood during fall break Hunger Week - Across the campuses of Loyola, students, staff, and faculty work together to make Hunger Week a continuing success It is directed toward 2 goals 1) to heighten awareness of the world hunger crisis and 2) to raise funds for projects that directly serve the hungry Hunger Week is held every year in November ISI (International Service Immersion) Medical Students may apply their first year to serve with Loyola physicians and ministry staff in developing countries for 2-3 weeks during the summer after their first year Thanksgiving Baskets, Chicago Area This tradition was started during Hunger Week, where food and baskets are donated from the Loyola campus/departments and then delivered to families and churches in the Maywood and Chicago Area areas for the Thanksgiving Holidays Toy Drive Every year during the Holidays, medical students and faculty purchase gifts for children and families in the Chicago Area Bonaventure House, Chicago works to combat AIDS and homelessness by offering a residence that serves men and women living with AIDS Medical students volunteers to provide supportive company for residents, recreational activities and alternative therapies Deborah's Place, Chicago, is an overnight shelter for homeless women that seek to provide comprehensive assistance to help residents get opportunities to improve their lives Medical students volunteer to staff the overnight shelter, prepare meals and provide support Medical students volunteer with Fraternite Notre Dame, a religious community of sisters who serve the needy of the West side of Chicago's Austin community Volunteers help with preparation of meals (lunchtime), delivery of food and an after school program supervision/education of children Interfaith House, Chicago, provides interim housing for homeless men and women who are recovering from illness Volunteers assist in a wide variety of tasks including health screenings and health education The health education classes last for one hour and can be taught on a variety of general health topics Marillac House, Chicago, is administered by the Daughters of Charity of St Vincent DePaul and is a facility on Chicago's West Side dedicated to improving the lives of at-risk families and the working poor Programs include a daycare center and after-school center that serves over 400 children, outreach to over 100 homebound seniors, and Project Hope, which helps pregnant women with their prenatal care needs The Night Ministry is located on the North side of Chicago and provides shelter for homeless youth Volunteers play games and interact with the youth, as well as assist Ministry staff with various tasks as needed PADS (Public Action to Deliver Shelter), provides overnight shelter and dinners for individuals through churches in Oak Park, Forest Park, Maywood, Broadview and Berwyn Volunteers watch over the site, give wake-ups, fill water and coffee, hand out sack lunches, etc , once a month from October through April Safer Foundation, Chicago, is an adult transition center for soon to be released inmates Volunteers fill a number of responsibilities, including resident health education, health screenings and coordinating referrals to outside clinics St Vincent DePaul Center, Chicago, IL, offers daycare for infants, toddlers, and young children at a new, state-of-the-art facility Service is provided on a sliding-scale payment basis, particularly to the working poor throughout the Chicago Area Annual Trail Cleanup of the Illinois Prairie Path & the Great Western Trail, Maywood The Illinois Prairie Path is not-for-profit corporation (IPPC), working with the Friends of the Great Western Trail In connection with Annual Earth Day, volunteers participate in trail cleanup of the 62 miles of trails in DuPage, Kane and Cook Counties watched over by The IPPC The Malaika 5K Run/Walk in Fullersburg Woods, OakBrook, IL, is a charity fundraiser race and part of the Malaika Project, which raises money to fund projects in a village in Tanzania Previous projects have included building a dormitory for high school girls and building a water tower to provide the village with clean water Volunteers plan and set up a few weeks before the event, volunteers at the event and run/walk in the event The Rebuilding Together Team has generally been a team of 20 first year medical students who remodel a home for a person in need Fall Shoe Drive in association with Share Your Soles This drive has brought tens of thousands of pairs of shoes to desperately impoverished people throughout the world, such as Central America, Southeast Asia, the Caribbean, Appalachia, Africa, Eastern Europe and on American Indian Reservations Faculty, students and staff donate money or shoes Loyola Community Violence Prevention/Gun Buy Back Program, Maywood This is an ongoing project in the community to reduce the level of violence by education and violence prevention initiatives

