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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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 601533328

D Employer identification number
36-4015560

E Telephone number
(708) 216-9000

G Gross receipts $ 1,008,068,986

F Name and address of principal officer
PAUL K WHELTON MD
2160 SOUTH FIRST AVENUE
MAYWOOD,IL 601533328

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www luhs org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1995 | **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO 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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	7,010
6	Total number of volunteers (estimate if necessary)	**6**	210
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	222,953
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,452,070	6,512,166
9	Program service revenue (Part VIII, line 2g)	896,959,098	909,667,494
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,926,360	14,717,942
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,654,932	7,750,323
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	917,992,460	938,647,925
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,499,567	18,007,722
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	486,708,959	516,215,561
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,052,235		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	399,321,476	389,558,915
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	909,530,002	923,782,198
19	Revenue less expenses Subtract line 18 from line 12	8,462,458	14,865,727
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	780,648,974	829,649,535
21	Total liabilities (Part X, line 26)	630,965,011	613,285,363
22	Net assets or fund balances Subtract line 21 from line 20	149,683,963	216,364,172

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2012-05-15 Date

▶ AJAY S SIAL SENIOR VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ PRICEWATERHOUSECOOPERS LLP				Firm's EIN ▶
Firm's address ▶ 1301 K STREET NW STE 800W WASHINGTON, DC 200053333				Phone no ▶ (202) 414-1000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO 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 (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 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 819,405,047 including grants of $ 18,007,722) (Revenue $ 909,667,494)

HEALTH SERVICES - SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 819,405,047

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	529		
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	7,010		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	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	
9	Is there any officer, director, 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		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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 , CO , DC , FL , GA , IL , KS , KY , LA , ME , MD , MN , MS , NH , NJ , NM , NY , ND , OH , OK , OR , SC , TN , UT , VA , WA , WI

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 ▶

JAY SIAL
2160 SOUTH FIRST AVENUE
MAYWOOD,IL 601533328
(708) 216-4253

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								11,203,199	1,135,972	1,691,859

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 779

			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 on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
SODEXO INC AFFILIATES PO BOX 70060 CHICAGO, IL 606730060	MANAGEMENT SERVICES	11,150,452
NAVIGANT CONSULTING INC 4511 PAYSPHERE CIRCLE CHICAGO, IL 60674	MANAGEMENT FEE	8,720,615
BVK 250 W COVENTRY CT MILWAUKEE, WI 53217	ADVERTISING SERVICES	4,235,003
EMPLOYER'S CLAIM SERVICE INC 119 E COOK LIBERTYVILLE, IL 60048	COMPNSTN CLAIM SVCS	2,828,397
EPIC SYSTEMS CORPORATION BOX 88314 MILWAUKEE, WI 532880314	INFO TECHNOLOGY	2,685,058

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 171

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	191,300				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	1,807,070				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	4,513,796				
	g Noncash contributions included in lines 1a-1f $	2,191,452				
	h **Total.** Add lines 1a-1f . . . . . ▶		6,512,166			
Program Service Revenue		Business Code				
	2a MEDICAL SERVICES	621110	905,881,074	905,658,121	222,953	
	b HOSPITAL PHARMACY REVENUE	446110	3,786,420	3,786,420		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		909,667,494			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,505,801			5,505,801
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			0
	5 Royalties . . . . . ▶		0			0
		(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	67,483,411	10,820,943			
	b Less cost or other basis and sales expenses	58,171,084	10,921,129			
	c Gain or (loss)	9,312,327	-100,186			
	d Net gain or (loss) . . . . . ▶		9,212,141			9,212,141
Other Revenue	8a Gross income from fundraising events (not including $ 191,300 of contributions reported on line 1c) See Part IV, line 18 . . . a		43,650			
	b Less direct expenses . . . b		328,848			
	c Net income or (loss) from fundraising events . . ▶		-285,198			-285,198
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			0
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			0
	Miscellaneous Revenue	Business Code				
	11a PARKING REVENUE	812930	4,107,300			4,107,300
	b CAFETERIA REVENUE	722210	3,694,005			3,694,005
	c GIFT SHOP REVENUE	453220	234,216			234,216
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		8,035,521			
	12 **Total revenue.** See Instructions . . . ▶		938,647,925	909,444,541	222,953	22,468,265

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	18,007,722	18,007,722		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,976,114	5,199,219	776,895	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	417,438,307	363,171,327	54,266,980	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,510,438	25,674,081	3,836,357	
9 Other employee benefits	31,344,299	27,269,540	4,074,759	
10 Payroll taxes	31,946,403	27,793,371	4,153,032	
a Fees for services (non-employees) Management	10,648,806	9,576,471	1,072,335	
b Legal	1,883,962	1,073,858	810,104	
c Accounting	534,427	304,623	229,804	
d Lobbying	209,254	209,254		
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	3,629,024	2,068,544	1,560,480	
g Other	53,955,119	30,754,418	23,200,701	
12 Advertising and promotion	2,952,456	2,952,456		
13 Office expenses	4,211,938	3,787,796	424,142	
14 Information technology	4,903,713	2,795,116	2,108,597	
15 Royalties	0			
16 Occupancy	21,523,496	19,356,080	2,167,416	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,313,551	1,318,724	994,827	
20 Interest	10,039,355	10,039,355		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	35,873,591	26,550,934	9,322,657	
23 Insurance	17,895,422	17,895,422		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MEDICAL SUPPLIES & OTHER	100,061,016	97,059,186	3,001,830	
b PHARMACEUTICAL SUPPLIES	55,077,430	55,077,430		
c BAD DEBT EXPENSE	52,373,008	52,373,008		
d HOSPITAL ACCESS IMPRVMNT PRGRM	19,097,112	19,097,112		
e DEVELOPMENT DEPARTMENT	2,052,235			2,052,235
f All other expenses	-9,676,000		-9,676,000	
25 **Total functional expenses.** Add lines 1 through 24f	923,782,198	819,405,047	102,324,916	2,052,235
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		98,618,713	1	64,989,724
	2	Savings and temporary cash investments		1,385,655	2	957,809
	3	Pledges and grants receivable, net		8,822,237	3	4,625,797
	4	Accounts receivable, net		123,867,298	4	145,761,428
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		15,608,764	8	12,860,353
	9	Prepaid expenses and deferred charges		5,810,602	9	5,858,730
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 763,942,137			
	b	Less accumulated depreciation	10b 380,466,404	362,613,201	10c	383,475,733
	11	Investments—publicly traded securities		107,487,787	11	129,618,775
	12	Investments—other securities See Part IV, line 11		10,829,387	12	13,393,469
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		45,605,330	15	68,107,717
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		780,648,974	16	829,649,535
Liabilities	17	Accounts payable and accrued expenses		96,663,035	17	93,340,550
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		350,095,748	20	339,300,204
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		184,206,228	25	180,644,609
	26	**Total liabilities.** Add lines 17 through 25		630,965,011	26	613,285,363
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		123,506,803	27	189,405,029
	28	Temporarily restricted net assets		19,537,489	28	20,287,967
	29	Permanently restricted net assets		6,639,671	29	6,671,176
		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		149,683,963	33	216,364,172
	34	Total liabilities and net assets/fund balances		780,648,974	34	829,649,535

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	938,647,925
2	Total expenses (must equal Part IX, column (A), line 25)	2	923,782,198
3	Revenue less expenses Subtract line 2 from line 1	3	14,865,727
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	149,683,963
5	Other changes in net assets or fund balances (explain in Schedule O)	5	51,814,482
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	216,364,172

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	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

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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 supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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% support test—2009.** 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—2010.** 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—2009.** 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) 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 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		251,981
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		50,759
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			302,740
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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 (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
PART II-B, LINE 1I	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 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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	8,751,883	8,810,000	9,728,929		
b Contributions	31,505	30,600	26,525		
c Investment earnings or losses	348,552	126,692	-697,789		
d Grants or scholarships					
e Other expenditures for facilities and programs	197,970	215,409	247,665		
f Administrative expenses					
g End of year balance	8,933,970	8,751,883	8,810,000		

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

- a Board designated or quasi-endowment ▶ 16 512 %
- b Permanent endowment ▶ 8 810 %
- c Term endowment ▶ 74 678 %

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) Accumulated depreciation	(d) Book value
1a Land	6,243,267	1,349,446		7,592,713
b Buildings		424,351,887	185,588,592	238,763,295
c Leasehold improvements		24,143,168	13,201,246	10,941,922
d Equipment		258,117,051	177,023,916	81,093,135
e Other	880,000	48,857,318	4,652,650	45,084,668
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				383,475,733

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) 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
(1) DUE FROM LOYOLA UNIV HLTH SYS	21,243,674
(2) DUE FROM LOYOLA U CHI INS CO	18,700,615
(3) IRS TAX REFUND RECEIVABLE	9,884,196
(4) MED RESD REIMBRSMT RECEIVABLE	5,948,936
(5) A/R BCBS FACILITY CAPITATION	4,103,218
(6) OTHER MISC CURRENT ASSETS	3,410,280
(7) OTHER MISC RECEIVABLES	2,286,090
(8) TOTAL HOME HEALTH RECEIVABLE	1,297,981
(9) DUE FROM GOTTLIEB MEM HOSPTL	1,232,727
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	68,107,717

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	180,644,609

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	Other losses	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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART V, LINE 4		THE ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR HEALTHCARE, HOSPITAL SERVICES, RESEARCH, CAPITAL PROJECTS AND INDIGENT CARE

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: LOYOLA UNIVERSITY MEDICAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
DUE FROM LOYOLA UNIV HLTH SYS	21,243,674
DUE FROM LOYOLA U CHI INS CO	18,700,615
IRS TAX REFUND RECEIVABLE	9,884,196
MED RESD REIMBRSMT RECEIVABLE	5,948,936
A/R BCBS FACILITY CAPITATION	4,103,218
OTHER MISC CURRENT ASSETS	3,410,280
OTHER MISC RECEIVABLES	2,286,090
TOTAL HOME HEALTH RECEIVABLE	1,297,981
DUE FROM GOTTLIEB MEM HOSPTL	1,232,727

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
PENSION & POST RETIREMENT LIABILITY	58,253,939
EST 3RD PARTY PAYER STTLMNTS, NET	54,271,006
CAPITAL LEASE	37,595,145
MALPRACTICE RESERVE	11,159,035
SWAP MARK-TO-MARKET LIABILITY	8,644,584
LONG TERM DISABILITY WORK/COMP LIAB	6,959,603
FICA REFUND RESERVE	1,568,141
RESERVE FOR INSURANCE LOSSES	839,549
ASSET RETIREMENT OBLIGATION	608,531
OTHER MISCELLANEOUS LIABILITIES	745,076

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

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

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	0	0	Program Services	INSURANCE PREMIUMS	17,895,422
3a Sub-total	0	0			17,895,422
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			17,895,422

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: LOYOLA UNIVERSITY MEDICAL CENTER

Part V **Supplemental Information**

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

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

		(a) Event #1 LUHS GALA (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	234,950			234,950
	2 Less Charitable contributions	191,300			191,300
	3 Gross income (line 1 minus line 2)	43,650			43,650
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	328,848			328,848
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				328,848
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-285,198

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government 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 Financial Assistance at cost (from Worksheets 1 and 2)			30,547,553	0	30,547,553	3 510 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			114,734,577	90,234,602	24,499,975	2 810 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			145,282,130	90,234,602	55,047,528	6 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	30	371,609	2,496,050	0	2,496,050	0 290 %
f Health professions education (from Worksheet 5)			29,001,036	12,289,426	16,711,610	1 920 %
g Subsidized health services (from Worksheet 6)			4,814,399	0	4,814,399	0 550 %
h Research (from Worksheet 7)			588,285	0	588,285	0 070 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			352,077	0	352,077	0 040 %
j **Total** Other Benefits	30	371,609	37,251,847	12,289,426	24,962,421	2 870 %
k **Total.** Add lines 7d and 7j	30	371,609	182,533,977	102,524,028	80,009,949	9 190 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	17,661,590		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	16,712,504		
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, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	193,788,988
6	Enter Medicare allowable costs of care relating to payments on line 5	6	224,868,359
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-31,079,371
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
b	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	Yes		

Part IV **Management Companies and Joint Ventures**

	(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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	FOSTER G MCGAW HOSPITAL 2160 SOUTH FIRST AVENUE MAYWOOD,IL 60153	X	X	X	X			X		OUTPATIENT SURGERY

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **24**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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 communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
PART I, LINE 7G		COSTS ASSOCIATED IN PROVIDING COMMUNITY CLINIC PHYSICIAN SERVICES UNDER SUBSIDIZED HEALTH SERVICES TOTAL $389

Identifier	ReturnReference	Explanation
PART I, LINE 7F		BAD DEBT EXPENSE OF $52,373,000 HAS BEEN EXCLUDED FROM THE DENOMINATOR IN THE CALCULATIONS FOR PART I, COLUMN F

Identifier	ReturnReference	Explanation
PART III, LINE 4		THE METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON LINES 2 AND 3 WAS TO APPLY THE COST TO CHARGE RATIO CALCULATED FROM THE AS FILED MEDICARE COST REPORT TO THE CHARGES RELATED TO BAD DEBTS ALL SELF PAY PATIENTS RECEIVE A 40% REDUCTION TO CHARGES FOR SERVICES PROVIDED, THIS REDUCTION IS TAKEN BEFORE CALCULATING THE BAD DEBT EXPENSE THE BAD DEBTS ARE INCLUDED IN THE COMMUNITY BENEFIT REPORT TO REFLECT THE ESTIMATED BENEFIT FOR PROVIDING THE RELATED SERVICES TO PATIENTS THE FOOTNOTES TO LUMC'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A NOTE ON BAD DEBTS LUMC'S AUDITED FINANCIAL STATEMENTS INCLUDE THE CHARGES RELATED TO BAD DEBTS AS AN EXPENSE TO REDUCE TOTAL REVENUE

Identifier	ReturnReference	Explanation
PART III, LINE 8		LUMC PROVIDES QUALITY PATIENT CARE AND PROMOTES HEALTH TO ITS SURROUNDING COMMUNITY THROUGH A VARIETY OF EDUCATIONAL AND SUPPORT PROGRAMS AS SUCH, THE MEDICARE COST REPORT RELATED SHORTFALL WOULD BE CONSIDERED A COMMUNITY BENEFIT THE MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 WERE COMPUTED USING THE COST TO CHARGE RATIO FROM THE MEDICARE COST REPORT MULTIPLIED AGAINST MEDICARE CHARGES

Identifier	ReturnReference	Explanation
PART III, LINE 9B		THE LUMC WEBSITE EXPLAINS ALL OF THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS, AND EVEN HAS THE FULL CHARITY POLICY AND APPLICATION ONLINE FOR PRINT OUT ALL BILLING AND COLLECTION STATEMENTS TO PATIENTS MENTION AVAILABLE FINANCIAL ASSISTANCE PROGRAMS, INCLUDING CHARITY CARE WHEN PATIENTS CALL TO SCHEDULE CARE, THEY ARE INFORMED OF THE SELF PAY POLICY WHICH INCLUDES A 40% DISCOUNT THE SCHEDULING STAFF IS ALSO TRAINED TO DISCUSS THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS WHEN A PATIENT INDICATES AN INABILITY TO PAY PATIENTS ARE OFFERED THE OPPORTUNITY TO MEET WITH AN LUMC FINANCIAL COUNSELOR TO ASSESS THEIR ELIGIBILITY FOR A PAYMENT PLAN, MEDICAID APPLICATION OR CHARITY APPLICATION ONCE A PATIENT IS DEEMED ELIGIBLE FOR A FINANCIAL ASSISTANCE PROGRAM, THEY WILL BE RESPONSIBLE FOR PAYING ONLY THE BALANCE (IF ANY) AS COMPUTED PER THE LUMC PROGRAM GUIDELINES FINANCIAL ASSISTANCE TO PATIENTS WITH A BALANCE WILL FOLLOW THE SELF PAY ACCOUNT BILLING CYCLE PER LUMC POLICY, WHICH INCLUDES THREE STATEMENTS, A FINAL NOTICE AND POSSIBLE REFERRAL TO A COLLECTION AGENCY IF THE ACCOUNT REMAINS UNPAID

Identifier	ReturnReference	Explanation
PART V, LINE 19D		IN DETERMINING THE AMOUNTS BILLED TO INDIVIDUALS WHO DID NOT HAVE INSURANCE COVERING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE, LUMC USED MEDICARE RECEIVED PER THE ILLINOIS UNINSURED PATIENT ACT

Identifier	ReturnReference	Explanation
PART VI, LINE 2		NEEDS ASSESSMENT SEE SCHEDULE O

Identifier	ReturnReference	Explanation
PART VI, LINE 3		PATIENT EDUCATION OF ELIGBILITY FOR ASSISTANCE IN ADVISING PATIENTS, A FINANCIAL COUNSELOR WILL EXPLAIN LUMC'S PAYMENT POLICY AND DISCUSS A PAYMENT PLAN FOR THE SERVICES PATIENTS WHO ARE NOT ABLE TO COMPLY WITH THE REQUEST FOR PAYMENT WILL THEN BE EVALUATED FOR POSSIBLE MEDICAID ELIGIBILITY THE FINANCIAL COUNSELOR WILL INITIATE THE MEDICAID APPLICATION OR DIRECT THE PATIENT TO THE PUBLIC AID OFFICE WHENEVER IT APPEARS THE PATIENT WOULD QUALIFY A COPY OF THE MEDICAID DENIAL MAY BE REQUESTED PRIOR TO EXTENDING CHARITY OR FINANCIAL ASSISTANCE A PATIENT THEN REQUESTING CHARITY CARE MUST PROVIDE THE FOLLOWING DOCUMENTATION WITHIN 14 DAYS OF THE REQUEST THE FOLLOWING DOCUMENTATION IS REQUIRED FOR EVALUATION FOR CHARITY CARE OR FINANCIAL ASSISTANCE REVIEW AND APPROVAL 1 A COPY OF THE PREVIOUS YEAR W2, 1040 AND ANY OTHER APPLICABLE TAX FORMS THAT WERE FILED 2 COPIES OF THE 3 MOST RECENT PAYCHECK STUBS FROM THE EMPLOYER 3 IF THE PATIENT IS PAID CASH, A LETTER FROM EMPLOYER STATING THE AMOUNT PAID WEEKLY 4 COPIES OF A SOCIAL SECURITY CHECK IF THEY ARE RECEIVING ONE 5 COPY OF THE LAST CHECKING AND/OR SAVINGS ACCOUNT STATEMENT IF THE PATIENT DOES NOT PROVIDE APPROPRIATE DOCUMENTATION, A CREDIT CHECK WILL BE RUN ON THE PATIENT BASED ON THE INFORMATION PROVIDED BY THE TRANS UNION SERVICES, A CHARITY DETERMINATION WILL BE MADE WHEN PATIENTS QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, THEY WILL RECEIVE THE APPLICABLE DISCOUNT FOR A PERIOD OF SIX MONTHS THIS WILL BE SO INDICATED ON THE REGISTRATION SYSTEM BY THE APPROPRIATE ASSIGNED PLAN CODE FOR EACH LEVEL OF DISCOUNT