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		Loyola students participate in periodic violence prevention programs during which guns are collected by the Maywood Police Department The Maywood Block Club Street Fair, Maywood, is organized by the Maywood Health Initiative, a community partnership between Maywood Residents, LUMC, University of Illinois Extension, and the Cook County Department of Public Health to address chronic disease prevention in Maywood The ultimate purpose is to promote healthy lifestyles among Maywood residents We provide outdoor interactive sessions on health promotion and disease prevention Faculty, medical students and staff organize and participate in a service trip to the most devastated parts of New Orleans, Louisiana from the Katrina disaster These areas are still in need of help rebuilding This annual project during fall or spring break provides volunteer opportunities including gutting and building houses and state park clean-up One of our neonatal intensive care nurses was part of a select group of community health care providers invited to present at the March of Dimes' Celebrando la Mujer Latina - Un Dia Para Ti, in Chicago, Ill She presented "The NICU Experience" at this event, presented entirely in Spanish, and held to educate Latin women about various topics related to health and wellness Our neonatal intensive care unit provides two CPR classes per week, taught by a NICU nurse The audience is usually the family of an inpatient infant, but we may also provide instruction for someone in the community or an employee The needs assessment process continues to identify cancer and cardiovascular disease significant problem areas for both our vulnerable and broader-based populations We offer free health screenings for these diseases through our Cancer Center and Cardiology department In the broader community, Loyola provides a comprehensive schedule of health information and education programs and services for our community adults and children We educate our community in many ways, including health topics on the Internet, hosting a cancer survivor day/week and an awareness program to provide the latest information on colorectal cancer, CPR instruction classes for parents and families, sponsoring a bone marrow transplant picnic for donors and patients along with a "Living Well" event, distributing a Loyola Living Community health quarterly newsletter, and providing a Mini-Med School that offers special courses that give the public a glimpse into medical education Loyola participated in the National Stroke Alert Day to educate the community about warning signs and the importance of calling 911 immediately The Heart Lung Transplant staff offers lung transplant teaching, a four hour event twice per month, during which various members of the transplant team educate lung transplant candidates and their support systems Heart Lung Transplant staff members were on hand at the annual employee health fair to help promote and educate fellow employees about organ donation and transplantation, as well as sign people up to become organ and tissue donors A Heart Lung Transplant staff member was guest speaker for the medical-surgical nursing students about the post transplant care of lung transplant recipients Heart Lung Transplant staff members were medical staff volunteers during "Hustle up the Hancock", an annual event in Chicago where over 4,000 people climb to the top of John Hancock Center to raise funds for lung disease research, advocacy and education, helping to ensure that participants were monitored and assessed for medical issues Heart Lung Transplant staff members provided information during National Organ and Tissue Donor Awareness Week to help promote and educate employees and any interested parties about organ donation and transplantation, as well as sign people up to become organ and tissue donors At the Annual Candlelight Ceremony and reception, Heart Lung Transplant staff members provided support to transplant recipients to honor their organ donors Heart Lung Transplant staff members were available to discuss ongoing issues for cardiothoracic transplant recipients at the National Kidney Foundation spring education event Heart Lung Transplant staff members were part of the medical staff helping to ensure that participants of the Soldier Field, Chicago, Illinois, 10-mile bicycle race to monitor and assess for medical issues In May 2002, Loyola opened the area's first program to offer free on-site social and medical services, child-life programs and day care for children whose parents or guardians had business in the Fourth Municipal District Courthouse in Maywood, Illinois In 2005, the parties expanded their partnership by implementing Loyola's social services at the Children's Advocacy Clinic & Children's Room at Domestic Violence Court (DV) located in the Domestic Violence Courthouse in Chicago, Illinois In addition to the expansion of social services provided, the parties initiated an extensive educational program which was offered to social work and psychology interns at Chicagoland schools, including Loyola University of Chicago This unique internship provided students with a program that introduced them to services the DV and Maybrook staff provided to abuse victims and to services the Circuit Court's Social Services Department staff provide to perpetrators Additional educational opportunities were afforded to social work interns interested in the clinical environment through collaboration between the Maybrook staff and Loyola's Social Work Department This partnership provided Circuit Court masters of social work interns with clinical supervision by Loyola's LCSW Community outreach was also expanded and included Loyola's LCSW services at the Proviso-Leyden Council for Community Action (PLCCA) Substance Abuse Clinic in Maywood, Illinois Loyola's Security Officers also provided a "Cops in the Kitchen" program at DV These programs served almost 5,000 children Loyola spent approximately $71,000 to operate these programs in FY 2009 Loyola is the largest employer of students participating in Chicago's Cristo Rey Jesuit High School's Corporate Internship Program Students from an economically depressed area gain valuable work experience and earn compensation that is applied to their tuition As part of this program Loyola paid Cristo Rey $219,000 in compensation on behalf of these students

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Part III Program Service Accomplishments	Ambulatory Services	We provide a full range of outpatient services through 22 primary and specialty care centers located in Chicago's western and southwestern suburbs These facilities specialize in family medicine, internal medicine, internal medicine pediatrics, and obstetrics/gynecology and many feature medical diagnostic equipment for fast, on-site evaluation and testing Our ambulatory services improve the care for the communities served by the Hospital and brings programs closer to patients in conveniently located and comprehensive ambulatory centers During fiscal year 2009, the Outpatient Services/Primary Care practice had 564,303 physician visits, or an increase of 14,277 visits (2 5%) from the previous year In addition there were 7,639 outpatient surgical cases, 78,022 rehabilitation visits, and 30,693 dialysis treatments Community outreach included Loyola's Park Ridge clinic offered a series of free lectures on how to maintain a healthy heart and prevent strokes The Heart Smart Lecture Series speakers included a physician and nurse practitioners Women's Day was held at the Loyola Center for Health and was designed to sharpen minds, energize bodies and improve outlook on life Activities included seminars, exhibits and talks on such topics as weight management, depression and stress Prostate cancer ranks only behind skin cancer as the most common type of cancer found in American men, according to the American Cancer Society To help fight the deadly disease, Loyola offered free prostate cancer screenings one day during prostate cancer awareness month The screenings included blood tests and examinations by urologists In conjunction with Skin Cancer Detection and Prevention Month, Loyola dermatologists commemorated Melanoma Monday by offering free skin cancer screenings that took place throughout the day Loyola health and fitness experts offered a free seminar on the latest recommendations for keeping hearts healthy through exercise and diet The Loyola Children's Center at Maybrook Court sponsored a Health & Back-to-School Fair at the Fourth District Municipal Court Children and their families received immunizations and free health screenings such as blood pressure readings and blood sugar and cholesterol checks from Loyola's nursing students, physicians and medical students The event also featured information from social service agencies and community-based providers School supplies were provided for free to underserved children who attended