Identifier	ReturnReference	Explanation
PART VI, LINE 4		COMMUNITY INFORMATION SEE SCHEDULE O

Identifier	ReturnReference	Explanation
PART VI, LINE 5		PROMOTION OF COMMUNITY HEALTH SEE SCHEDULE O

Identifier	ReturnReference	Explanation
PART VI, LINE 6		AFFILIATED HEALTH CARE SYSTEM SEE SCHEDULE O

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: LOYOLA UNIVERSITY MEDICAL CENTER

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **24** Name and address	Type of Facility (Describe)
RONALD MCDONALD CHILDREN'S HOSPITAL 2160 S FIRST AVENUE MAYWOOD,IL 60153	PRIMARY CARE CENTER
AMBULATORY SURGERY CENTER 2160 S FIRST AVENUE MAYWOOD,IL 60153	OUTPATIENT SURGERY CENTER
LOYOLA OUTPATIENT CENTER 2160 S FIRST AVENUE MAYWOOD,IL 60153	OUTPATIENT SPECIALTIES
LOYOLA CENTER FOR DIALYSIS ROOSEVELT RD 1201 W ROOSEVELT ROAD MAYWOOD,IL 60153	DIALYSIS CENTER
CARDINAL BERNARDIN CANCER CENTER 2160 S FIRST AVENUE MAYWOOD,IL 60153	CANCER DIAGNOSIS, TREATMENT, RESEARCH
LOYOLA CENTER FOR REHAB - ROOSEVELT RD 1219 W ROOSEVELT ROAD MAYWOOD,IL 60153	REHABILITATION CLINIC
LOYOLA CENTER IMAGING OAKBROOK TERRACE 1S260 SUMMIT AVENUE OAKBROOK TERRACE,IL 60181	CT, MRI & X-RAY SERVICES
LOYOLA CTR AESTHETICS - OAKBROOK TERRACE 1S260 SUMMIT AVENUE OAKBROOK TERRACE,IL 60181	AESTHETIC SERVICES
LOYOLA CTR FOR HEALTH AT NORTH RIVERSIDE 1950 SOUTH HARLEM AVENUE NORTH RIVERSIDE,IL 60546	PRIMARY CARE CENTER
LOYOLA CTR FOR HEALTH AT OAK PARK 7005 WEST NORTH AVENUE OAK PARK,IL 60302	PRIMARY CARE CENTER
LOYOLA AMBULATORY SURGERY CENTER 1S224 SUMMIT AVENUE SUITE 201 OAKBROOK TERRACE,IL 60181	AMBULATORY SURGERY CENTER
LOYOLA CTR FOR HEALTH AT ORLAND PARK 16621 S 107TH COURT ORLAND PARK,IL 60467	PRIMARY CARE CENTER
LOYOLA CTR FOR HLTH AT OAKBROOK TERRACE 17W740 22ND STREET OAKBROOK TERRACE,IL 60181	PRIMARY CARE CENTER
LOYOLA CTR FOR HEALTH AT HICKORY HILLS 9608 ROBERTS ROAD HICKORY HILLS,IL 60457	PRIMARY CARE CENTER
LOYOLA CTR FOR HEALTH AT BURR RIDGE 6800 FRONTAGE ROAD BURR RIDGE,IL 60527	PRIMARY CARE CENTER
LOYOLA CTR FOR HEALTH AT DARIEN 7511 LEMONT ROAD SUITE 122 DARIEN,IL 60561	PRIMARY CARE CENTER
LOYOLA CTR FOR REHAB HICKORY HILLS 9608 ROBERS ROAD HICKORY HILLS,IL 60457	REHABILITATION CLINIC
LOYOLA CTR FOR HEALTH AT ELMHURST 300 NORTH YORK ROAD ELMHURST,IL 60126	PRIMARY CARE CENTER
LOYOLA CTR FOR HEALTH AT WHEATON 140 EAST LOOP ROAD WHEATON,IL 60189	PRIMARY CARE CENTER
LOYOLA CTR FOR HEALTH AT HOMER GLEN 15750 MIRIAN DRIVE HOMER GLEN,IL 60491	PRIMARY CARE CENTER
LOYOLA CTR FOR HEALTH AT LAGRANGE 3210 NORTH LAGRANGE ROAD LAGRANGE PARK,IL 60526	PRIMARY CARE CENTER
LUHS AT MELROSE PARK (GOTTLIEB) 675 W NORTH AVENUE SUITE 206 MELROSE PARK,IL 60160	PRIMARY CARE CENTER
LOYOLA CTR CHILDRENS HEALTH OAKBROOK 1S224 SUMMIT AVENUE SUITE 201 OAKBROOK TERRACE,IL 60181	CHILDREN'S HEALTH SPECIALTIES
LOYOLA CTR FOR HEARING WOODBRIDGE 6440 MAIN STREET SUITE 120 WOODRIDGE,IL 60517	HEARING SERVICES

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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 United States

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

OMB No 1545-0047

2010

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" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LOYOLA UNIVERSITY OF CHICAGO820 N MICHIGAN AVENUE CHICAGO,IL 60611	36-1408475	501(C)(3)	18,007,722	0	N/A	N/A	SEE PART IV

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

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

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

Identifier	Return Reference	Explanation
PART I, LINE 2		AS PART OF THE LUMC AFFILIATION AGREEMENT, LUMC AGREED TO PROVIDE ECONOMIC SUPPORT TO LOYOLA UNIVERSITY CHICAGO FOR THE STRITCH SCHOOL OF MEDICINE AND OTHER ACADEMIC OPERATIONS OF THE UNIVERSITY
PART II, LINE 1, COLUMN H		THE PURPOSE OF THE ASSISTANCE TO THE LOYOLA UNIVERSITY OF CHICAGO WAS TO SUPPORT THE STRITCH SCHOOL OF MEDICINE AND TO PROVIDE CLINICAL EDUCATION SUPPORT

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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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**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	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

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

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

Note. The sum of columns (B)(i)-(iii) 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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		TAX INDEMNIFICATION AND GROSS-UP PAYMENTS AND HOUSING ALLOWANCE THE PRESIDENT OF LUH RECEIVED A LIMITED AMOUNT OF COMPENSATION IN THE FORM OF PAYMENTS FOR A HOUSING ALLOWANCE IN LIEU OF MOVING EXPENSES FROM OUT OF STATE THESE PAYMENTS WERE TREATED AND REPORTED AS TAXABLE INCOME TO HER AND INCLUDED A REIMBURSEMENT FOR APPLICABLE TAXES
PART I, LINE 4A		DR ELIZABETH FRYE IS A FORMER SENIOR VICE PRESIDENT OF THE ORGANIZATION AND RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $151,239 AS A RESULT OF HER SEPARATE FROM SERVICE MICHAEL SCHEER, THE ORGANIZATION'S FORMER SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER ("LUMC CFO") RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $432,603 AS A RESULT OF HIS SEPARATION FROM SERVICE IN ORDER TO MAINTAIN CONTINUITY THROUGH THE SENIOR EXECUTIVE TRANSITION WHEN LUMC'S FORMER CEO RETIRED AFTER MANY YEARS OF SERVICE, LUMC ENTERED INTO A WRITTEN AGREEMENT WITH DR ANTHONY BARBATO TO ASSURE HIS AVAILABILITY FOR CONSULTATION HE RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $208,175
PART I, LINE 4B		BOTH THE LUMC RETIREMENT RESTORATION PLAN (RRP) AND THE LUMC SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE NON-QUALIFIED DEFERRED COMPENSATION PLANS WITH PARTICIPATION LIMITED TO A CERTAIN GROUP OF EXECUTIVES BOTH PLANS PROVIDE A BENEFIT PAYABLE ON TERMINATION OF EMPLOYMENT AS A SUPPLEMENTAL RETIREMENT BENEFIT THE RRP APPLIES THE BENEFIT FORMULA OF THE LUMC EMPLOYEES' RETIREMENT PLAN (ERP) AND THE LOYOLA UNIVERSITY OF CHICAGO ("LUC") EMPLOYEES' RETIREMENT PLAN (LUERP) TO A PARTICIPANT'S SERVICE AND COMPENSATION WITHOUT REGARD TO THE LIMITS ON COMPENSATION IMPOSED BY LAW ON ERP AND LUERP THE RESULTING AMOUNT IS REDUCED BY THE BENEFITS ACTUALLY PAYABLE UNDER ERP AND LUERP, AND THE RESULTING ADDITIONAL BENEFIT IS CONVERTED TO AN ACTUARIAL BENEFIT UNDER THE SAME FORMULA FOR LATER-HIRED EXECUTIVES BOTH THE RRP AND THE 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 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 RRP AND THE 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 PLANS IN THE CARE OF BOTH THE SERP AND THE 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 RRP AND THE 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 CAN ALSO TRIGGER PAYMENT OF BENEFITS), THIS PAYMENT IS A PERMISSIBLE BENEFIT DISTRIBUTION UNDER THE SECTION 409(A) REGULATIONS ANY SUCH PAYMENTS ARE TREATED AS ACCELERATED PAYMENTS OF BENEFITS AND REDUCE THE BENEFIT AMOUNT PAYABLE AT TERMINATION OF EMPLOYMENT PAUL K WHELTON, SHARON O'KEEFE, JOHN MORDACH, CHARLES E REITER, III, KAREN ALEXANDER AND DANIEL POST PARTICIPATED IN THE SERP BUT RECEIVED NO PAYMENTS PAUL K WHELTON, SHARON O'KEEFE, JOHN MORDACH AND KAREN ALEXANDER ARE NON-VESTED PARTICIPANTS IN THE SERP PLAN CHARLES E REITER, III AND PATRICIA CASSIDY PARTICIPATED IN THE RRP BUT RECEIVED NO PAYMENTS
PART I, LINE 7		CERTAIN NON-FIXED PAYMENTS (BONUSES) WERE PAID TO CERTAIN EXECUTIVES IN 2010 THE INCENTIVE PROCESS IS AS FOLLOWS 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 OFFICE AND INCENTIVE COMPENSATION RECOMMENDATIONS IN ADDITION TO BASE COMPENSATION, INCENTIVE PAYMENTS ARE MADE BY LUMC TO PHYSICIANS FOR PERSONALLY PERFORMED CLINICAL DUTIES PHYSICIANS MEET APPROVED ESTABLISHED PRODUCTIVITY TARGETS SET BY THE APPLICABLE DEPARTMENT CHAIR PHYSICIAN COMPENSATION PLANS, INCLUDING INCENTIVE COMPENSATION ARRANGEMENTS, ARE APPROVED BY THE LUHS EXECUTIVE COMPENSATION PLANNING COMMITTEE, WHICH IS MADE UP OF SENIOR LEADERS IN THE ORGANIZATION
PART I, LINE 8		DURING THE PRIOR TAX YEAR, AS PART OF A MANAGEMENT TRANSITION, THE CFO AND THE PRESIDENT OF LUH JOINED THE ORGANIZATION FROM OTHER INSTITUTIONS EACH RECEIVED A WRITTEN OFFER LETTER WHICH DESCRIBED THE TERMS OF THEIR EMPLOYMENT, INCLUDING THEIR BASE COMPENSATION AND NON-FIXED PAYMENTS COMPENSATION WAS SET BY THE ORGANIZATION'S COMPENSATION COMMITTEE PURSUANT TO ITS POLICIES AND PROCEDURES
PART II & FORM 990, PART VII		WILLIAM CANNON, PAULA HINDLE AND ARTHUR KRUMREY REMAIN EMPLOYED BY THE ORGANIZATION IN THE SAME CAPACITY, BUT NO LONGER MEET THE REQUIREMENTS OF A KEY EMPLOYEE THOMAS ORIGITANO, ROBERT SULO, AND DAVID J WILBER ARE EMPLOYED FULL TIME AS PHYSICIANS AND ARE NOT COMPENSATED FOR THEIR POSITIONS ON THE BOARD

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				
THOMAS C ORIGITANO MD	(i)	450,414	61,902	3,813	16,966	17,199	550,294	0
	(ii)	126,000	0	0	4,016	2,526	132,542	0
ROBERT SULO MD	(i)	320,905	0	2,184	20,982	17,319	361,390	0
	(ii)	0	0	0	0	0	0	0
DAVID J WILBER MD	(i)	468,605	65,985	3,638	17,602	7,914	563,744	0
	(ii)	103,000	0	0	3,380	1,037	107,417	0
PAUL K WHELTON MD MSC	(i)	768,520	136,343	23,874	405,700	10,808	1,345,245	19,343
	(ii)	0	0	0	0	0	0	0
SHARON O'KEEFE	(i)	526,478	79,000	45,275	98,911	22,443	772,107	0
	(ii)	0	0	0	0	0	0	0
JOHN P MORDACH	(i)	465,205	48,000	19,836	37,700	27,705	598,446	0
	(ii)	0	0	0	0	0	0	0
CHARLES E REITER III	(i)	454,548	0	83,891	144,091	23,563	706,093	0
	(ii)	0	0	0	0	0	0	0
PATRICIA CASSIDY	(i)	181,156	56,300	23,096	89,647	8,323	358,522	0
	(ii)	198,867	0	4,000	43,253	2,486	248,606	0
DANIEL J POST	(i)	351,618	110,995	89,113	101,217	19,139	672,082	58,495
	(ii)	0	0	0	0	0	0	0
KAREN ALEXANDER	(i)	302,815	50,148	693	36,200	22,311	412,167	6,648
	(ii)	0	0	0	0	0	0	0
JILL RAPPIS	(i)	158,440	0	811	52,085	7,239	218,575	0
	(ii)	68,505	0	0	0	0	68,505	0
MAMDOUH BAKHOS MD	(i)	810,313	250,268	5,774	20,982	8,509	1,095,846	136,654
	(ii)	0	0	0	0	0	0	0
RICHARD L GAMELLI MD	(i)	117,024	420,559	4,897	15,848	11,605	569,933	0
	(ii)	496,500	0	0	5,134	5,582	507,216	0
BRUCE E LEWIS MD	(i)	674,692	111,500	1,695	20,982	18,952	827,821	0
	(ii)	0	0	0	0	0	0	0
TERRY R LIGHT MD	(i)	361,356	228,991	23,086	20,152	17,444	651,029	132,684
	(ii)	138,100	0	0	830	2,225	141,155	0
GUIDO MARRA MD	(i)	542,283	208,921	732	20,982	18,663	791,581	0
	(ii)	0	0	0	0	0	0	0
ANTHONY L BARBATO MD	(i)	0	0	208,175	0	1,807	209,982	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH FRYE MD	(i)	1,990	0	152,132	0	8,889	163,011	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SCHEER	(i)	0	123,610	432,603	0	9,730	565,943	123,610
	(ii)	0	0	1,000	0	0	1,000	0
WILLIAM CANNON MD	(i)	335,270	69,000	810	19,600	17,339	442,019	69,000
	(ii)	0	0	0	0	0	0	0
PAULA HINDLE	(i)	235,370	115,643	1,584	64,916	8,867	426,380	115,643
	(ii)	0	0	0	0	0	0	0
ARTHUR KRUMREY	(i)	308,898	100,224	2,198	114,900	24,394	550,614	69,224
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200BN46	12-19-2006	85,145,000	REDEEM EARLIER BONDS (2001)		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200BN53	12-20-2006	75,000,000	SEE PART V		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200BS58	12-20-2006	75,000,000	SEE PART V		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	85,145,000	75,000,000	75,000,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	3,968,189	3,968,189	4,036,383	
6	Proceeds in refunding escrow	76,500,000			
7	Issuance costs from proceeds	448,426	361,735	363,645	
8	Credit enhancement from proceeds	39,584			
9	Working capital expenditures from proceeds	8,116,600			
10	Capital expenditures from proceeds	68,401,899	68,401,899	68,414,049	
11	Other spent proceeds	40,390	553,215	1,779,042	
12	Other unspent proceeds	1,714,962	1,714,962	406,881	
13	Year of substantial completion	2008	2008	2008	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SERIES 2006 B/C		THE PROCEEDS OF THE SERIES 2006A BONDS WERE APPLIED, TOGETHER WITH CERTAIN OTHER FUNDS, TO PAY OR REIMBURSE, OR REFINANCE CERTAIN INDEBTEDNESS THE PROCEEDS OF WHICH WERE USED TO PAY OR REIMBURSE, THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING, REMODELING AND EQUIPPING IMPROVEMENTS TO THE 523 LICENSED BED ACUTE CARE ACADEMIC MEDICAL CENTER AND LEVEL 1 TRAUMA CENTER OF LOYOLA UNIVERSITY MEDICAL CENTER ("LUMC") AND ALL NECESSARY AND ATTENDANT FACILITIES, EQUIPMENT, SITE WORK AND UTILITIES THERETO, INCLUDING THE CONSTRUCTION AND EQUIPPING OF A VASCULAR CARE CENTER EXPECTED TO CONSIST OF APPROXIMATELY 175,000 GROSS SQUARE FEET AND A NEW 1,315 SPACE PARKING GARAGE (THE "PROJECT") AND FUND WORKING CAPITAL FOR THE PROJECT

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

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).