Identifier	Return Reference	Explanation
		Loyola continues to provide resources for the operation of the Maywood Clinic, a primary care clinic that offers ambulatory services at no charge to patients who cannot afford to pay for these services This clinic was previously located in a county-owned facility and was considered for termination due to county imposed space limitations In order to continue the program, Loyola relocated the clinic to one of its primary care facilities The services include physical exams, immunizations, preventative care, nutritional counseling, clinical laboratory, radiology, and nursing services Currently, almost 500 patients benefit annually from these services at a cost of $1 3 million dollars The needs of the patients participating in this clinic are periodically reviewed to ensure the appropriate services are provided The pediatric mobile health unit from the Ronald McDonald Children's Hospital continues to provide free health care to about 90,000 underserved children in Chicago's western suburbs since its inception in October 1998 For the quality of services and efficiency of care, it is often cited as a national model for medical outreach In FY09, 6,190 children received free health care through the pediatric mobile health unit The Center for Health at Park Ridge participated at several fairs to educate area residents on the heart disease, including prevention, symptoms, tests and different treatments and options available These included the LifeStart Spring Health Fair, Elmhurst Health Fair and LifeStart Summer Health Fair The Center for Health at Park Ridge presented "Peripheral Vascular Disease" to benefit community members about the treatment and prevention of PVD, including causes, diagnostic testing and drug interventions Clinical staff and psychologists from the Department of Psychiatry offered free depression screening for patients and local community visiting the Loyola Outpatient Center facility Resident physicians from the General Dentistry practice and hygienists participate in Chicago's annual event hosted by the Special Olympics Committee The event provides free screening dental exams to the Special Olympic athletes Nurses and resident physicians representing the Loyola Center for Health in Elmhurst participated in a community health fair at the Christ Methodist Church The annual event provides blood pressure screening and physical exams to members of the neighboring community Nurses at the Oakbrook Terrace Medical Center facility solicited donations and contributions to provide much needed coats, hats, books and healthful snacks for pre-kindergarten classes at Chicago's Nightingale School, located on the city's West Side Clinical staff attended the annual Christmas event and distributed holiday bags to over 120 children Nurse practitioners representing Loyola's Transplant programs participated in the community outreach event, Transplant as a Treatment Option The local event was held at the Garfield Dialysis Center and provided educational and access to treatment information for patients and family members awaiting transplant Hepatology nurses and staff actively participated in events throughout the year highlighting Loyola's involvement and commitment to our patients with liver disease Nurses participated in the American Liver Foundation's annual walk at Montrose Harbor to raise funds for and awareness of liver disease Additionally, nurses participated in community events at several neighborhood pharmacies and the Villa Scalabrini Center in North Lake to perform diabetic screening to raise community awareness about the importance of healthy eating, blood glucose control and exercise to promote a healthy lifestyle More than 20 physicians, nurses, ancillary staff and medical students served as the medical tent sponsors at the annual Palos Half Marathon race event For the second consecutive year, the Loyola team provided standby emergency services for more than 2,500 race participants Runners from across the Chicagoland area and suburbs participate in the Spring event