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? 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.

Complete if the organization 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAWN MACK RN	SISTER OF OFFICER	77,395	EMPLOYED BY LUMC		No
(2) THERESA HINDLE	SISTER OF FMR KEY EMPLYEE	43,343	EMPLOYED BY LUMC		No
(3) REBECCA BARBATO MD	DAUGHTER OF FMR DIR/CEO	220,876	EMPLOYED BY LUMC		No
(4) BENJAMIN BARBATO	SON OF FORMER DIR/CEO	15,387	EMPLOYED BY LUMC		No
(5) HOWARD SANKARY MD	SPOUSE OF FORMER OFFICER	437,885	EMPLOYED BY LUMC		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	1	1,800	APPRAISAL BY AUCTION
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	3	2,095,452	MRKT VALUE GIFT DATE
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 ▶ ( )		See Add'l Data		
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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**		No
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	Return Reference	Explanation
PART I, COLUMN B		THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS" REPRESENTS THE TOTAL NUMBER OF CONTRIBUTORS AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: LOYOLA UNIVERSITY MEDICAL CENTER

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (AIRLINE TICKETS)	X	1	32,000	FMV
Other ► (TOY DONATIONS)	X	6	15,420	FMV
Other ► (MEDICAL SUPPLIES)	X	1	36,666	FMV
Other ► (2 SETS OF HEARING AIDS)	X	2	7,280	FMV
Other ► (FLATSCREEN TELEVISION)	X	1	1,735	FMV
Other ► (EPSON MULTIMEDIA PROJECTOR)	X	1	836	FMV
Other ► (SHAMPOO FOR NURSES BAGS)	X	1	263	FMV

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 1	MISSION STATEMENT	LOYOLA UNIVERSITY HEALTH SYSTEM 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 CONSTANT 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 III, LINE 4 & SCHEDULE H	PROGRAM SERVICES ACCOMPLISHMENTS	GENERAL INFORMATION AND HISTORY BASED IN THE WESTERN SUBURBS OF CHICAGO, LOYOLA UNIVERSITY MEDICAL CENTER ("LUMC") IS A QUATERNARY CARE SYSTEM WITH A 61-ACRE MAIN MEDICAL CENTER CAMPUS AND 18 PRIMARY- AND SPECIALTY-CARE FACILITIES IN COOK, WILL AND DUPAGE COUNTIES THE MEDICAL CENTER CAMPUS IS CONVENIENTLY LOCATED IN MAYWOOD, 13 MILES WEST OF THE CHICAGO LOOP AND 8 MILES EAST OF OAK BROOK, ILLINOIS THE HEART OF THE MEDICAL CENTER CAMPUS, LUMC'S HOSPITAL, IS A 569-LICENSED-BED FACILITY BESIDES THE HOSPITAL, THE FOLLOWING CLINICAL FACILITIES ARE LOCATED ON CAMPUS A LEVEL 1 TRAUMA CENTER, A BURN CENTER, THE RONALD MCDONALD CHILDREN'S HOSPITAL OF LOYOLA UNIVERSITY MEDICAL CENTER, THE CARDINAL BERNARDIN CANCER CENTER, LOYOLA OUTPATIENT CENTER, LOYOLA CENTER FOR HEART & VASCULAR MEDICINE AND LOYOLA ORAL HEALTH CENTER THE CAMPUS IS ALSO THE HOME OF LOYOLA UNIVERSITY OF CHICAGO'S STRITCH SCHOOL OF MEDICINE, THE MARCELLA NIEHOFF SCHOOL OF NURSING AND THE LOYOLA CENTER FOR FITNESS BECAUSE OF ITS CONVENIENT LOCATION, LUMC IS ACCESSIBLE TO THE MAJORITY OF THE CHICAGO (SIX-COUNTY) METROPOLITAN AREA OF 8 5 MILLION PEOPLE THE POPULATION OF LUMC' PRIMARY SERVICE AREA IS 4 1 MILLION PEOPLE AND ENCOMPASSES A NORTHWEST, CENTRAL, AND SOUTHWEST AREA AS A WELL-KNOWN AND RESPECTED TERTIARY CARE AND LEVEL I TRAUMA CENTER, THE LUMC'S HOSPITAL SERVES APPROXIMATELY 2 MILLION PEOPLE LIVING IN WESTERN COOK, DUPAGE AND WILL COUNTIES AS WELL AS THOSE FROM SURROUNDING STATES MORE THAN 100 HOSPITALS TRANSFERRED 3,667 INPATIENTS TO LUMC'S HOSPITAL LAST YEAR FOR SPECIALIZED CARE AND TREATMENT IN PARTICULAR FOR HEART DISEASE, CANCER, BURN/TRAUMA, ORGAN TRANSPLANTATION AND NEUROLOGICAL DISORDERS SOME OF THOSE 3,667 INPATIENTS WHO WERE TRANSFERRED FROM OTHER HOSPITALS, RECEIVED CHARITY CARE FROM LUMC THE PRIMARY SERVICE AREA (CENTRAL AREA), WHICH ACCOUNTS FOR 58 PERCENT OF PATIENTS SERVED AT LUMC, HAS A DIVERSE POPULATION OF ALMOST 2 MILLION AND IS MADE UP OF THE FOLLOWING CHARACTERISTICS - 13 PERCENT OF THE POPULATION IS AGE 65 OR OLDER - AVERAGE HOUSEHOLD INCOME IS $70,131 WITH 20 PERCENT OF HOUSEHOLDS OVER $100,000 AND 21 PERCENT UNDER $25,000 - HISPANICS ARE AMONG THE FASTEST-GROWING GROUP MAKING UP 33 PERCENT OF THE POPULATION - 226,069 INPATIENT DISCHARGES LAST YEAR FROM THIS AREA WITH LUMC'S HOSPITAL SERVING 6 3 PERCENT OF THESE (HIGHEST AMONG ALL HOSPITALS) LUMC'S HOSPITAL ALSO PROVIDES CRITICAL CARE TO PATIENTS FROM AS FAR AS 300 MILES AWAY WHO ARE TRANSPORTED TO THE HOSPITAL VIA AN AIR-TRANSPORT SERVICE THESE CRITICALLY INJURED OR SEVERELY ILL PATIENTS TYPICALLY RECEIVE LOYOLA'S LEVEL I TRAUMA SERVICES TO ENSURE THE PATIENT CARE SERVICES AND COMMUNITY BENEFITS ARE RESPONSIVE TO THE MISSION OUTLINED ABOVE, LUMC PERFORMS AN ONGOING ASSESSMENT OF THE NEEDS OF THE MEDICALLY UNDERSERVED POPULATION WITHIN THE COMMUNITY THAT SURROUNDS THE MAIN CAMPUS THIS ASSESSMENT INCLUDES LOOKING TO THE PRIMARY AND SECONDARY SERVICE AREAS FROM WHICH MANY OF OUR PATIENTS COME LUMC SEEKS NEW OPPORTUNITIES TO BETTER SERVE THE NEEDS OF THESE POPULATIONS AS THEIR NEEDS CHANGE AND AS ADVANCES ARE MADE IN MEDICAL CARE THE NEEDS ASSESSMENT IS PERFORMED PERIODICALLY THROUGH VARIOUS METHODS INCLUDING POPULATION PROJECTIONS BY ZIP CODE FOR LUMC' SERVICE AREAS, WHICH INVOLVES IDENTIFICATION OF THE NUMBER OF PATIENTS SERVED, INCLUDING THEIR AGE, RACE AND SEX THESE DATA ARE USED TO DETERMINE THE COMMUNITY-BENEFIT NEEDS AND TO EVALUATE BOTH EXISTING AND FUTURE PROGRAMS THAT WILL SERVE THOSE NEEDS THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) RELEASED INFORMATION ON THE STATE OF QUALITY AT AMERICA'S HOSPITALS ON ITS HOSPITAL COMPARE WEB SITE LUMC'S NUMBERS REFLECT WELL ON ITS COMMITMENT TO HIGH QUALITY CARE THE FINDINGS AT LUMC DOCUMENT OUR LEADERSHIP AND WORLD-CLASS LEVEL OF HEART CARE AS AN EXAMPLE, THE 30-DAY MORTALITY RATE AMONG HEART FAILURE PATIENTS IS 24 PERCENT LOWER THAN THE NATIONAL AVERAGE ALSO, THE LUMC RESULTS WERE SIGNIFICANTLY BETTER THAN STATE AND NATIONAL AVERAGES IN OVERALL PATIENT SATISFACTION AND IN THE PERCENTAGE OF PATIENTS WHO WOULD RECOMMEND LUMC TO FRIENDS AND FAMILY

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FORM 990, PART III, LINE 4 & SCHEDULE H CONT		COMMUNITY BENEFIT MINISTRY MINISTRY FOR THE POOR AND THE UNDERSERVED REPRESENTS THE FINAN CIAL COMMITMENT TO SEEK OUT AND SERVE THOSE WHO NEED HELP THE MOST, ESPECIALLY THE WORKING POOR, THE UNINSURED, AND THE INDIGENT THIS IS DONE WITH THE CONVICTION THAT HEALTHCARE I S A BASIC HUMAN RIGHT THE CATEGORIES USED TO CLASSIFY MINISTRY FOR THE POOR AND THE UNDER SERVED ARE AS FOLLOWS - ACTIVITIES AND PROGRAMS FOR THE POOR AND THE UNDERSERVED REPRESEN TS THE COST OF SERVICES PROVIDED FOR WHICH A PATIENT BILL IS NOT RENDERED OR FOR WHICH A F EE HAS BEEN ASSESSED WHICH RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE ON E EXAMPLE IS THE MAYWOOD FREE CLINIC OFFERS SERVICES AT NO CHARGE TO PATIENTS WHO CANNOT A FFORD TO PAY FOR THESE SERVICES - CHARITY CARE REPRESENTS THE COST OF SERVICES PROVIDED T O PATIENTS WHO CANNOT AFFORD HEALTH CARE SERVICES DUE TO INADEQUATE RESOURCES AND/OR ARE U NINSURED OR UNDERINSURED A PATIENT IS CLASSIFIED AS A CHARITY PATIENT IN ACCORDANCE WITH THE HOSPITAL'S ESTABLISHED POLICIES AND WHERE NO PAY MENT FOR SUCH SERVICES IS ANTICIPATED IN THE SPIRIT OF OUR CATHOLIC JESUIT TRADITION, LUMC IS COMMITTED TO PROVIDING HEALTH-CAR E SERVICES TO ALL PATIENTS BASED ON MEDICAL NECESSITY FOR PATIENTS WHO REQUIRE FINANCIAL ASSISTANCE OR WHO ARE EXPERIENCING TEMPORARY FINANCIAL HARDSHIP, LUMC OFFERS SEVERAL PAYME NT OPTIONS AND ALSO OFFERS CHARITY CARE OR FREE CARE - SHORT-TERM INSTALLMENT PAY MENTS - PATIENTS WITH FINANCIAL HARDSHIP MAY BE ELIGIBLE FOR A SHORT-TERM INSTALLMENT PAY MENT PLAN FOR PHY SICIAN BILLING, LUMC WILL ACCEPT INSTALLMENT PAY MENTS FOR A PERIOD OF UP TO 12 MO NTHS THE MINIMUM PAY MENT IS $25 PER MONTH PATIENTS WILL NEED TO CALL PATIENT FINANCIAL A SSISTANCE TO SET UP THIS ARRANGEMENT FOR HOSPITAL/CLINIC BILLING, LUMC WILL ACCEPT INSTAL LMENT PAY MENTS FOR A PERIOD OF UP TO 24 MONTHS THE MINIMUM PAY MENT IS $50 PER MONTH PATI ENTS WILL NEED TO CALL PATIENT FINANCIAL ASSISTANCE TO SET UP THIS ARRANGEMENT - FINANCIA L ASSISTANCE / CHARITY CARE POLICY - FREE CARE FOR MEDICALLY NECESSARY SERVICES IS GIVEN T O PATIENTS WHO EARN 200 PERCENT OR LESS OF FEDERAL POVERTY GUIDELINES MEDICALLY NECESSARY SERVICES ARE THOSE SERVICES TY PICALLY COVERED BY MEDICARE ELECTIVE SERVICES SUCH AS COSM ETIC SURGERY ARE NOT INCLUDED IN OUR CHARITY PROGRAM THOSE WHO EARN MORE THAN 200 PERCENT OF THE FEDERAL GUIDELINES MAY BE ELIGIBLE FOR A PARTIAL DISCOUNT THAT RANGES BETWEEN 50 P ERCENT AND 75 PERCENT OF THE CHARGES BOTH THE HOUSEHOLD ADJUSTED ANNUAL GROSS INCOME AND THE DOLLAR AMOUNT OF THE ACCOUNT BALANCE ARE TAKEN INTO CONSIDERATION IF THE AMOUNT DUE I S 50 PERCENT OR MORE THAN A PATIENT'S DOCUMENTED ANNUAL INCOME, 100 PERCENT OF THE BILL IS DISCOUNTED THE CHARITY PROGRAM IS BASED ON THE CURRENT FEDERAL POVERTY GUIDELINES FOR A FAMILY'S SIZE COMPARED WITH THE FAMILY'S HOUSEHOLD ADJUSTED ANNUAL GROSS INCOME FOR EXAMP LE - A PATIENT WITH AN ANNUAL GROSS INCOME UNDER $21,661 IN A SINGLE HOUSEHOLD WOULD RECE IVE A 100 PERCENT DISCOUNT - A PATIENT WITH AN ANNUAL GROSS INCOME OF $56,000 IN A HOUSEH OLD OF FOUR WOULD RECEIVE A 75 PERCENT DISCOUNT WHEN PATIENTS QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, THEY WILL RECEIVE THE APPLICABLE DISCOUNT FOR SIX MONTHS IF CARE C ONTINUES FOLLOWING THE INITIAL SIX-MONTH PERIOD, A PATIENT'S FINANCIAL SITUATION IS REASSE SSED AND UPDATED INFORMATION MUST BE PROVIDED - PATIENT FINANCIAL SERVICES - FINANCIAL CO UNSELORS ARE AVAILABLE TO WORK WITH PATIENTS IN COMPLETING A FINANCIAL EVALUATION TO DETER MINE WHAT TYPE OF ASSISTANCE MAY BE AVAILABLE THIS INCLUDES ASSESSING ELIGIBILITY FOR MED ICAID OR MEDICARE - EMERGENCY CARE - LUMC OPERATES AN EMERGENCY DEPARTMENT OPEN TO EVERY INDIVIDUAL, 24 HOURS A DAY SEVEN DAYS A WEEK, REGARDLESS OF A PATIENT'S ABILITY TO PAY DU RING FISCAL YEAR 2011, THERE WERE 51,231 EMERGENCY PATIENT VISITS SOME OF THOSE VISITS WE RE PROVIDED AS CHARITY AND UNCOMPENSATED CARE IN FISCAL YEAR 2011, EXPENDITURES OF APPROX IMATELY $12 8 MILLION (AT COST) WERE INCURRED FOR CHARITY AND UNCOMPENSATED CARE - LANGUA GE-ASSISTANT SERVICES - LUMC CONTINUES TO INCLUDE IN ITS OPERATING BUDGET PROVISIONS FOR F REE LANGUAGE-ACCESS SERVICES, INCLUDING INTERPRETATION SERVICES AND TRANSLATION OF VITAL D OCUMENTS FOR PATIENTS WITH LIMITED ENGLISH PROFICIENCY, AND PROVISION OF AMERICAN SIGN LAN GUAGE (ASL) INTERPRETERS FOR DEAF AND HARD-OF-HEARING PATIENTS IN THE PAST 12 MONTHS, LUM C HAS CARED FOR PATIENTS WHO SPEAK 49 LANGUAGES FROM AROUND THE WORLD THE HEALTH SYSTEM E MPLOYS A TOTAL OF 16 QUALIFIED MEDICAL INTERPRETERS WHO SPEAK SPANISH, POLISH, ARABIC, AND ASL, AND WE PROVIDE 24-HOUR INTERPRETING SERVICE BY PHONE, CURRENTLY USING NEARLY 15,000 MINUTES EACH MONTH LUMC IS IMPLEMENTING A SYSTEM OF REMOTE VIDEO INTERPRETING IN THE EMER GENCY DEPARTMENT (ED) SO THAT ASL INTERPRETER SERVICES CAN BE PROVIDED IMMEDIATELY UPON TH E PATIENT'S ENTRY TO THE ED LUMC'S SPANISH-, POLISH-, AND ARABIC-SPEAKING PATIENTS NOW HA VE A DIRECT INTERPRETER ACCESS LINE THIS ALLOWS T

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FORM 990, PART III, LINE 4 & SCHEDULE H CONT		HEM TO CALL LUMC VIA A DEDICATED 800 NUMBER WITH A PHONE INTERPRETER FACILITATING THEIR CA LL IN TO LUMC, THUS MAKING IT EVEN EASIER FOR THEM TO COMMUNICATE WITH LUMC STAFF WHEN THE Y ARE NOT IN A LUMC FACILITY THROUGH THE DEDICATED EFFORTS OF OUR INTERPRETER SERVICES DE PARTMENT, THIS PROGRAM HAS ENSURED EQUAL ACCESS TO MEDICAL CARE FOR THOUSANDS OF LUMC PATI ENTS IN COMPLIANCE WITH FEDERAL REGULATION, ILLINOIS LAW, AND REGULATORY REQUIREMENTS THI S COMMUNITY SERVICE WILL CONTINUE TO BE PROVIDED IN THE FUTURE AND COST LUMC ALMOST $1 8 M ILLION TO OPERATE IN FISCAL YEAR 2011 - UNPAID COST OF MEDICAID AND OTHER PUBLIC PROGRAMS REPRESENTS THE COST OF PROVIDING SERVICES TO BENEFICIARIES OF PUBLIC PROGRAMS, INCLUDING STATE MEDICAID AND INDIGENT CARE PROGRAMS, IN EXCESS OF GOVERNMENTAL AND MANAGED CARE CONT RACT PAYMENTS LUMC INCURS ADDITIONAL UNREIMBURSED COSTS OF PROVIDING SERVICES TO MEDICAID AND MEDICARE PATIENTS TOTAL HOSPITAL MEDICAID PATIENT DAYS IN FISCAL YEAR 2011 WERE 25,7 67 OUR NEONATAL INTENSIVE CARE PROGRAM, OBSTETRICS AND GYNECOLOGY PROGRAM AND OUR RONALD MCDONALD CHILDREN'S HOSPITAL ARE SIGNIFICANT PROVIDERS OF CARE TO THE MEDICAID POPULATION THESE PROGRAMS CONTINUE TO GROW IN RESPONSE TO THE DEMAND IN THE SURROUNDING COMMUNITY AS WELL AS IN OUR PERINATAL NETWORK THROUGHOUT THE STATE IN FISCAL YEAR 2011, THE FINANCIAL CONTRIBUTION IN TERMS OF THE EXCESS COST OVER REIMBURSEMENT FOR GOVERNMENT SPONSORED INDI GENT HEALTH CARE WAS $52 MILLION - MINISTRY FOR THE BROADER COMMUNITY REPRESENTS THE COST OF SERVICES PROVIDED FOR THE GENERAL BENEFIT OF THE COMMUNITIES IN WHICH LUMC OPERATES M ANY PROGRAMS ARE TARGETED TOWARD POPULATIONS THAT MAY BE POOR, BUT ALSO INCLUDE THOSE AREA S THAT MAY NEED SPECIAL HEALTH SERVICES AND SUPPORT THESE PROGRAMS ARE NOT INTENDED TO BE FINANCIALLY SELF-SUPPORTING - ACTIVITIES AND PROGRAMS FOR THE BROADER COMMUNITY REPRESEN T THE COST OF SERVICES PROVIDED FOR WHICH A PATIENT BILL IS NOT RENDERED OR FOR WHICH A FE E HAS BEEN ASSESSED WHICH RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE

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FORM 990, PART III, LINE 4 & SCHEDULE H CONT		- EDUCATION AND RESEARCH - AS DESCRIBED IN OUR MISSION STATEMENT LUMC IS COMMITTED TO THE JESUIT TRADITION OF ACADEMIC DISTINCTION AND THE VALUES OF CARE, CONCERN AND RESPECT FOR OUR STUDENTS AND EACH OTHER AS OF JUNE 30, 2011, LUMC HAD APPROXIMATELY 622 RESIDENTS AND FELLOWS INVOLVED IN ITS VARIOUS GRADUATE MEDICAL EDUCATION PROGRAMS THESE INCLUDE PROGRAMS WITHIN 50 DIFFERENT MEDICAL AND SURGICAL SPECIALTIES IN ADDITION TO PROVIDING SUPPORT FOR RESIDENT EDUCATION, LUMC ALSO PROVIDES EDUCATION WITHIN THE COMMUNITY FOR PARAMEDICAL EDUCATION AND FOR NURSING STUDENTS THE TOTAL UNREIMBURSED MEDICAL EDUCATION COSTS WERE ALMOST $29 MILLION DURING FISCAL YEAR 2011 IN FISCAL YEAR 2010, LOYOLA UNIVERSITY CHICAGO (LUC) GRADUATED THE FIRST CLASS OF ITS ONLINE PUBLIC HEALTH MASTER'S DEGREE PROGRAM THE CURRICULUM OF THIS PROGRAM FOCUSES ON ADDRESSING RACIAL AND ECONOMIC HEALTH DISPARITIES IN THE UNITED STATES THE PROGRAM, WHICH BEGAN IN 2009, IS BASED AT LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE, MAYWOOD, AND BRINGS TOGETHER A DIVERSE GROUP OF PHYSICIANS, FACULTY, MEDICAL STUDENTS AND COMMUNITY LEADERS TO ADDRESS HEALTH-CARE DISPARITIES THROUGH PUBLIC HEALTH RESEARCH, CLINICAL PRACTICE AND ADVOCACY PEDIATRIC RESIDENTS CONTINUE TO EXCEL IN THEIR PEDIATRIC BOARD EXAMINATION PASS RATE FOR THE PAST THREE YEARS, THEY HAVE ATTAINED THE DISTINCTION OF ACHIEVING THE HIGHEST BOARD PASS RATES IN CHICAGO THEY HAD THE SECOND BEST PASS RATES IN THE MIDWEST AND CAME IN AT NUMBER 11 IN THE NATION, OUT OF 192 PEDIATRIC RESIDENCY PROGRAMS THIS IS A TESTAMENT TO THE QUALITY AND COMMITMENT OF OUR PEDIATRIC RESIDENTS AND FACULTY THE COMBINED INTERNAL MEDICINE AND PEDIATRICS RESIDENCY PROGRAM'S PASS RATE FOR BOARD EXAMINATIONS HAS BEEN THE BEST IN THE COUNTRY FOR THE PAST 11 YEARS OUR FIRST-TIME PASS RATE FOR RESIDENTS TAKING THE INTERNAL MEDICINE BOARDS IS 100 PERCENT OUR FIRST-TIME PASS RATE FOR THE PEDIATRICS BOARD EXAM IS 97 PERCENT THE NATIONAL AVERAGE IS AN 85 PERCENT FIRST-TIME PASS RATE FOR INTERNAL MEDICINE AND AN 80 PERCENT FIRST-TIME PASS RATE FOR PEDIATRICS DEPARTMENT OF MEDICINE FACULTY WERE ACKNOWLEDGED FOR EXCELLENCE IN TEACHING AT THE MEDICAL RESIDENCY GRADUATION THEY ARE GOLDEN APPLE AWARD, STANLEY MARTIN COHEN, MD, HEPATOLOGY, SILVER APPLE AWARD, GREG OZARK, MD, MED/PEDS, AND BRONZE APPLE AWARD, NICHOLAS EMANUELE, MD, ENDOCRINOLOGY & METABOLISM AT HINES BAHMAN EMAMI, PROFESSOR AND CHAIR, DEPARTMENT OF RADIATION ONCOLOGY, WAS AWARDED THE "EDUCATOR OF THE YEAR" AWARD FROM THE ASSOCIATION OF RESIDENTS IN RADIATION ONCOLOGY (ARRO) LUMC NURSES KICKED OFF A CAMPAIGN TO EDUCATE PATIENTS ABOUT VARIOUS HEALTH TOPICS THROUGHOUT THE YEAR AS PART OF THIS EFFORT, NURSES ACROSS THE HEALTH SYSTEM WORE BUTTONS THAT SAID, "ASK ME ABOUT ," IN AN EFFORT TO ENGAGE PATIENTS IN A DIALOGUE ABOUT THEIR HEALTH LUMC CONTRIBUTED ALMOST $45,000 TO COORDINATE STUDENT NURSE CLINICAL EXPERIENCES WITH 23 SCHOOLS OF NURSING SUPPORT FOR CONTINUING EDUCATION OF FIRE, POLICE AND EMS PERSONNEL TOTALED $40,000 - RESEARCH - LOYOLA UNIVERSITY HEALTH SYSTEM IS THE SOLE OF MEMBER OF LUMC AND IS A NOT-FOR-PROFIT CORPORATION LOYOLA UNIVERSITY CHICAGO IS THE SOLE CORPORATE MEMBER OF LUHS THE STRITCH SCHOOL OF MEDICINE (SSOM), PART OF LOYOLA UNIVERSITY CHICAGO, RECEIVES SUBSTANTIAL FINANCIAL SUPPORT FROM LUMC THE BENEFITS TO OUR PATIENTS THROUGH CLINICAL TRIALS AND IN THE DEVELOPMENT IN LIFESAVING PROCEDURES AND THERAPIES ARE BEYOND MEASURE LUMC PROVIDED APPROXIMATELY $588,000 IN DIRECT RESEARCH SUPPORT DURING FISCAL YEAR 2011 - SUBSIDIZED HEALTH SERVICES - SUBSIDIZED HEALTH SERVICES TOTALED $4 8 MILLION COMPOSED OF $4 7 MILLION OF CLINICAL SERVICES AND $101,000 IN SUPPORT GROUPS AND SOCIAL WORK COUNSELING - CLINICAL SERVICES - LUMC ALSO PROVIDES CLINICAL SERVICES THAT MEET AN IDENTIFIED COMMUNITY NEED SUCH AS OUR TRAUMA PROGRAM, OUR BURN CLINIC, AND OUR OBSTETRICS NURSING AND NUTRITIONAL SERVICES, AMONG OTHERS IN FISCAL YEAR 2011 THE AMOUNT OF SUBSIDIZED HEALTH SERVICES PROVIDED BY LUMC WAS $4 7 MILLION IF LUMC DID NOT PROVIDE THESE SERVICES TO THE COMMUNITY IT IS POSSIBLE THAT THE SERVICES MAY BE UNAVAILABLE IN THE COMMUNITY, THAT THE COMMUNITY'S CAPACITY TO PROVIDE THE SERVICE MAY BE BELOW THE COMMUNITY'S NEED, OR THAT THE SERVICE MAY BECOME THE RESPONSIBILITY OF GOVERNMENT OR ANOTHER TAX-EXEMPT ORGANIZATION ONE EXAMPLE IS THE MAYWOOD FREE CLINIC OFFERS SERVICES AT NO CHARGE TO PATIENTS WHO CANNOT AFFORD TO PAY FOR THESE SERVICES

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FORM 990, PART III, LINE 4 & SCHEDULE H CONT		FISCAL YEAR 2011 COMMUNITY BENEFIT MINISTRY EXPENSES MINISTRY FOR THE POOR AND THE UNDERSE RVED ACTIVITIES AND PROGRAMS $ 6,576,012, CHARITY CARE $ 12,803,661, UNPAID COST OF MEDIC AID AND OTHER $ 38,252,463, TOTAL $ 57,632,136, MINISTRY FOR THE BROADER COMMUNITY ACTIVI TIES AND PROGRAMS $ 1,461,844, EDUCATION AND RESEARCH $ 29,589,320, UNPAID COST OF MEDICAR E PROGRAM $ 13,659,105, TOTAL $ 44,710,269, ---------- ---------- GRAND TOTAL $ 102,342,405 DURING FISCAL YEAR 2011, LOYOLA UNIVERSI TY MEDICAL CENTER DEVOTED $121 MILLION TO ITS COMMUNITY BENEFIT MINISTRY, SERVING 485,680 PEOPLE THROUGH 137 PROGRAMS AND SERVICES THE HOSPITAL ALSO PROVIDED A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE TO ITS PATIENTS THAT WAS REPORTED AS PROVISION FOR BAD DEBTS, WHICH WAS NOT INCLUDED IN THE AMOUNTS REPORTED ABOVE DURING FISCAL YEAR 2011, LUMC REPORTED PRO VISION FOR BAD DEBT OF 18 7 MILLION THE FOLLOWING ARE A FEW SPECIFIC EXAMPLES OF PROGRAMS AND SERVICES PROVIDED TO THE COMMUNITY - ER EXPANSION TO BETTER HANDLE PEAK TIMES - THE MULTIMILLION DOLLAR EMERGENCY DEPARTMENT RENOVATION BEGAN TO BRING IMPROVEMENTS TO BENEFIT OUR EMERGENCY PATIENTS AND OUR STAFF - BEREAVEMENT SUPPORT GROUPS - LUMC OFFERS VARIOUS TYPES OF BEREAVEMENT SUPPORT GROUPS TO PATIENTS AND FAMILY WITH MEETINGS EMPHASIZING THE L OSS OF A CHILD, LOSS OF A LOVED ONE, COPING AND DEPRESSION, AND HOLIDAY GRIEF - HEALTH FA IRS - LUMC HONORED THE 24TH NATIONAL CANCER SURVIVOR'S DAY ON JUNE 4, 2011, BY PARTNERING WITH THE LEUKEMIA & LYMPHOMA SOCIETY'S 10TH ANNUAL SURVIVORSHIP CONFERENCE AT BROOKFIELD Z OO ON JUNE 6TH AND JUNE 8TH, LUMC'S ART THERAPIST SUPERVISED A COMMUNITY ART-MAKING PROJE CT AT THE CARDINAL BERNARDIN CANCER CENTER ELMHURST PRIMARY CARE HELD A HEALTH FAIR ON JU NE 11, 2011 WHICH WAS ASSOCIATED WITH FAITH EVANGELICAL UNITED METHODIST CHURCH THE HEALT H FAIR PROVIDED FREE SCHOOL PHYSICALS, IMMUNIZATIONS, DENTAL EXAMS, OPHTHALMOLOGY EXAMS, B /P CHECKS, AND ACCUCHECKS IN COLLABORATION WITH CATHOLIC CHARITIES, LUMC PROVIDED IMMUNIZ ATIONS AT FIVE EVENTS LAST SUMMER (2011) LUMC PROVIDED FREE ADULT HEARING SCREENING TO PA TIENTS WHO WERE CONCERNED ABOUT HEARING/HEARING LOSS THEY WERE SCREENED FREE OF CHARGE AN D APPROPRIATE FOLLOW-UP RECOMMENDATIONS MADE LOYOLA CENTER FOR HEALTH AT BURR RIDGE OFFER ED FREE MELANOMA/SKIN CANCER SCREENINGS TO THE PUBLIC ON 5-20-2011 - SUPPORT GROUPS AND S OCIAL WORK COUNSELING - THROUGH OUR ONGOING COMMITMENT TO BUILD, STRENGTHEN, AND REHABILIT ATE A HEALTHIER COMMUNITY, LUMC PROVIDES SUPPORT GROUP PROGRAMS AT NO CHARGE OR AT A SUBSI DIZED RATE AS A RESULT OF THE LARGE NUMBER OF PARTICIPANTS IN THESE VARIOUS PROGRAMS, LUM C SPENT ALMOST $101,000 IN FISCAL YEAR 2011 ON STAFF COSTS, ROOM RENTALS AND SUPPLIES THE MAIN SUPPORT GROUPS ARE BURN, TRANSPLANT, CANCER, AND GRIEF THE CENTER FOR HEART & VASCU LAR MEDICINE OFFERS A MONTHLY PATIENT SUPPORT GROUP WITH EDUCATION FROM MULTI-DISCIPLINARY TEAM MEMBERS (E.G PHYSICIANS, DIETITIANS, CARDIAC REHAB, ETC) THE LINKS OF HOPE SUPPORT GROUP IS A SUPPORT GROUP FOR BURN PATIENT AND FAMILIES SURVIVORS OFFERING ASSISTANCE IN RECOVERY IS A SUPPORT GROUP FOR INDIVIDUALS WHO HAVE RECOVERED FROM BURNS, RECEIVED SPECIA LIZED TRAINING, PROVIDED PEER COUNSELING SUPPORT TO NEWLY INJURED PATIENT AND FAMILIES TH E STROKE SUPPORT GROUP PROMOTES FELLOWSHIP, SUPPORT, AND EDUCATION TO STROKE PATIENTS, FAM ILY AND FRIENDS THE CANCER CENTER SUPPORT GROUPS INCLUDE BREAST CANCER, BRAIN TUMOR, HEAD AND NECK CANCER, AND LUNG CANCER LUMC PARTICIPATED IN THE HEART WALK AND WAS PART OF THE PLANNING COMMITTEE. LUMC WAS PART OF THE PLANNING COMMITTEE AND PARTICIPATED IN WALK FOR CURE SEARCH OF CHILDREN'S CANCER LUMC HELD THE BURR RIDGE 5K RUN/WALK ON 6/11/11 PROCEED S BENEFITED RONALD MCDONALD CHILDREN'S HOSPITAL OF LOYOLA IN SUPPORT OF THE NEONATAL INTEN SIVE CARE UNIT RENOVATION LUMC PARTICIPATED IN CANCER SURVIVOR'S WEEK HELD 6/6/11 THROUGH 6/10/11 WHICH INCLUDED FREE SERVICES OFFERED TO CANCER SURVIVORS SUCH AS HAIRCUTS, MANICU RES, FACIALS, ART THERAPY, AND FITNESS CENTER VOUCHER CHANGE YOUR WEIGHT IS A PROGRAM THA T PROVIDES SUPPORT TO PEOPLE DIETING TRYING TO LOSS WEIGHT CPR CLASSES FOR ENGLISH AND SP ANISH SPEAKING INDIVIDUALS ARE HELD - PATIENT EDUCATION - THE FOLLOWING ARE SOME EXAMPLES OF PATIENT EDUCATION PROVIDED BY LUMC ILLINOIS COCHLEAR IMPLANT CLUB CHICAGO CHAPTER -PA TIENT INFORMATION/EDUCATIONAL SEMINAR 1/21/12 COCHLEAR IMPLANT FORUM - FORUM FOR PATIENTS AND PROSPECTIVE COCHLEAR IMPLANT PATIENTS 10/2011 BURR RIDGE COMMUNITY EVENT PROVIDED BY I NTERVENTIONAL CARDIOLOGIST NON-SURGICAL HEART VALVE REPLACEMENT LECTURE BURR RIDGE COMMUNI TY HEALTH LECTURE SERIES TENNIS MEDICINE, HIP REPLACEMENT SURGERY & TREATING VASCULAR DISE ASE HOUSE CALLS PROGRAM - MEMBERS OF THE LOYOLA CHILDREN'S COMMITTEE HOST EVENING LECTURES BY 2-3 LOYOLA PHYSICIANS, AT NO CHARGE, FOR INDIVIDUALS IN THE COMMUNITY LUNG TRANSPLANT TEACHING - TRANSPLANT TEACHING FOR THOSE CANDIDAT