Identifier	Return Reference	Explanation
Part III Program Service Accomplishments	Cancer Center Services	Our Cardinal Bernardin Cancer Center (the Cancer Center) offers patients a one-visit, one-team approach and provide them with a diagnosis and treatment plan in the same day Patients see their physicians, have lab work done, undergo chemotherapy and have cancer care-related prescriptions filled, among many other services all within the cancer center Leading Medical Treatment and Research The physicians and staff of the Cancer Center are dedicated to healing and preventing cancer in the people of Chicago and the Midwest through discovery, development and application of innovative patient care programs, research & education The Cancer Center was the first facility in Illinois to house cancer research, diagnosis, treatment and prevention under one roof Loyola researchers have participated in over 200 clinical trials involving more than a dozen different types of cancer Our cancer specialists work closely with our basic science researchers to apply the latest breakthrough therapies to our patient treatments At Loyola, nearly 30% of our patients enter clinical trials The basic science research program includes 34 laboratories, each occupying 500 square feet that demonstrates the strength of Loyola's research commitment Cancer Center laboratory investigators currently maintain 26 grants from national peer-reviewed funding agencies (e g , NIH, NCI, DoD, etc), with 6 new grants awarded in the past year These grants include a NCI Program Project Grant (P01) which coordinates a multi-institutional investigation of a rare form of leukemia Twenty-two graduate students focusing on oncology research participate in funded research projects being conducted by Cancer Center investigators All of these graduate students are paid stipends for these educational research activities In addition to the graduate students, 8 post-doctoral research fellows are wholly supported by Cancer Center research grants Twelve high school students and undergraduate college students participated in summer training programs within the Cancer Center's research laboratories These programs are coordinated through a variety of organizations, including the American Cancer Society, as well as programs coordinated with local high schools for students interested in medical research careers The Cancer Center conducted two conferences for local physicians to provide updates of recent findings and developments in oncology treatment These annual conferences, supported by internal funds, are directed toward primary care physicians and to local hematologist/oncologists The annual attendance is approximately 125 physicians In collaboration with the Leukemia Research Foundation and the National Marrow Donor Program, the Cardinal Bernardin Cancer Center coordinates an annual patient focused conference addressing Treatment Options for Leukemia and Lymphoma patients All of the Chicago area major medical centers are represented at this collaborative endeavor, which provides this free community service for patients and families faced with these diseases The Cancer Center's vaccine development program explores innovative therapies to identify immunological approaches for some of the most deadly cancers An ongoing clinical trial focusing on the development of a vaccine to treat pancreatic cancer, was developed by a Loyola University Medical Center physician, and is fully supported by internal funds Ten patients were treated with this novel vaccine approach, with six of these patients realizing a longer than expected survival A follow-up trial is being implemented to further improve on these results Additionally, a similar trial targeting ovarian cancer has been initiated by another Loyola physician, and is also being funded internally 582 patients were accrued to Cancer Center clinical trials during the year, and over 1000 patients are in active follow-up of studies to which they were previously accrued The Cancer Center's Clinical Trials office oversees the conduct of the 206 clinical trials available to patients during the year These trials focus on developing new approaches to the treatment of a wide variety of cancers and on improving the efficacy of many current therapies Many of these studies represent compassionate care efforts as the only hope for patients with advanced disease where standard therapies are not an option Over 25% of the studies conducted at the Cancer Center were designed and initiated by Loyola physicians, and another half of the total trials are part of national cooperative efforts for advancing oncology research One of the largest of these cooperative organizations is the Southwest Oncology Group (SWOG)

Identifier	Return Reference	Explanation
		The Cardinal Bernardin Cancer Center had the second most Clinical Trial Enrollments of all SWOG institutions, and several Loyola physicians assumed leadership roles in the not for profit organization, including Chair of Survivorship Committee (Albain), Co-Chair, Marrow and Stem Cell Subcommittee (Stiff), Renal Sub-chair of GU Committee (Flanigan) The Cardinal Bernardin Cancer Center clinical services are available 365 days per year, and include Clinics for single and multidisciplinary care including adult and pediatrics Skin Cancer/Mohs Surgery Center Coleman Image Renewal Center Cancer Risk Assessment and Prevention Program Cancer Genetic Evaluation Program Cancer Survivorship Program Day Hospital Treatment Center High Dose Therapy Unit Pharmacy/Chemotherapy Radiology and Laboratory Services Educational Facilities Our physicians have extensive experience and are subspecialists in the type of cancer they treat Our multidisciplinary model brings together the strength of medical oncologists, radiation oncologists, surgical oncologists, radiologists, pathologists, plastic surgeons and other subspecialists drawing upon each member's knowledge and expertise to develop an individualized treatment best suited to the patient In addition to our research and multidisciplinary care Our Bone Marrow Transplant Program is the largest in Illinois having performed more than 1,900 transplants Our Breast Oncology Research Program is lead by nationally recognized physicians who develop and participate in major studies that effect the prevention, course of treatment and survival of people with breast cancer Our Gastrointestinal (GI) Oncology Center is the only one of its kind in the Chicago area Our specialists are among the nations most experienced in treating pancreatic cancer We are recognized as a Blue Distinction Center for Rare and Complex Cancers Only 4 centers in Illinois have this distinction We are accredited with commendation by the American College of Surgeons Commission on Cancer with commendation During fiscal year 2009, the cancer center had 46,286 physician visits and 28,011 day hospital and high dose therapy unit visits In an effort to meet the challenge of the National Cancer Institute to find the best ways to bring the latest science to patients in the communities where they live which will become a greater determinant of cancer mortality than any currently recognized cause, Loyola is developing community partnerships and clinical trial offices with Gottlieb Memorial Hospital, Central DuPage Hospital and Kishwaukee Community Hospital We also focus on treating the whole person A team of nurses, nutritionists, social workers, cosmetologists, psychologists and pharmacists partner with our patients to treat not only their cancer, but their image and spirit The Coleman Image Renewal Center anchors our support programs In collaboration with the American Cancer Society, the Cardinal Bernardin Cancer Center provides an onsite Patient Navigator to provide advice to cancer patients and families regarding support services and resources for their battle with cancer Loyola was the first institution to have the ACS Patient Navigator program staffed by a registered nurse Our community support and outreach includes I Need You to Survive- Event in Maywood that brought together the community and clinical individuals from Loyola who discussed issues that the community expressed interest in related to Cancer Women's Night Out-Event at Homer Glen that addressed women issues and prevention with guest speakers from Loyola clinical staff Tea for Two Event-patients and caregivers for selected month received free services, educational informational of awareness, detection, and services Making Strides Against Breast Cancer- we supported this American Cancer Society event with education, bottled water and clinical staff present during the walk Community Health Fairs like the Park Ridge Heath Fair where we provided staff and materials on early detection Look Good- Feel Better- we serve as a site for this American Cancer Society program and provide staff, space and assistance Salon services We provide a free hair cut to patients who are going to loose their due to chemotherapy Screenings- Prostate, Head and Neck, Skin and Colon cancer screening, education and awareness Community Outreach of breast prosthesis, garments, wigs and head coverings-to individuals in the community and in under developed areas, like Belize, where Loyola clinical staff are doing missionary work and where the people have no access to the products or funds to purchase them Employee and Medical Student Health Fair Social work and clinical staff from Coleman Image Renewal Center educated on awareness, prevention and detection Support Groups All groups meet at the Cardinal Bernardin Cancer Center on the LUMC campus The target audience is any patient with the following diagnoses, plus family members and friends Breast Cancer, group meets on the third Thursday of the month from 6-7 pm at the Cancer Center Head and Neck Cancer, group meets every month on the third Wednesday of the month from 6-7 pm at the Cancer Center Lung Cancer, group meets on the first Tuesday of the month from 6-7 pm at the Cancer Center Brain Cancer, group meets on the fourth Wednesday of the month from 6-7 pm at the Cancer Center GI Cancer, group meets on the second Wednesday of the month from 6-7 pm at the Cancer Center Bone Marrow Transplant Family/Caregiver Support Group, meets on Fridays at noon in the bone marrow transplant unit in the hospital or on Tuesdays/Thursdays from 10-11 a m in the Cancer Center Resource Area - The Cardinal Bernardin Cancer Center maintains an educational resource area for patients, family members and friends located on the lower level of the building This area is staffed by a Nurse Navigator provided by the American Cancer Society Brochures and other educational materials are available - Material topics range from chemotherapy, nutrition, radiation, financial information, etc to specific brochures for a particular cancer diagnosis Also available are brochures from the five wellness communities in the Chicagoland area This area services several hundred people per month Living Well Event at Marriott Oakbrook Hotel, March 21, 2009 planned in conjunction with community advocacy groups providing education and questions and answers with Loyola Multidisciplinary Team American Cancer Society Daffodil Days, March 2009 providing Daffodils to our patients Cancer Survivor's Day, June 2009 annual event held at Brookfield Zoo with over 1,000 patients and families in attendance to celebrate their survival These programs cost approximately $120,000