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4 & SCHEDULE H CONT		ES THAT ARE LISTED FOR LUNG TRANSPLANT TEACHING INCLUDES ANATOMY, SURGICAL ISSUES, MEDICA TION, TREATMENT OF REJECTION, CMV ISSUES, HEALTH MAINTENANCE, DIABETES, PT/OT, AND PROCURE MENT PROCESS MAYWOOD SENIOR CENTER - MEMORY LOSS TRAINING AND STRATEGIES TO PROMOTE INDE PENDENCE PRESENTED BY SPEECH LANGUAGE PATHOLOGIST MAYWOOD SENIOR CENTER - PROGRAM ON EXERC ISES AND BEGINNING WALKING PROGRAM PRESENTED BY A PHYSICAL THERAPIST MAYWOOD SENIOR CENTER - PROGRAM ON GENERAL NUTRITION FOR ELDERLY POPULATION PRESENTED BY TWO DIETICIANS MAYWOOD SENIOR CENTER - PROGRAM ON STROKE EDUCATION, SIGNS/SYMPTOMS, RISK FACTORS, AND PREVENTION PRESENTED BY REHAB M D MEN UPLIFTING MEN - PROVIDED INFORMATION AND OPPORTUNITIES FOR PR OSTATE HEALTH AND SCREENING ON THE WEST SIDE OF CHICAGO CANCER SERVICE LINE - "FATHER'S D AY" PROSTATE HEALTH - LUMC STAFF WENT TO COMMUNITY BARBER SHOPS IN THE MAYWOOD AREA TO EDU CATE MEN REGARDING PROSTATE HEALTH AND SCREENING CANCER SERVICE LINE - "MOTHER'S DAY" BRE AST HEALTH - LUMC STAFF WENT TO COMMUNITY BEAUTY SHOPS IN THE MAYWOOD AREA TO EDUCATE WOME N REGARDING BREAST HEALTH AND SCREENING PARENTING WITH CANCER - INFORMATIONAL LECTURES WI TH QUESTION AND ANSWER SESSION FOR PARENTS DEALING WITH CANCER THEMSELVES AND HOW TO COPE WITH ISSUES OF PARENTING, IN PARTNERSHIP WITH WELLNESS HOUSE STROKE EDUCATION INCLUDE STR OKE/RELAXATION WITH CHAIR YOGA, LEISURE ACTIVITIES, STROKE REALITY FACT/FICTION, PRAYER I N THE STROKE RECOVERY PROCESS, STRESS MANAGEMENT, HEALTHY HEALING CONNECTING MIND AND BOD Y, AND THE SECRETS OF SUCCESSFUL SURVIVAL NATIONAL ORGAN AND TISSUE DONOR AWARENESS WEEK - INCREASE DONOR AWARENESS TO VISITORS AND STAFF IN THE MEDICAL CENTER 4/18/11-4/21/11 NAT IONAL KIDNEY FOUNDATION SPRING EDUCATION - PROVIDES INFORMATION FOR TRANSPLANT RECIPIENTS AND POTENTIAL ORGAN CANDIDATES 4/9/11 - VOLUNTEER SERVICES - THE FOLLOWING ARE SOME EXAMP LES OF LUMC'S VOLUNTEER SERVICES NURSES WEEK ACTIVITIES SUPPORTED LOCAL SHELTERS AND FOO D SHELTERS FOR OAK PARK AND MAYWOOD FOOD DRIVE FOR PROVISO FOOD PANTRY 11/2/11-12/16/11 SARAH'S INN TOY COLLECTION - COLLECTED AND DONATED CHILDREN'S TOYS FOR RESIDENTS OF SARAH' S IN OAK PARK ANNUAL AHA HEART WALK TO PARTICIPATE AND COLLECT PLEDGES/DONATIONS FOR THE HEART WALK HUSTLE UP THE HANCOCK - MEDICAL STAFF VOLUNTEERS RAISE MONIES FOR THE RESPIRA TORY ASSOCIATION DONATIONS LUMC DONATED APPROXIMATELY $352,000 TOWARD CHARITABLE ACTIVITI ES THIS AMOUNT INCLUDES DONATIONS TO OTHER TAX-EXEMPT ORGANIZATIONS TO FURTHER THE LUMC M ISSION

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 PATRICK KELLY AND ERIC REEVES 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 TEMPORARILY PERFORMED THE CFO FUNCTIONS MANAGEMENT DUTIES INCLUDED, BUT WERE NOT LIMITED TO, CONSULTING ON THE HIRING, FIRING, AND SUPERVISING OF PERSONNEL, PLANNING OR EXECUTING BUDGETS OR FINANCIAL OPERATIONS, AND SUPERVISING EXEMPT OPERATIONS OR UNRELATED TRADES OR BUSINESS OF THE ORGANIZATION THE NAVIGANT CONSULTANT DID NOT HAVE INDEPENDENT AUTHORITY OVER ANY DECISIONS DESCRIBED & ALL RECOMMENDATIONS REQUIRED APPROVAL BY SENIOR MANAGEMENT AND/OR THE CEO

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINES 6, 7A & 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 TO, CHANGES TO GOVERNING DOCUMENTS, PLAN OF DISSOLUTION OR LIQUIDATION AND EMPLOYEE BENEFIT CHANGES NO DIRECTORS ARE COMPENSATED FOR THEIR DIRECTOR ROLE.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B		THE FORM 990 IS PREPARED BY AN EXTERNAL ACCOUNTING FIRM, BASED ON THE INFORMATION PROVIDED BY A MULTI-DISCIPLINARY COMMITTEE OF LUMC STAFF A DETAILED SUMMARY OF THE DRAFT FORM 990 IS PRESENTED TO THE ORGANIZATION'S BOARD FINANCE & PLANNING COMMITTEE AND THE ORGANIZATION'S OFFICERS ARE PROVIDED A COPY OF THE ORGANIZATION'S DRAFT FORM 990 (INCLUDING ALL REQUIRED SCHEDULES) THE COMPLETE FORM 990 IS PROVIDED TO THE LUMC BOARD IN ELECTRONIC FORM, PRIOR TO FINALIZING AND FILING THE FORM

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 REVIEW THE DISCLOSURES. OTHER DISCLOSURES ARE REPORTED AND REVIEWED BY THE FORM 990 STEERING COMMITTEE. A DIRECTOR WITH A CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT BUT MAY NOT BE COUNTED WHEN THE BOARD OR A BOARD COMMITTEE TAKES ACTION ON A TRANSACTION RELATED TO THE CONFLICT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B		THERE WERE NO NEW SENIOR EXECUTIVES HIRED DURING THE CALENDAR YEAR 2010 IN THAT YEAR, THE COMPENSATION COMMITTEE REVIEWED AN INDEPENDENT CONSULTANT'S FINDINGS OF LUMC'S CURRENT EXECUTIVE COMPENSATION PROGRAM THE INDEPENDENT CONSULTANT'S REVIEW INCLUDED EXECUTIVE COMPENSATION DATA FROM COMPARABLY SIZED SYSTEMS AND ASPIRATE INSTITUTIONS NON-FIXED INCENTIVE COMPENSATION PAYMENTS WERE REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO DISTRIBUTION MINUTES SUPPORT THE DISCUSSION OF THESE COMPENSATION PACKAGES AND BONUS PAYMENTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		LUMC'S GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC LUMC'S CONFLICT OF INTEREST AND DISCLOSURE OF CERTAIN INTERESTS POLICIES ARE AVAILABLE TO THE PUBLIC AND LOCATED AT HTTP://WWW LOYOLAMEDICINE ORG/LEARN/ABOUTUS/ LUMC'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 WEBSITE AT HTTP://WWW LOYOLAMEDICINE ORG/NEWS/PUBLICATIONS/LUHS_ANNUAL_REPORT/INDEX C F

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	PRIOR PERIOD LUCIC ADJUSTMENT (4,112,000), UNRECOGNIZED ACTUARIAL GAIN ON PENSION PLANS AND POST RETIREMENT MEDICAL BENEFITS FY11 41,256,505, UNREALIZED GAINS ON INVESTMENTS 14,669,977, TOTAL PART XI, LINE 5 51,814,482

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICK J KELLY TITLE CHAIRMAN, BOARD OF DIRECTORS HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JORDAN M HADELMAN TITLE VICE CHAIR, BOARD OF DIRECTORS HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM T DIVANE, JR TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES C DOWDLE TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS P FITZGERALD TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL L FLAHERTY, SJ TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL J GARANZINI, SJ TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JACKIE TAYLOR HOLSTEN TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN L KEELEY, JR TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY W KNOWLES TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN C LAHEY TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HENRY S LANG TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL R LEYDEN TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CARLOS MONTOYA TITLE DIRECTOR (FROM DEC 10) HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS C ORIGITANO, MD TITLE DIRECTOR HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL R QUINLAN TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ERIC A REEVES TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM F REICHERT TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARC H SCHWARTZ TITLE DIRECTOR (FROM SEPT 10) HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT SULO, MD TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JACK A WEINBERG TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID J WILBER, MD TITLE DIRECTOR (FROM SEPT 10) HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL K WHELTON, MD, MSC TITLE PRESIDENT, CEO HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SHARON O'KEEFE TITLE PRESIDENT, LUH HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN P MORDACH TITLE SR VP, CFO & TREASURER HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES E REITER, III TITLE SR VP, GEN COUNSEL & SECRETARY HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:PATRICIA CASSIDY TITLE:SR VP STRATEGY LUHS, PRES GMH HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL J POST TITLE SR VP AMBULATORY & SYSTM SVCS HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KAREN ALEXANDER TITLE SR VP DVLPMNT & EXTRNL AFFAIRS HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JILL RAPPIS TITLE AVP, DEP GEN CNSL & ASST SECR HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAMDOUH BAKHOS, MD TITLE PROF/CHAIR, THOR/CARDIO SURG HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD L GAMELLI, MD TITLE DEAN OF STRITCH & SR VP, LUHS HOURS 30

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRUCE E LEWIS, MD TITLE PROF OF MED, CARDIO INTERV HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TERRY R LIGHT, MD TITLE PROF & CHRMN ORTHO SRG & REHAB HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GUIDO MARRA, MD TITLE ASSOC PROF, ORTHOPAEDIC SURG HOURS 2

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LOYOLA AMBULATORY CENTER LLC 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4321058	INVESTOR	IL	2,556,454	1,783,869	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611 36-1408475	EDUCATION	IL	501(C)(3)	2	NA		
(2) LOYOLA UNIVERSITY HEALTH SYSTEM 2160 S FIRST AVE MAYWOOD, IL 60153 36-3342448	HEALTHCARE	IL	501(C)(3)	11A TYPE II	NA		
(3) GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTHCARE	IL	501(C)(3)	3	LUHS		
(4) GOTTLIEB COMMUNITY HEALTH SERVICES 701 W NORTH AVENUE MELROSE PARK, IL 60160 36-3332852	HEALTH SVCS	IL	501(C)(3)	3	GOTTLIEB HSP		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LOYOLA AMB SRGY CTR SUMMIT AVE OAKBRK TR, IL60181 36-4119522	SURGICAL SERV	IL	NA	RELATED	2,556,454	1,783,869		No	0	Yes		49 000 %
(2) RML SPECIALTY HSPTL S CNTRY RD HINSDALE, IL60521 36-4113692	HEALTHCARE	IL	NA	RELATED	24,195,152	20,472,372		No	0	Yes		49 500 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) LUC INSURANCE COMPANY LTD 23 LIME TREE BAY AVE GRAND CAYMAN, CAYMAN IS KY1-1205 CJ	INSURANCE COV	CJ	NA	C CORP			
(2) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVENUE MELROSE PARK, IL60160 36-3330529	MANAGEMENT SVCS	IL	NA	C CORP			

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a 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	Yes	
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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
LOYOLA UNIVERSITY MEDICAL CENTER	GENERAL DEPRECIATION	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**	

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

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 2009 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 2011 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 2010	**17**	10,858
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 2010 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 2010 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 instructions	**22**	10,858
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, 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 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Loyola University Health System

Consolidated Financial Statements as of and for the Years Ended June 30, 2011 and 2010, Supplemental Schedules as of and for the Year Ended June 30, 2011, and Independent Auditors' Report

LOYOLA UNIVERSITY HEALTH SYSTEM

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Loyola University Health System
Maywood, Illinois

We have audited the accompanying consolidated statements of financial position of Loyola University Health System (LUHS) as of June 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended. These consolidated financial statements are the responsibility of LUHS's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of LUHS's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such consolidated financial statements present fairly, in all material respects, the consolidated financial position of Loyola University Health System as of June 30, 2011 and 2010, and the results of its operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 1, on July 1, 2011, Loyola University Chicago, LUHS's sole corporate member, completed a transaction to transfer the sole corporate membership of LUHS to Trinity Health Corporation.

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplemental consolidating information for fiscal 2011 is presented for the purpose of additional analysis and is not a required part of the basic fiscal 2011 consolidated financial statements. These schedules are the responsibility of the LUHS's management. Such schedules have been subjected to the auditing procedures applied in our audits of the basic consolidated financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the basic consolidated financial statements taken as a whole.

Deloitte & Touche LLP

September 26, 2011

LOYOLA UNIVERSITY HEALTH SYSTEM

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2011 AND 2010
(In thousands)

	2011	2010
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 98,944	$126,666
Short-term investments	30,586	28,838
Patient accounts receivable — net of allowance for uncollectible accounts of $25,404 in 2011 and $26,217 in 2010	151,485	136,987
Inventories	15,619	18,266
Estimated third-party payor settlements receivable	7,063	1,347
Other current assets	28,821	35,863
Due from Loyola University Chicago	-	568
Total current assets	332,518	348,535
ASSETS WHOSE USE IS LIMITED		
Board designated	236,876	172,648
Held by trustee	2,122	2,660
Donor and other restricted	16,541	16,748
LAND, BUILDINGS, AND EQUIPMENT — Net	441,804	423,478
OTHER ASSETS	35,614	30,906
TOTAL ASSETS	$1,065,475	$994,975
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current portion of long-term debt	$ 163,392	$ 10,867
Current portion of self-insurance reserves	45,128	27,452
Accounts payable	34,739	34,476
Accrued expenses	73,518	60,474
Estimated third-party payor settlements payable	72,320	69,877
Total current liabilities	389,097	203,146
LONG-TERM DEBT	175,908	339,229
SELF-INSURANCE RESERVES	119,316	124,978
PENSION AND POSTRETIREMENT PLAN OBLIGATIONS	66,106	140,493
OTHER LIABILITIES	56,307	20,291
Total liabilities	806,734	828,137
NET ASSETS		
Unrestricted	231,708	140,461
Temporarily restricted	20,362	19,737
Permanently restricted	6,671	6,640
Total net assets	258,741	166,838
TOTAL LIABILITIES AND NET ASSETS	$1,065,475	$994,975

See notes to consolidated financial statements

LOYOLA UNIVERSITY HEALTH SYSTEM

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2011 AND 2010
(In thousands)

	2011	2010
REVENUES		
Net patient service revenues	$ 1,021,366	$ 1,024,243
Other revenues	39,380	41,102
Total revenues	1,060,746	1,065,345
EXPENSES		
Salaries and fringe benefits	576,581	545,829
Supplies, purchased services, and other	292,451	299,168
Insurance	32,561	43,309
Academic costs and professional compensation	36,105	42,696
Illinois Healthcare and Family Services assessment	22,441	22,445
Provision for bad debts	60,106	59,225
Depreciation and amortization	44,473	45,311
Interest expense	10,040	6,958
Total expenses	1,074,758	1,064,941
OPERATING (LOSS) INCOME	(14,012)	404
TREASURY AND NONOPERATING		
Interest and dividends	3,677	3,379
Net gains on investments — realized and unrealized	37,088	14,127
Contributions	2,822	5,854
Change in unrealized gain on swap agreements	246	2,113
Other	(5,681)	(4,245)
Net treasury and nonoperating	38,152	21,228
EXCESS OF REVENUES OVER EXPENSES	24,140	21,632

(Continued)

LOYOLA UNIVERSITY HEALTH SYSTEM

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2011 AND 2010
(In thousands)

	2011	2010
UNRESTRICTED NET ASSETS		
Excess of revenues over expenses	$ 24,140	$ 21,632
Net assets released from restrictions — capital	3,069	1,328
	27,209	22,960
Retirement plan-related change other than net periodic retirement plan expense	64,038	(24,709)
Transfers to Loyola University Chicago	-	(7)
Increase (decrease) in unrestricted net assets	91,247	(1,756)
TEMPORARILY RESTRICTED NET ASSETS		
Contributions	3,905	6,807
Endowment earnings (losses)	118	(75)
Net assets released from restrictions	(3,398)	(1,684)
Increase in temporarily restricted net assets	625	5,048
INCREASE IN PERMANENTLY RESTRICTED NET ASSETS — Contributions	31	31
INCREASE IN NET ASSETS	91,903	3,323
NET ASSETS — Beginning of year	166,838	163,515
NET ASSETS — End of year	$ 258,741	$ 166,838

See notes to consolidated financial statements (Concluded)

LOYOLA UNIVERSITY HEALTH SYSTEM

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2011 AND 2010
(In thousands)

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	$ 91,903	$ 3,323
Adjustments to reconcile increase in net assets to cash provided by operating activities		
Depreciation and amortization	44,473	45,311
Net realized and unrealized gains on investments	(29,702)	(23,138)
Provision for retirement costs	27,604	27,207
Retirement plan-related change other than net periodic retirement plan expense	(64,038)	24,709
Restricted contributions and transfers to affiliates	(2,743)	(6,856)
Loss on sale of fixed assets	255	-
Provision for bad debts	60,106	59,225
Changes in assets and liabilities		
Patient accounts receivable	(74,604)	(38,544)
Inventory and other assets	5,445	(14,047)
Accounts payable, accrued expenses, and other current payables	13,307	(23,589)
Estimated third-party payor settlements	(3,273)	4,877
Self-insurance reserves	12,014	(3,715)
Pension and postretirement plan obligations	(37,953)	(24,372)
Other long-term liabilities	(1,723)	(1,456)
Net cash provided by operating activities	41,071	28,935
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(102,566)	(196,570)
Sales of investments	66,167	196,292
Purchases of land improvements, buildings, and equipment	(24,469)	(18,359)
Sale of project fund investments — net	538	735
Swap collateral repaid	(410)	2,113
Net cash used in investing activities	(60,740)	(15,789)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payment of line of credit	-	(20,000)
Payment of debt principal	(10,796)	(9,761)
Restricted contributions and transfers to affiliates	2,743	6,856
Net cash used in financing activities	(8,053)	(22,905)
NET DECREASE IN CASH AND CASH EQUIVALENTS	(27,722)	(9,759)
CASH AND CASH EQUIVALENTS — Beginning of year	126,666	136,425
CASH AND CASH EQUIVALENTS — End of year	$ 98,944	$ 126,666

See notes to consolidated financial statements

1. DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization — Loyola University Health System (LUHS) is an Illinois not-for-profit corporation, which is exempt from federal income taxes as an organization described in Section 501(c)(3) of the Internal Revenue Code

LUHS is a regional integrated health care delivery system providing a full continuum of health care services and competencies in primary care and tertiary care medicine LUHS provides services to patients in various settings, including a tertiary care hospital, a community hospital, home care and hospice services, outpatient service facilities, immediate care facilities, and primary care practice sites and includes a physician faculty group (formerly functioning within Loyola University Physician Foundation (LUPF))

Until June 30, 2011, Loyola University Chicago (the University) or (LUC) was the sole corporate member of LUHS LUHS is the sole corporate member of Loyola University Medical Center (LUMC), Gottlieb Health Resources Incorporated (GHR), Gottlieb Memorial Hospital (Gottlieb), and Loyola University of Chicago Insurance Company Ltd (LUCIC) LUMC, GHR, and Gottlieb are Illinois not-for-profit corporations exempt from federal income taxes as organizations described in Section 501(c)(3) of the Internal Revenue Code LUCIC is a for-profit Cayman Island insurance company, which provides primary and patient general liability insurance to LUMC and Gottlieb

Effective July 1, 2011, LUC and LUHS entered into a Definitive Agreement (the "Agreement") with Trinity Health Corporation ("Trinity Health") Trinity Health will replace the University as sole member of LUHS As such, Trinity Health will govern and provide oversight to all of LUHS's affiliates, including LUMC, Gottlieb and LUCIC This was approved on May 11, 2011 by the Illinois Health Facilities and Services Review Board

The University and LUMC were participants in an Affiliation and Operating Agreement (the "LUMC Affiliation Agreement") which provides for financial, operating, and shared services relationships between the entities This agreement will continue between LUC and LUHS

Principles of Consolidation — The consolidated financial statements include the accounts of LUHS, LUMC, Gottlieb, GHR, and LUCIC Intercompany transactions and account balances have been eliminated in consolidation All other investments, which are not controlled by LUHS, are accounted for using the equity method of accounting LUHS has included its equity share of income or losses from investments in unconsolidated affiliates in treasury and nonoperating results and other revenues in the consolidated statements of operations and changes in net assets

Cash and Cash Equivalents — Cash and cash equivalents include certain investments in liquid securities with original maturities of three months or less and does not include board designated or restricted cash and cash equivalents

Investments and Investment Earnings — Investments, inclusive of assets limited or restricted as to use, include equity securities, debt securities, and real estate Investments in equity and debt securities are measured at fair value in the consolidated statements of financial position The real estate investment is valued at lower of cost or market and represents land not used in current operations

Investment earnings (including equity earnings, realized and unrealized gains and losses on investments, holding gains and losses on securities, interest and dividends) are included in excess of revenue over expenses unless the income or loss is restricted by donor or law Investment earnings attributable to assets within a permanently restricted endowment arrangement are included in temporarily restricted net assets

Allowance for Doubtful Accounts — LUHS's receivables are related to providing health care services to patients Accounts receivable are reduced by an allowance for amounts that could become uncollectible in the future LUHS's estimate for its allowance for doubtful accounts is based upon management's assessment of historical and expected net collections by payor

Inventories — Inventories are valued at the lower of cost (first-in, first-out) or market value The perpetual inventories are valued using the weighted-average method

Other Current Assets — Other current assets include receivables for resident services, radiotherapy services, prepaid expenses, the current portion of pledges, insurance premiums and a Medicare Electronic Health Record incentive

Property and Equipment — Property and equipment are recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method Interest costs incurred during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets

Amounts for maintenance and repairs are charged to expense as incurred Major expenditures for improvements which are expected to increase the useful life of an item are capitalized to the appropriate asset accounts Gains and losses on sales of property and equipment are credited or charged to income The estimated useful lives for the assets are determined for the individual assets within the asset class and range from 3 to 50 years

Impairment of Long-Lived Assets — LUHS reviews its long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable Recoverability of assets to be held and used is measured by comparison of the carrying amount of an asset to future net undiscounted cash flows expected to be generated by the asset If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets

Other Assets — Other assets include the long-term portion of pledges receivable, the investments in RML Health Providers Limited Partnership (RML) and Loyola Ambulatory Surgical Center (LASCO), reinsurance recoverable, and the Medical Resident FICA refund receivable as noted in Note 14

Other Liabilities — Other liabilities include the fair value of the interest rate swap agreements, the long-term portion of reserves for workers' compensation, long-term disability, and the long-term portion of obligations under the incentive option plan

Contributions — Unconditional promises to give cash and other assets to LUHS are reported at fair value at the date the promise is received and conditional promises are reported at fair value at the date the gift is received or the condition is met The gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as contributions and in net assets as net assets released from restrictions Donor-restricted contributions that are not for capital, whose restrictions are met within the same year as received, are reported as contributions in the accompanying consolidated financial statements

Derivative Financial Instruments — LUHS utilizes interest rate swaps to hedge interest rate downside risk LUHS's policies prohibit trading in derivative financial instruments on a speculative basis

Fair Value of Financial Instruments — Financial instruments consist primarily of cash and cash equivalents, investments, accounts receivable, accounts payable, accrued expenses, estimated third-party payor settlements, and debt The fair value of financial instruments, excluding investments and long-term debt, approximates their financial statement carrying amount due to their short-term maturity

Presentation and Estimates — The accompanying consolidated financial statements have been presented in conformity with accounting principles generally accepted in the United States of America (GAAP) as recommended in the *Audit and Accounting Guide (Health Care Organizations)* published by the American Institute of Certified Public Accountants

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period As a result, actual results could differ from financial statement estimates

Tax Status — The Internal Revenue Service (IRS) has determined that LUHS, LUMC, GHR and Gottlieb qualify as a Section 501(c)(3) organizations and, therefore, are not subject to tax on related income Each entity is required to operate in conformity with the Internal Revenue Code to maintain its qualification LUHS is not aware of any course of action or series of events that have occurred that might adversely affect the qualified status

Excess of Revenue over Expenses — The consolidated statements of operations and changes in net assets include excess of revenue over expenses Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets received or gifted (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), net change in postretirement plan-related items, discontinued operations, extraordinary items and cumulative effects of changes in accounting principles

Accounting Pronouncements — In January 2010, the Financial Accounting Standards Board (FASB) issued new guidance and additional clarification related to fair value measurements and disclosures Specifically, this new guidance requires the disclosure of significant transfers in and out of Level 1 and Level 2 fair value measurements, the reasons for the transfers, and a rollforward of activity for Level 3 fair value measurements The new guidance also clarifies that an organization should provide fair value measurements for each class of assets and liabilities and the valuation techniques and inputs used to measure fair values for Level 2 and Level 3 LUHS has adopted the provisions of the new guidance as reflected in the disclosures for fiscal 2011

In August 2010, the FASB issued new guidance related to the accounting by health care entities for medical malpractice claims and their related anticipated insurance recoveries Specifically, this amendment clarifies that a health care entity should not net insurance recoveries against a related claim liability Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries This guidance is effective for LUHS in fiscal 2012 and is not expected to have a material impact on LUHS's consolidated financial statements

In August 2010, the FASB issued new guidance to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care Specifically, this guidance requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care Furthermore, this amendment requires the disclosure of the method used to identify or determine the costs This guidance is effective for LUHS in fiscal 2012 and is not expected to have a material impact on LUHS's consolidated financial statements

In July 2011, the FASB issued new guidance related to the accounting by health care entities for all or a certain portion of the amount billed or billable to patients and amounts related to deductibles and copays for which payment is highly uncertain Specifically, this guidance requires that health care entities present bad debt expense associated with net patient service revenue as an offset to net patient service revenue within the consolidated statements of operations and changes in net assets Additionally, the guidance requires enhanced disclosure of the policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts This guidance is effective for LUHS in fiscal 2013 and is not expected to have a material impact to the consolidated financial statements

Subsequent Events — LUHS has evaluated events occurring subsequent to June 30, 2011 and through September 26, 2011, the date the consolidated financial statements were available to be issued

2. NET PATIENT SERVICE REVENUES

LUMC and Gottlieb have agreements with third-party payors that provide for payments to LUHS at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, per diem payments, discounted charges, and reimbursed costs Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others, for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined

The activity of the physician faculty group is included within the net patient service revenues and is included in the accounts receivable reported in the consolidated statements of financial position These revenues are also subject to agreements with third-party payors and include payments at amounts different from the established fee schedule Services to Medicare patients are paid based upon the Resource Based Relative Value fee schedule Medicaid services are reimbursed using the Medicaid fee schedule In addition, there are different fee schedule arrangements with the various managed care payors The physician faculty group also provides care to certain patients under capitated agreements LUHS bears the risk to the extent the cost of providing the covered services exceeds the capitation payments An accrual for the incurred but not reported liability for out-of-network services has been recorded

For the year ended June 30, 2011, net patient service revenues in the consolidated statement of operations and changes in net assets include $7,500 and $3,800 in net favorable revisions to the Medicare prior-year settlements for the years ended June 30, 2010 and 2009, respectively

The health care industry is subject to numerous laws and regulations of federal, state, and local governments Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to review and interpretation, as well as regulatory actions unknown and unasserted at this time Federal government activity continues with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Management believes that LUHS is in compliance with current laws and regulations

LUMC has notified its Medicare fiscal intermediary of a proactive compliance review being conducted related to a class of inpatients who were admitted and discharged on the same day or following day (i e , inpatients with a stay of 47 hours and 59 minutes or less), when these patient claims may have been more appropriately billed as outpatient or observation services Repayments to date as well as estimated future payments resulting from this review decreased net patient service revenue in the amount of $20,784 and $771 in fiscal 2011 and 2010, respectively At June 30, 2011, there was approximately $14,400 included in estimated third-party settlements payable that was subsequently paid in September 2011

In addition to the agreements with third-party payors, LUMC and Gottlieb are dedicated to providing high-quality care to the communities they serve Patients who cannot afford to pay may receive charity care as described below Consistent with LUHS's charitable mission, patients without health insurance are provided a discount from established rates

In fiscal 2011 and 2010, LUHS recorded in net patient service revenues $34,400 and $34,369, respectively, of Hospital Access Improvement payments from the Illinois Healthcare and Family Services program LUHS recorded an expense of $22,441 and $22,445 for assessments relating to this program in fiscal 2011 and 2010, respectively These expenses are reflected in a separate line within the consolidated statements of operations and changes in net assets

LUMC and Gottlieb grant credit without collateral to its patients, most of which are local residents and are insured under third-party payor agreements The mix of net patient accounts receivable and net patient service revenues (excluding Hospital Access Improvement payments) from patients and third-party payors for fiscal 2011 and 2010, was as follows

	Accounts Receivable As of June 30,		Net Patient Service Revenues As of June 30,	
	2011	2010	2011	2010
Managed care and commercial	50 %	48 %	48 %	46 %
Medicare	29	26	33	33
Medicaid	13	13	13	12
Other	8	13	6	9
Total	100 %	100 %	100 %	100 %

It is an inherent part of LUHS's mission to provide necessary medical care free of charge, or at a discount, to individuals without insurance or other means of paying for such care As the amounts determined to qualify as charity care are not pursued for collection, they are not reported as patient

service revenues The charges foregone associated with the provision of charity care are $50,072 and $49,423 in fiscal 2011 and 2010, respectively LUHS also incurs losses related to the unreimbursed costs of providing services to Medicaid and Medicare patients

3. CASH AND INVESTMENTS AND FAIR VALUE MEASUREMENTS

Investments — Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated statements of financial position The real estate investment is valued at lower of cost or market and represents land not used in current operations Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends, and other-than-temporary investment declines) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law

Investments classified as noncurrent include long-term investments, investments held for future capital projects, real estate, and investments restricted by donors and others The LUHS Board of Directors have designated investments which include $138,153 and $94,552 at June 30, 2011 and 2010, respectively, held by LUCIC for the payment of general and professional liability claims, of which $29,628 and $27,452 are reported as short-term investments at June 30, 2011 and 2010, respectively

Cash, cash equivalents, and investments as of June 30, 2011 and 2010, include less than $1,000 in a private equity investment and consisted of the following

	June 30, 2011					
	Cash and Cash Equivalents	Equity Securities	Fixed-Income Securities	Mutual Funds	Real Estate	Total
Unrestricted	$ 98,944	$76,268	$ 33,399	$150,672	$ 7,123	$366,406
Held by trustee	-	-	2,122	-	-	2,122
Donor and other restricted	9,300	2,121	929	4,191	-	16,541
Total cash, cash equivalents, and investments	$108,244	$78,389	$ 36,450	$154,863	$ 7,123	$385,069

	June 30, 2010				
	Cash and Cash Equivalents	Equity Securities	Fixed-Income Securities	Real Estate	Total
Unrestricted	$126,666	$77,788	$116,092	$ 7,606	$328,152
Held by trustee	-	-	2,660	-	2,660
Donor and other restricted	8,890	4,686	3,172	-	16,748
Total cash, cash equivalents, and investments	$135,556	$82,474	$121,924	$ 7,606	$347,560

Return on investments for the years ended June 30, 2011 and 2010, was as follows

	2011	2010
Interest and dividend income	$ 4,276	$ 6,637
Net gains on investments	37,434	18,463
Total	$41,710	$25,100

Gains and losses are calculated using the average cost method LUHS recorded unrealized gains on investments of $26,076 and $12,638 for the years ended June 30, 2011 and 2010, respectively

The interest and dividend income and net gains on investments for the years ended June 30, 2011 and 2010, are recorded in the consolidated statements of operations and changes in net assets as follows

	2011	2010
Other revenue (LUCIC activity)	$ 641	$ 7,466
Treasury and nonoperating	40,765	17,506
Temporarily restricted net assets — endowment earnings	304	128
Total	$41,710	$25,100

Fair Value Measurements — Accounting guidance establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value LUHS uses the market approach to value its financial assets and liabilities There were no changes in valuation techniques during the year ended June 30, 2011 There were no purchases or sales of any Level 3 assets during the fiscal year The information about the financial assets and liabilities, measured at fair value on a recurring basis as of June 30, 2011 and 2010, respectively, is as follows

	June 30, 2011 Fair Value Measurement			
	Level 1	Level 2	Level 3	Total
Assets				
Fixed income				
U S Treasury securities and obligations of U S government corporations and agencies	$ -	$ 15,292	$ -	$ 15,292
U S corporate bonds	2,882	6,196	-	9,078
Non-U S corporate bonds	-	436	-	436
Asset-backed securities	-	883	-	883
Collateralized mortgage obligations	-	948	-	948
Mortgage-backed securities	-	9,490	-	9,490
Equities				
U S equity securities	67,683	-	972	68,655
Non-U S equity securities	9,642	-	-	9,642
Mutual funds				
Equity funds	38,601	22	-	38,623
Bond funds	-	113,826	-	113,826
Balanced funds	270	-	-	270
Money market funds	2,144	-	-	2,144
Cash and cash equivalents	108,244	-	-	108,244
Total cash, cash equivalents, and investments, excluding real estate and accrued interest	$229,466	$147,093	$972	$377,531
Liabilities — Interest rate swap liability	$ -	$ 8,645	$ -	$ 8,645

	June 30, 2010 Fair Value Measurement			
	Level 1	Level 2	Level 3	Total
Assets				
U S Treasury securities and obligations of U S government corporations and agencies	$ -	$ 11,504	$ -	$ 11,504
U S corporate bonds	14,933	9,156	-	24,089
Non-U S corporate bonds	-	788	-	788
Mutual funds	24,634	72,522	-	97,156
U S equity securities	50,058	-	972	51,030
Non-U S equity securities	7,349	-	-	7,349
Asset-backed securities	-	883	-	883
Collateralized mortgage obligations	-	1,183	-	1,183
Mortgage-backed securities	-	7,361	-	7,361
Cash and cash equivalents	135,556	-	-	135,556
Other	2,660	-	-	2,660
Total cash, cash equivalents, and investments, excluding real estate and accrued interest	$ 235,190	$ 103,397	$ 972	$ 339,559
Liabilities — Interest rate swap liability	$ -	$ 8,890	$ -	$ 8,890

A description of the inputs used in the valuation of assets and liabilities is summarized as follows

Level 1 — Inputs represent unadjusted quoted prices for identical assets or liabilities exchanged in active markets

Level 2 — Inputs include directly or indirectly observable inputs other than Level 1 inputs such as quoted prices for similar assets or liabilities exchanged in active or inactive markets, quoted prices for identical assets or liabilities exchanged in inactive markets, other inputs that are considered in fair value determinations of the assets or liabilities, such as interest rates and yield curves that are observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks and defaults rates, and inputs that are derived principally from or corroborated by observable market data by correlation, audited statements related to investment fund holdings, or other means

Level 3 — Inputs include unobservable inputs that cannot be corroborated by other observable market data

The Level 3 holdings consist of common stock with a non-listed energy company located in Texas and incorporated in Delaware, involved in the exploration, production and operation of oil and natural gas in California and Oklahoma

Subsequent to the affiliation with Trinity Health, $123,904 of LUMC's investments were liquidated at values approximating their June 30, 2011 carrying value and converted to cash in connection with its participation in the consolidated Trinity Health investment pool

4. PLEDGES RECEIVABLE

LUHS records unconditional promises to give when the promises are formally made by the donors Contributions which will be received in more than one year are discounted at a rate of 5% The current pledges receivable are included in other current assets and the long-term portion is included in other assets in the consolidated statements of financial position

A summary of LUHS's pledges receivable at June 30 is as follows

	2011	2010
Receivable in less than one year	$ 3,763	$ 4,659
Receivable in one to five years	1,111	4,420
Less present value discount/allowance for uncollectible pledges	(56)	(257)
	4,818	8,822
Allowance for uncollectible pledges	(150)	-
Total	$ 4,668	$ 8,822