Identifier	Return Reference	Explanation
Part III Program Service Accomplishments	Statement of Other Program Service Accomplishments	Loyola Home Care provides skilled, intermittent care to patients in their place of residence Care may include medication management, infusion therapy, complex wound care, health teaching, and rehabilitative services Specialty programs address the needs of bone marrow transplant patients, high-risk neonates, and pediatrics In addition to patient care, our academic model includes teaching residents, nurses, dieticians, and chaplains on the home care and hospice service In FY09, we provided 33,065 visits to 2,335 home health patients Loyola Hospice provides palliative care during the last six months of life Both the patient and their identified family become the focus of services as our interdisciplinary team works together to support comfort and quality of life Hospice services are provided primarily in the patient's place of residence Facility-based acute inpatient and respite level care are provided as needed A structured program of bereavement follow up is provided to all families during the 13 months following the patient's death The Hospice Bereavement program also offers a series of support groups and workshops at no charge for the community at large throughout the year In FY09, 170 terminally ill patients received 4 657 visits from our staff As part of Loyola's mission, staff at the Loyola Center for Home Care and Hospice provides substantial health services education to medical residents and students Internal Medicine Residents are assigned to hospice as part of their ambulatory rotation Residents participate in interdisciplinary team meetings and spend a day visiting patients with one of the hospice nurses Approximately one resident per week is assigned First year medical students receive training to participate in the hospice volunteer program Eight students were trained this past year Other first year medical students may participate in hospice to complete projects for various electives and special interests (e g , Bioethics Honors program) Projects may include a small scale study or clinical intensive

Identifier	Return Reference	Explanation
		Senior level nursing students are assigned to home care and hospice to fulfill their community health clinical requirements Students are paired with staff nurses to make home visits Clinical Role Transition students are senior level nursing students who receive an intensive month-long experience in home care and or hospice These students are assigned to on nurse and follow that nurse's work schedule They also complete a project which is presented to the home care/hospice team at the end of the experience Pastoral care students train with the hospice bereavement coordinator at an annual bereavement workshop in the clinical pastoral education program The workshop supports students in working with their personal grief issues and gives them knowledge and tools for working with patients and families The hospice chaplain provides education on hospice and end of life care to candidates in the deaconate training program for the Chicago Archdiocese Students from the health services management program work with hospice in meeting learning objectives related to palliative and end of life services Hospice volunteers receive a minimum of 15 hours of initial training during orientation They are encouraged to participate in inservice education and support groups offered through the hospice program throughout the year (four inservices and four support groups sessions are provided throughout the year)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Loyola University Medical Center

Employer identification number
36-4015560

Part I Identification of Disregarded Entities

(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
Loyola Ambulatory Center LLC 2160 South First Avenue Maywood, IL 60153 36-4321058	Investor	IL	914,186	1,711,918	

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Loyola University of Chicago 820 N Michigan Ave Chicago, IL60611 36-1408475	Education	IL	501(C)(3)	2	
Loyola University Health System 2160 S First Ave Maywood, IL60153 36-3342448	Healthcare	IL	501(C)(3)	11a Type II	Loyola University of Chicago
Gottlieb Health Resources Inc 701 W North Ave Melrose Park, IL60160 36-3225661	Healthcare	IL	501(C)(3)	11b Type II	Loyola University Health System
Gottlieb Memorial Hospital 701 W North Ave Melrose Park, IL60160 36-2379649	Healthcare	IL	501(C)(3)	3	Loyola University Health System

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Loyola Ambulatory Surgery Center at Oakbrook 1S224 Summit Ave Suite 201 Oakbrook Terrace, IL60181 36-4119522	Outpatient Surgical Services	IL			49	49		No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Loyola University of Chicago Insurance Company Ltd 23 Lime Tree Bay Avenue Grand Cayman CJ	Insurance Coverage	CJ	Loyola University Health System	C	100	100	100 000 %