5. LAND, BUILDINGS, AND EQUIPMENT

A summary of land, buildings, and equipment at June 30 is as follows

	2011	2010
Land and leasehold improvements	$ 44,975	$ 43,996
Buildings	604,318	558,650
Equipment	313,357	308,556
Construction in progress	4,639	7,558
Land, buildings, and equipment — gross	967,289	918,760
Accumulated depreciation	(525,485)	(495,282)
Land, buildings, and equipment — net	$ 441,804	$ 423,478

As of June 30, 2011, LUHS has capital-related commitments of approximately $11,273

Included within accounts payable are accruals for construction in progress of $665 and $19 as of June 30, 2011 and 2010, respectively Interest capitalized was $17 and $16 as of June 30, 2011 and 2010, respectively

6. LONG-TERM DEBT

A summary of LUHS's long-term debt at June 30 is as follows

	2011	2010
Illinois Finance Authority Tax Exempt Revenue Refunding Bonds, Series 2006A, due annually beginning in April 2012 through 2035, interest at a variable rate (0 08% and 0 23% at June 30, 2011 and 2010, respectively)	$ 85,145	$ 85,145
Illinois Finance Authority Tax Exempt Revenue Bonds, Series 2006B, due annually beginning in April 2025 through 2041, interest at a variable rate (0 06% and 0 21% at June 30, 2011 and 2010, respectively)	75,000	75,000
Illinois Finance Authority Tax Exempt Revenue Bonds, Series 2006C, due annually beginning in April 2025 through 2041, interest at a variable rate (0 25% and 0 45% at June 30, 2011 and 2010, respectively)	75,000	75,000
5 75% Illinois Health Facilities Authority Tax Exempt Revenue Bonds, Series 2001A, due annually beginning on July 1, 2006 through 2011, less unamortized bond discount of $0 at June 30, 2011 and $36 at June 30, 2010	2,900	5,604
5 0% to 6 0% Illinois Health Facilities Authority Tax Exempt Revenue Bonds, Series 1997A, due annually on July 1 through 2024, less unamortized bond discount of $467 at June 30, 2011 and $503 at June 30, 2010	97,633	102,103
Illinois Health Facilities Authority Tax Exempt Revenue Bonds, Series 1997B, beginning October 6, 2009, principal is due quarterly on July 1, October 1, January 1, and April 1 through March of 2012, interest is at a variable rate 6 25% at June 30, 2011 (bank bond rate), and 6 25% at June 30, 2010 (bank bond rate)	3,622	7,244
Total long-term debt	339,300	350,096
Less current portion of long-term debt	163,392	10,867
Noncurrent portion of long-term debt	$ 175,908	$ 339,229

LUHS's long-term debt is issued under a System Trust Indenture (STI) that created an Obligated Group The Obligated Group is comprised of LUHS and LUMC Gottlieb is a System Affiliate as defined under the STI but not a member of the Obligated Group Obligations issued under the STI, including bonds, bank obligations, and swaps, are secured by a pledge and grant of a security interest in the unrestricted receivables of the Obligated Group

Interest payable on the Series 2006 A, B and C (Series 2006) bonds may, at the option of the LUHS and subject to the terms and conditions of the bond indenture agreements, be converted to alternative variable rate modes or into fixed rates While the Series 2006 bonds operate in a variable rate mode, holders of the bonds have a put option that allows them to redeem the bonds prior to maturity LUHS

has an agreement with two financial institutions to remarket any bonds redeemed pursuant to the exercise of put options The Series 2006 variable rate bonds are secured by irrevocable letter of credit agreements with three commercial banks The Series 2006A agreement expires on December 19, 2013, while the Series 2006B and Series 2006C agreements expire on December 19 and 20, 2011, respectively Under these agreements, the financial institutions would make liquidity advances to LUHS in the amount necessary to purchase the variable rate demand bonds in the event the bonds are not remarketed The repayment of any liquidity advance resulting from a failed marketing of the Series 2006 bonds would not become due until the earlier of a successful remarketing of the bonds, or the expiration of the letter of credit agreement The maturity date on the Series 2006 bonds may be accelerated upon the occurrence of specified events As of June 30, 2011, the letters of credit supporting the Series 2006B and 2006C had not been renewed, accordingly, the associated debt has been reclassified to short term

During fiscal 2011 and 2010 there were no failed remarketings

In June 2008, the bond insurer for the 1997B bonds was downgraded On June 5, 2009, the bond insurer was downgraded by a second rating agency The bond insurer failed to have a permitted minimum bond insurer rating for a period of 90 consecutive days from at least one of the recognized rating agencies, causing an insurer event of default The commercial bank providing the Standby Bond Purchase Agreement executed a mandatory tender on October 6, 2009, due to the lack of a permitted minimum bond insurer rating LUHS has elected to repay the bonds quarterly through March 2012 per the term out provision of the Standby Bond Purchase Agreement that expires in March 2012

The terms of the debt agreements require LUHS to maintain compliance with various financial ratios and covenants LUHS was in compliance with the financial debt covenants as of June 30, 2011

The letter of credit agreements securing the Series 2006 bonds provide that a downgrade of the unenhanced, long-term rating of LUHS below Baa3 by Moody's Investor Services ("Moody's") would result in an event of default under each of the reimbursement agreements The current LUHS rating by Moody's is Baa3 with an outlook of positive Any downgrade below Baa3 would be an event of default and could result in a mandatory tender of the Series 2006 bonds with amounts outstanding becoming immediately due and payable

LUHS paid $6,717 and $7,450 for interest on long-term debt for the years ended June 30, 2011 and 2010, respectively Bond discount and costs incurred in connection with the issuance of bonds are deferred and amortized over the life of the related indebtedness using the bonds outstanding method

At June 30, 2011 and 2010, the carrying value of long-term debt was $339,300 and $350,096, respectively, and the fair value of long-term debt was $338,337 and $349,993, respectively The fair value of long-term debt is determined based on quoted market prices when available or discounted cash flows, using interest rates currently available to LUHS on similar borrowings

Scheduled principal repayments on long-term debt are as follows

Years Ending June 30	Amount
2012	$ 163,392
2013	7,260
2014	7,700
2015	7,880
2016	8,715
Thereafter	144,820
Total	$ 339,767

Subsequent to the June 30, 2011, the total amount of LUHS' outstanding debt has either been redeemed or defeased in conjunction with LUHS's integration with the Trinity Health treasury function

As of June 30, 2009, $20,000 was outstanding on a $20,000 unsecured bank line of credit The line of credit was entered into in October 2008 The interest rate on the line of credit was prime less 1 35% or 2% The line of credit was repaid in August 2009 This facility was allowed to expire in October 2009 and was not renewed Total interest paid on the line of credit was $142 for the year ended June 30, 2010

At June 30, 2011, LUHS had two interest rate swap agreements to offset future fluctuations in interest rates related to LUHS's variable rate debt The terms of the swap agreements are as follows (Securities Industry and Financial Markets Associates "SIFMA")

Notional Amount	Effective Date	Original Maturity	LUHS Receives	LUHS Pays
$ 125,000	May 20, 2003	20 years	63 00% of one-month LIBOR, plus 0 705%	SIFMA
85,145	December 19, 2006	28 years	61 80% of one-month LIBOR, plus 0 31%	3 528 %

The fair value of the swap agreements at June 30, 2011 and 2010, representing an unrealized loss of $8,644 and $8,890, respectively, is recorded as a component of other liabilities on the accompanying consolidated statements of financial position LUHS is required to keep certain amounts on deposit, as defined in the agreements, with the counterparty for each swap in an unrealized loss position At June 30, 2011, there is $9,300 on deposit with the counterparty and is recorded within donor and other restricted investments in the consolidated statement of financial position LUHS recorded the fair value adjustment on the swaps as a gain of $246 and $2,113 at June 30, 2011 and 2010, respectively, within the excess of revenues over expenses in the consolidated statements of operations and changes in net assets LUHS has elected to not apply hedge accounting to these agreements

The net amounts paid and received under the interest rate swap agreements increased interest expense by $1,327 for the year ended June 30, 2011 and reduced interest expense by $545 for the year ended June 30, 2010

On October 13, 2010, LUHS executed the termination of its $100,000 constant maturity swap and received a termination payment of $6,077 Accordingly, $6,077 of realized gain was recognized within gains on investments in the consolidated statement of operations for the year ended June 30, 2011

7. SELF-INSURANCE RESERVES

LUMC purchases claims-made insurance coverage from LUCIC for primary and patient general liability claims, as well as excess liability claims Effective July 1, 2010, Gottlieb has purchased claims-made insurance coverage from LUCIC for primary professional liability coverage Additional layers of professional liability insurance are available with coverage provided through other insurance carriers and various reinsurance arrangements Reinsurance recoveries receivable of $10,207 and $11,861 were recorded as other assets at June 30, 2011 and 2010, respectively

LUMC's estimated claims, including an estimate of incurred but not reported claims are discounted using a rate of 5 5% at June 30, 2011 and 2010 The amounts of the discount were $19,605 and $17,975 in 2011 and 2010, respectively These estimates are based on the loss and loss adjustment expense factors inherent in the LUMC's premium structure Independent consulting actuaries determined these factors from estimates of LUMC's expenses and available industry-wide data The reserves include estimates of future trends in claim severity and frequency Although considerable variability is inherent in such estimates, management believes that the liability for unpaid claims and related adjustment expenses is adequate based on the loss experience of LUMC The estimates are continually reviewed and adjusted as necessary with such adjustments reflected in current operations

Effective January 1, 2001, Gottlieb purchased occurrence-based professional and general insurance coverage from the Chicago Hospital Risk Pooling Program (CHRPP) On January 1, 2003, CHRPP converted to claims-made coverage Gottlieb premiums were $4,443 for fiscal 2010 At June 30, 2010, Gottlieb recorded an actuarially determined estimate for incurred but not recorded claims and discounted such estimate using a rate of 4 25% The amount of the discount was $1,328 Self-insurance liabilities for losses prior to December 31, 2001, carry reserves of $15,500 and $15,750 at June 30, 2011 and 2010, respectively

LUHS's expense related to general and professional liability was $32,561 and $43,309 for fiscal 2011 and 2010, respectively LUHS's expenses include primary and patient general liability and medical professional liability insurance provided to LUPF and its physicians prior to January 1, 2009

8. RETIREMENT PLANS

LUHS, LUMC, and Gottlieb provide retirement benefits for substantially all of their full-time employees The following summarizes these plans

Loyola University Employees' Retirement Plan and the LUMC Employee Retirement Plan (LUERP and LUMC-ERP) — LUMC employees who are at least age 21 and who work 1,000 or more hours in a calendar year are covered by LUERP, a defined benefit pension plan for several institutions, and LUMC-ERP, a defined benefit plan for LUMC employees The LUERP plan covers employees for service through March 31, 2004 The LUMC-ERP program, which provides essentially the same benefits as the LUERP program, provides coverage effective April 1, 2004 These are noncontributory pension programs LUMC expects to contribute a minimum of $22,100 to LUMC-ERP during fiscal 2012 The LUERP plan is governed by the Employee Retirement Income Security Act of 1974 (ERISA), while the LUMC-ERP plan is a Church plan as determined by the IRS and is not governed by ERISA

Gottlieb Health Resources, Inc Employees Pension Plan (GHR Plan) — Gottlieb employees who are at least age 21 and who work 1,000 or more hours within a 12-month period are covered by the GHR Plan This is a defined benefit noncontributory pension program and GHR expects to contribute $3,634 to the GHR Plan during fiscal 2012 The GHR Plan is governed by ERISA

Loyola Retirement Matched Savings Plan — LUMC employees who are covered by LUERP and/or LUMC-ERP are eligible to participate in this plan LUMC matches one-half of employees' voluntary contributions to a maximum of 2 00% of compensation LUMC's expense for fiscal 2011 and 2010 was $2,952 and $3,090, respectively

Supplemental Employee Retirement Plan — In fiscal 2008, LUHS adopted a Supplemental Employee Retirement plan to provide named executives additional, nonqualified pension benefits The plan provides for periodic contributions LUHS's expense under this plan was $1,267 and $707 for fiscal 2011 and 2010, respectively

Restoration Retirement Plan — In fiscal 2007, LUHS adopted a restoration plan to provide to named executives additional, nonqualified pension benefits The plan provides for periodic contributions LUHS's expense under this plan was $241 and $231 for fiscal 2011 and 2010, respectively

Incentive Option Plan — LUHS offered an incentive plan to certain physicians and employees Under the terms of this plan, LUHS would match up to $35 per annum for salary that was deferred under this plan Effective January 1, 2009, no additional benefits are being accrued under this plan The matching provisions continue over the three year vesting period LUHS expense was $248 and $640 for fiscal 2011 and 2010, respectively The plan assets of $1,131 and $2,243 as of June 30, 2011 and 2010, respectively, are included as donor and other restricted assets and short-term investments The $1,131 and $2,243 of liabilities as of June 30, 2011 and 2010, respectively, are reflected in accrued expenses and other liabilities

Physician Retirement Plan — In addition, all employed physicians who work 1,000 or more hours or as specified within their contract are eligible to participate in a defined contribution plan The plan provides for periodic contributions based on the salary of the employees LUMC's expense under the provisions of the plan for fiscal 2011 and 2010 was $7,084 and $6,810, respectively

Change in the projected benefit obligations and changes in plan assets for the defined benefit plans (LUERP, LUMC-ERP, GHR Plan, the Restoration Plan, and the Supplemental Employee Retirement plan) as of June 30, 2011 and 2010 and for the years then ended and the assumptions used in making these estimates are as follows

	2011	2010
Accumulated benefit obligation	$ 357,237	$ 348,352
Projected benefit obligation — beginning of year	$ (399,811)	$ (330,573)
Plan amendment	-	(164)
Service cost	(19,479)	(15,627)
Interest cost	(21,567)	(21,558)
Actuarial gain (loss)	21,344	(44,759)
Benefits paid	15,897	12,870
Projected benefit obligation — end of year	(403,616)	(399,811)
Change in plan assets		
Fair value of plan assets — beginning of year	265,164	222,672
Actual return on plan assets	54,237	30,961
Contributions	35,023	24,401
Benefits and expenses paid	(15,897)	(12,870)
Fair value of plan assets — end of year	338,527	265,164
Unfunded status — end of year	$ (65,089)	$ (134,647)
Amounts recognized in reduction in unrestricted net assets		
Net loss	$ 74,559	$ 137,354
Net prior service cost	1,751	2,339
Total	$ 76,310	$ 139,693
Components of change other than net periodic pension plan expense		
Net actuarial gain (loss) arising during the period	$ 53,783	$ (31,941)
Prior service costs arising during the period	-	(164)
Items amortized		
Prior service cost	587	583
Net actuarial loss	9,013	4,462
Total	$ 63,383	$ (27,060)
Amounts included in the consolidated statements of financial position		
Current liabilities	$ (3,031)	$ (59)
Other liabilities	(62,058)	(134,588)
Total	$ (65,089)	$ (134,647)

	2011		2010	
	LUMC Plans	GHR Plan	LUMC Plans	GHR Plan
Weighted-average assumptions				
Discount rate — benefit obligations	5 70 %	6 05 %	5 48 %	5 60 %
Discount rate — pension expense	5 48	5 60	6 84	6 25
Rate of increase in compensation levels — benefit obligations	N/A	3 50	N/A	3 50
Rate of increase in compensation levels — pension expense	3 00	3 50	3 00	3 50
Expected long-term rate of return on assets	7 80	7 80	7 80	7 80

The LUERP plan has a projected benefit obligation of $143,116 and $151,463, and a fair value of plan assets of $138,483 and $127,055 as of June 30, 2011 and 2010, respectively The LUMC-ERP plan has a projected benefit obligation of $155,686 and $140,975, and a fair value of plan assets of $108,196 and $62,493 as of June 30, 2011 and 2010, respectively The GHR Plan has a projected benefit obligation of $99,699 and $103,846, and a fair value of plan assets of $91,848 and $75,616, as of June 30, 2011 and 2010, respectively

Net periodic pension cost for fiscal 2011 and 2010 includes the following components

	2011	2010
Service cost — benefits earned during the year	$ 19,479	$ 15,627
Interest cost on projected benefit obligation	21,568	21,558
Expected return on plan assets	(21,799)	(18,143)
Net amortization and deferral	9,600	8,746
Net periodic pension cost	$ 28,848	$ 27,788

The estimated net actuarial loss and prior service cost for the plan that will be amortized from unrestricted net assets into net periodic benefit cost during fiscal 2012 are $5,400 and $587

A summary of the allocation of pension plan assets at June 30, 2011 and 2010 (measurement date), is as follows

	Target Allocation		2011		2010	
	LUMC Plans	GHR Plan	LUMC Plans	GHR Plan	LUMC Plans	GHR Plan
Equity securities	52 %	30%–60%	52 %	57 %	47 %	55 %
Fixed-income securities	44	20–60	43	43	47	45
Private investments	2	-	2	-	3	-
Real estate investments	2	-	2	-	2	-
Cash and cash equivalents	-	0–30	1	-	1	-
Total	100 %	100 %	100 %	100 %	100 %	100 %

The LUMC plans are managed in accordance with the policies established by the LUERP and LUMC-ERP Administrative and Investment Committees The investment policy includes specific guidelines for quality, asset concentration, asset mix, asset allocations, and performance expectations Management developed the estimate of the expected long-term rate of return on plan assets based upon this mix and the historical performance of plan assets

The GHR Plan is managed in accordance with the Gottlieb investment policies The investment policy includes specific guidelines for quality, asset concentration, asset mix, asset allocations, and performance expectations Management developed the estimate of the expected long-term rate of return on plan assets based upon this mix and the historical performance of plan assets

Fair Value Measurements — Accounting guidance establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value A description of the inputs used in the valuation of assets and liabilities is summarized in Note 3 LUHS (LUERP, LUMC-ERP, and GHR Plans) uses the market approach to value its retirement plan assets and liabilities, and there were no changes in valuation techniques during the year ended June 30, 2011 The information about the retirement plan assets and liabilities measured at fair value on a recurring basis as of June 30, 2011 and 2010, is as follows