Part V Transactions with Related Organizations

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other 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(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Gottlieb Memorial Hospital	P	693,836
(2)	Loyola University of Chicago	C	11,727,163
(3)	Loyola University of Chicago	B	30,724,380
(4)	Loyola University of Chicago	M	7,512,000
(5)	Loyola University of Chicago	N	3,326,378
(6)	Loyola University of Chicago	P	8,267,536
(7)	Loyola University of Chicago	O	7,267,957
(8)	Loyola University Health System	P	407,138
(9)	Loyola University of Chicago Insurance Company	Q	8,878,388

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Loyola University Medical Center	Form 990 Page 10	36-4015560

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	42,119,021
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: Loyola University Medical Center

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel J Walsh , Chairman, Board of Direc	3 00	X						0	0	0
Patrick J Kelly , Vice Chair Board of Dire	2 00	X						0	0	0
William T Divane Jr , Director	2 00	X						0	0	0
James C Dowdle , Director	2 00	X						0	0	0
Thomas P Fitzgerald , Director	2 00	X						0	0	0
Daniel L Flaherty SJ , Director	2 00	X						0	0	0
Richard Gamelli MD , Director	40 00	X						185,317	820,035	47,507
Michael J Garanzini S , Director	2 00	X						0	0	0
Ellen R Gaynor MD , Director	40 00	X						0	141,364	14,232
Jordan M Hadelman , Director	2 00	X						0	0	0
Jackie Taylor Holsten , Director	2 00	X						0	0	0
John L Keeley Jr , Director	2 00	X						0	0	0
Michael E Kelly , Director	2 00	X						0	0	0
Nancy W Knowles , Director	2 00	X						0	0	0
John C Lahey , Director	2 00	X						0	0	0
Henry S Lang , Director	2 00	X						0	0	0
Michael R Leyden , Director	2 00	X						0	0	0
Michael R Quinlan , Director	2 00	X						0	0	0
William F Reichert , Director	2 00	X						0	0	0
Jack A Weinberg , Director	2 00	X						0	0	0
Paul K Whelton MD , President & CEO	40 00	X		X				1,035,054	0	272,618
Martin J Massiello , Exec VP & COO	40 00			X				745,525	0	34,442
Michael Scheer , Sr VP, CFO, & Treasurer	40 00			X				1,042,695	0	91,671
Charles E Reiter III , Sr VP, General Counsel,	40 00			X				626,787	0	74,853
Patricia Cassidy , Sr VP	40 00			X				695,593	0	54,106
Jill Rappis , AVP, Deput Gen Counsel,	40 00			X				151,700	65,015	49,460
Arthur Krumrey , VP & CIO, IT	40 00				X			403,378	0	214,424
Daniel J Post , Sr VP Ambulatory & Syst	40 00				X			325,435	0	135,527
William Cannon MD , Chief of Staff	40 00				X			368,327	0	150,015
Paula Hindle , VP PC Chief Nurse Exec	40 00				X			299,652	0	131,791

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amy Stoeffler MD , Primary Care Physician	40 00					X		401,915	0	28,929
Mark E Cichon DO , Assist Prof & Director	40 00					X		388,424	0	44,540
Scott Graziano MD , Assist Prof OB/GYN	40 00					X		370,197	0	26,213
Vicky Piper , VP Human Resources	40 00					X		286,015	0	83,322
Sabrina R Olsen , VP Finance	40 00					X		304,005	0	116,905
Anthony L Barbato MD , President Emeritus	0 00						X	245,902	0	24,102
Elizabeth Frye MD , Sr VP & Med Dir Amb Prog	17 00						X	617,693	0	44,540
William Barron MD , VP Quality & Patient Saf	20 00						X	242,221	0	24,137

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Medical Services	900,099	795,795,980	795,795,980		
b Retail Pharmacy Revenu	900,099	3,986,065	3,986,065		
c Cafeteria Revenue	900,099	3,939,157	3,939,157		
d Parking Revenue	900,099	3,592,072	3,592,072		
e Medical Laboratory Ser	621,500	386,638		386,638	