	June 30, 2011 Fair Value Measurement			
	Level 1	Level 2	Level 3	Total
Assets				
Fixed-income securities				
U S Treasury securities and obligations of U S government corporations and agencies	$ -	$ 13,771	$ -	$ 13,771
Municipal/provincial bonds	-	2,947	-	2,947
U S corporate bonds	-	46,048	-	46,048
Non-U S corporate bonds	4,778	8,652	-	13,430
Asset-backed securities	-	1,060	-	1,060
Collateralized mortgage obligations	-	237	-	237
Mortgage-backed securities	-	15,092	-	15,092
Equity securities				
U S equity securities	76,214	9,099	-	85,313
Non-U S equity securities	1,105	-	-	1,105
Other equity securities	-	-	395	395
Mutual funds				
U S marketable mutual funds	2,882	51,903	-	54,785
U S marketable equity collective trusts	-	10,068	-	10,068
Non-U S marketable equity collective trusts	-	21,528	-	21,528
Fixed-income mutual funds	9,571	26,553	-	36,124
Fixed-income collective trusts	-	4,378	-	4,378
Real estate investment trust commingled funds	-	7,699	-	7,699
Private equity investments				
Private equity investments	-	-	7,015	7,015
Private real estate investments	-	-	119	119
Cash and cash equivalents	3,973	13,188	-	17,161
Total cash and investments, excluding accrued interest	$ 98,523	$ 232,223	$ 7,529	$ 338,275

	June 30, 2010 Fair Value Measurement			
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	$ 2,093	$ -	$ -	$ 2,093
Marketable equity securities	50,627	27,838	387	78,852
Commingled funds	-	146,414	-	146,414
Fixed income securities	-	23,383	8,160	31,543
Private investments	434	5,608	220	6,262
Total cash and investments, excluding accrued interest	$ 53,154	$ 203,243	$ 8,767	$ 265,164

Changes in fair value of the Level 3 investments for the years ended June 30, 2011 and 2010 are as follows

	Other Equity Securities	Private Equity Investments	Private Real Estate Investments	Total
Balance at July 1, 2009	$ 122	$ 9,690	$ 2,659	$ 12,471
Net realized gain	-	2,068	-	2,068
Net unrealized loss	(53)	(753)	(2,260)	(3,066)
Purchases	396	62	-	458
Sales	-	(2,907)	(179)	(3,086)
Transfers from Level 3	(78)	-	-	(78)
Balance at June 30, 2010	387	8,160	220	8,767
Net realized gain	-	1,410	-	1,410
Net unrealized gain (loss)	-	541	(101)	440
Purchases	8	57	-	65
Sales	-	(3,153)	-	(3,153)
Balance — June 30, 2011	$ 395	$ 7,015	$ 119	$ 7,529

Expected future benefit payments are as follows

Years Ending June 30	Amount
2012	$ 21,827
2013	19,025
2014	19,861
2015	21,056
2016	22,682
2017–2021	136,168

9. POSTRETIREMENT MEDICAL BENEFITS

LUMC participates in the defined benefit retiree health plans of the University covering eligible employees upon their retirement and provides postretirement benefits (primarily health benefits) other than pensions. Health benefits are provided subject to various cost-sharing features and are not prefunded. Effective January 1, 2001, LUMC discontinued its contributions to the cost of retiree health coverage for certain future retirees. LUMC expects to contribute $307 for covered retirees in fiscal 2012.

The significant assumptions used in the June 30, 2011 and 2010, accumulated postretirement benefit obligation include a discount rate of 5.26% and 5.16% in fiscal 2011 and 2010, respectively. A 5.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2011 and 2010.

Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A 1.00% increase in this rate would increase total service and interest cost by $35 and increase the postretirement benefit obligation by $427, and a 1.00% decrease in the rate would decrease the total service and interest cost by $30 and decrease the postretirement benefit obligation by $367.

Summary information on LUMC's plan, the amount reported in pension and postretirement plan obligations in the accompanying consolidated statements of financial position, and the net periodic postretirement benefit cost at June 30, 2011 and 2010, are as follows:

	2011	2010
Postretirement benefit obligation — beginning of year	$ 6,311	$ 5,577
Net periodic postretirement credit cost	(1,110)	(580)
Contributions	280	362
Benefits paid	(336)	(403)
Plan amendments	(1,003)	-
Postretirement plan changes other than net periodic postretirement costs	213	1,355
Postretirement benefit obligation — end of year	$ 4,355	$ 6,311
Net periodic postretirement credit cost		
Cost of benefits earned during the year	$ 82	$ 117
Interest cost on accumulated postretirement benefit obligation	233	364
Amortization of unrecognized prior service credit and net gain	(1,425)	(1,061)
Net periodic postretirement credit cost	$ (1,110)	$ (580)

The estimated net actuarial loss and prior service credit for the plan that will be amortized from unrestricted net assets into net periodic postretirement cost during fiscal 2012 are $663 and ($518), respectively.

10. NET ASSETS

LUHS has assets which are temporarily or permanently restricted by donors Temporarily restricted net assets are restricted by donors until a specified stipulation, such as a certain period of time or occurrence of some future event has occurred Permanently restricted net assets have been restricted by donors to be maintained in perpetuity At June 30, 2011 and 2010, restricted net assets are held for the following purposes

	Temporarily Restricted		Permanently Restricted	
	2011	2010	2011	2010
Health care and hospital services	$ 3,054	$ 4,653	$ 1,959	$ 1,948
Capital projects	14,768	14,106	-	-
Research	1,805	971	4,712	4,692
Indigent care	735	7	-	-
Total restricted net assets	$ 20,362	$ 19,737	$ 6,671	$ 6,640

At June 30, 2011 and 2010, the assets of LUHS designated for restricted purposes include the following

	Temporarily Restricted		Permanently Restricted	
	2011	2010	2011	2010
Investments	$ -	$ 1,219	$ 6,671	$ 6,640
Pledges receivable	4,668	8,822	-	-
Cash	15,694	9,696	-	-
Total	$ 20,362	$ 19,737	$ 6,671	$ 6,640

LUHS has certain endowment funds which are classified as permanently restricted The amounts classified include the original value of gifts contributed to a permanent donor-restricted endowment fund and the original value of subsequent gifts to a permanent donor-restricted endowment fund

LUHS uses a spending policy designed to preserve the value of the endowment in real terms and to generate a predictable stream of income to support spending LUHS manages one investment portfolio in accordance with policies established by the Board of Directors Investment earnings are allocated to the endowment net assets based upon the amount of the endowment balances included in both the temporarily and permanently restricted net assets The portion of the donor-restricted endowment funds that represent the cumulative earnings, less spending out of the fund, is classified as temporarily restricted net assets

A summary of the changes in the endowment net assets for the years ended June 30, 2011 and 2010, is as follows

	Board Designated Unrestricted	Donor Restricted Temporarily Restricted	Donor Restricted Permanently Restricted	Total
Balance — June 30, 2009	$ 1,457	$ 744	$ 6,609	$ 8,810
Contributions	-	-	31	31
Investment return	-	127	-	127
Income distributed for endowment purposes	(15)	(201)	-	(216)
Balance — June 30, 2010	1,442	670	6,640	8,752
Contributions	-	-	31	31
Investment return	81	266	-	347
Income distributed for endowment purposes	(48)	(149)	-	(197)
Balance — June 30, 2011	$ 1,475	$ 787	$ 6,671	$ 8,933

11. LEASES

LUHS has certain noncancelable operating leases for specific land, buildings, and equipment Under the terms of these agreements, LUHS has a maximum obligation of $3,874 in the event the lease for the cogeneration plant is not renewed in January 2013 and the plant is not sold The obligation may be reduced by excess proceeds from the sale of the plant

Rent paid under operating leases was $9,651 and $8,200 in fiscal 2011 and 2010, respectively

LUHS entered into a capital lease for a new outpatient medical facility during fiscal 2011 Gross assets recorded under capital leases were $37,984 and $0 as of June 30, 2011 and 2010, respectively

The future minimum lease commitments under these operating leases are as follows

Years Ending June 30	Operating Leases	Capital Leases
2012	$ 10,010	$ 2,195
2013	8,563	2,331
2014	6,624	2,506
2015	5,347	3,477
2016	2,566	3,591
Thereafter	1,380	59,476
Total	$ 34,490	73,576
Less amount representing interest		(35,581)
Present value of net minimum capital lease payments		$ 37,995

12. RELATED-PARTY TRANSACTIONS

Related-party transactions include the following

Support of University Operations — As part of the LUMC Affiliation Agreement, LUMC agreed to provide economic support to the University for the Stritch School of Medicine (SSOM) and other academic operations of the University This support includes payments received by LUMC for direct medical education reimbursement, a portion of the salaries and benefits of the SSOM faculty, support to the SSOM, other support equal to any operating deficit of the SSOM, provided that such amount shall not exceed the operating surplus of LUMC and an amount based upon a percentage of LUMC's operating performance

As a result of the integration of the physician faculty group (formerly operating within LUPF), LUMC contributed additional funds in support of the SSOM in the form of support for the operating expense of the research and education funds and support of the Dean's fund This additional support was $4,190, for the years ended June 30, 2011 and 2010

Additional funding for capital and other programmatic support is provided based upon agreement of the parties Support totaled $27,793 and $24,570 for fiscal 2011 and 2010, respectively, and is comprised of the following

	2011	2010
Direct medical education reimbursement	$ 12,087	$ 10,141
SSOM support	10,533	9,149
Dean's fund	4,190	4,190
Other programmatic support	983	1,090
Total support of SSOM	$ 27,793	$ 24,570

Shared Services Allocation — Certain service departments within LUMC and the University provide services to both entities Consistent allocation methodologies were used in fiscal 2011 and 2010 where the service continued to be provided as a shared service and included portions of human resources, information systems, housekeeping, and plant operating costs Net shared services billed to the University were $10,250 and $12,400 for fiscal 2011 and 2010, respectively, and is reported as reductions of the related expenses in the consolidated statements of operations and changes in net assets

RML Health Partners — At June 30, 2011 and 2010, LUMC owns a 49 5% interest in RML, an Illinois limited partnership that operates long-term acute care hospitals As of June 30, 2010, RML operated one long-term acute care hospital in Hinsdale, Illinois Effective July 1, 2010, LUMC sold 16 5% of its partnership interest in RML at net book value directly to an entity entering the partnership for $3,286 Additionally, effective July 1, 2010, RML assumed the operations of a long-term acute care hospital in Chicago, Illinois Effective August 1, 2010, LUMC purchased 16 5% of partnership interest in RML directly from an entity exiting the partnership for $3,294 LUMC's investment in RML of $10,957 and $9,858, as of June 30, 2011 and 2010, respectively, is recorded using the equity method Partnership excess revenue of revenue over expenses is allocated in accordance with the partnership agreement and affiliation agreement LUMC provides renal dialysis and reference laboratory services to RML The revenue for those services was $0 and $1,203 for the years ended June 30, 2011 and 2010 respectively In addition, LUMC has guaranteed 50% of the certain outstanding debt of RML LUMC's guarantee of the outstanding debt was $1,343 and $1,654 as of June 30, 2011 and 2010, respectively As of and for the years ended May 31, 2011 and 2010, condensed financial information of RML was as follows

	2011	2010
Total assets	$ 41,358	$ 33,372
Total partners' equity	25,630	19,719
Total change in partners' equity	5,911	1,324

Loyola Ambulatory Surgical Center — LUHS owns a 49% interest in LASCO, a joint venture with Surgical Care Affiliates LUHS's investment in LASCO of $1,466 and $1,473 as of June 30, 2011 and 2010, respectively, is recorded using the equity method

As of and for the years ended December 31, 2010 and 2009, condensed financial information of LASCO was as follows

	2010	2009
Total assets	$ 3,207	$ 3,628
Total liabilities	211	310
Revenues	4,927	5,200
Expenses	3,921	3,802

The investments in RML and LASCO are recorded in other assets LUHS's equity interest in the earnings of RML and LASCO totaled $1,248 and $581, respectively, in fiscal 2011 and $1,520 and $493, respectively, in fiscal 2010, and are recorded in treasury and nonoperating results and other revenues in the consolidated statements of operations and changes in net assets

13. LITIGATION

LUHS is involved in litigation and regulatory investigations arising in the course of doing business Management estimates that these matters will be resolved without material effect on its future financial position or results of operations

14. MEDICAL RESIDENT FICA REFUND

LUMC has filed claims with the IRS seeking refunds of FICA taxes previously paid on medical residents' salaries on the basis that the residents are exempt from FICA taxes under the IRS's student exception rules The IRS had historically disputed this position and not acted on the refund claims In 2009, LUMC filed suit in the United States District Court for the Northern District of Illinois against the United States to obtain these refunds under Case Number 1 09-cv-04997

In March 2010, the IRS issued IR-2010-25 announcing its administrative determination to accept the position that medical residents are exempt from FICA taxes based on the student exception for tax periods ending before April 1, 2005, when new IRS regulations went into effect In May 2010, the IRS issued Publication 4843-A, Instructions for Medical Resident FICA Refund Claims providing further guidance on the refund claim process Due to the government's concession, LUMC and the U S Department of Justice, Tax Division executed and filed a stipulation to dismiss only the portion of the case dealing with the period before the effective date of the new regulation

LUHS's fiscal 2010 consolidated financial statements include approximately $11,082 in anticipated refund of medical resident FICA taxes previously paid and expensed for periods from 1998 through March 31, 2005 At June 30, 2010, LUHS expected to receive its refund during fiscal 2011 Such refund was reported as a reduction of salaries and fringe benefits in the fiscal 2010 consolidated statement of operations and changes in net assets and as a receivable in other current assets at June 30, 2010 During the year ended June 30, 2011, LUHS did not receive payment and has concluded that payment may not be received in fiscal 2012 Accordingly, at June 30, 2011, the refund receivable is recorded in other assets on the accompanying statement of financial position At June 30, 2011 and 2010, LUHS has not recorded any income related to the interest component of the FICA refund and will recognize such interest when received

LUMC continues to pursue medical resident FICA refund claims on taxes previously paid and expensed for periods subsequent to March 31, 2005 LUMC's lawsuit for the new regulation period remains pending in the United States District Court for the Northern District of Illinois No amounts have been recorded in connection with these claims

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SUPPLEMENTAL SCHEDULES

LOYOLA UNIVERSITY HEALTH SYSTEM

SUPPLEMENTAL SCHEDULE — CONSOLIDATING STATEMENT OF FINANCIAL POSITION INFORMATION
JUNE 30, 2011 (WITH COMPARATIVE CONSOLIDATED BALANCES AS OF JUNE 30, 2010)
(In thousands)

	LUMC	LUHS (1)	LUCIC	Gottlieb	Reclasses/ Eliminations	Consolidated 2011	Consolidated 2010
ASSETS							
CURRENT ASSETS							
Cash and cash equivalents	$ 55,690	$ 43	$ 3,080	$ 40,131	$ -	$ 98,944	$126,666
Short-term investments	958	-	-	-	29,628	30,586	28,838
Patient accounts receivable — net of allowance for uncollectible accounts	138,699	-	-	12,786	-	151,485	136,987
Inventories	12,860	-	-	2,759	-	15,619	18,266
Due from related parties	39,942	-	-	-	(39,942)	-	-
Estimated third-party payor settlements receivable	7,063	-	-	-	-	7,063	1,347
Other current assets	26,241	-	2,611	4,205	(4,236)	28,821	35,863
Due from Loyola University Chicago	-	-	-	-	-	-	568
Total current assets	281,453	43	5,691	59,881	(14,550)	332,518	348,535
INVESTMENTS							
Board designated	128,351	-	138,153	-	(29,628)	236,876	172,648
Held by trustee	2,122	-	-	-	-	2,122	2,660
Donor and other restricted	16,541	-	-	-	-	16,541	16,748
LAND, BUILDINGS, AND EQUIPMENT — Net	376,352	8,364	-	57,088	-	441,804	423,478
OTHER ASSETS	24,831	720	10,207	560	(704)	35,614	30,906
TOTAL ASSETS	$829,650	$ 9,127	$154,051	$117,529	$(44,882)	$1,065,475	$994,975
LIABILITIES AND NET ASSETS							
CURRENT LIABILITIES							
Current portion of long-term debt	$163,392	$ -	$ -	$ -	$ -	$ 163,392	$ 10,867
Current portion of self-insurance reserves	1,563	-	-	15,500	28,065	45,128	27,452
Accounts payable	27,868	2	-	8,529	(1,660)	34,739	34,476
Accrued expenses	63,901	184	58	10,388	(1,013)	73,518	60,474
Estimated third-party payor settlements payable	54,271	-	-	18,049	-	72,320	69,877
Due to related parties	-	21,244	-	-	(21,244)	-	-
Total current liabilities	310,995	21,430	58	52,466	4,148	389,097	203,146
LONG-TERM DEBT	175,908	-	-	-	-	175,908	339,229
SELF-INSURANCE RESERVES	11,999	-	134,780	2,165	(29,628)	119,316	124,978
RETROSPECTIVE PREMIUM ADJUSTMENT	-	-	18,698	-	(18,698)	-	-
PENSION AND POSTRETIREMENT PLAN OBLIGATIONS	58,254	-	-	7,852	-	66,106	140,493
OTHER LIABILITIES	56,122	185	-	-	-	56,307	20,291
Total liabilities	613,278	21,615	153,536	62,483	(44,178)	806,734	828,137
NET ASSETS							
Unrestricted	189,414	(12,488)	515	54,971	(704)	231,708	140,461
Temporarily restricted	20,287	-	-	75	-	20,362	19,737
Permanently restricted	6,671	-	-	-	-	6,671	6,640
Total net assets	216,372	(12,488)	515	55,046	(704)	258,741	166,838
TOTAL LIABILITIES AND NET ASSETS	$829,650	$ 9,127	$154,051	$117,529	$(44,882)	$1,065,475	$994,975

(1) The primary financial statements of LUHS are the consolidated financial statements. The amounts reflected in the consolidating schedules for LUHS are the financial position and results of operations of the parent company and do not reflect the parent's interest in controlled entities.

LOYOLA UNIVERSITY HEALTH SYSTEM

SUPPLEMENTAL SCHEDULE — CONSOLIDATING STATEMENT OF OPERATIONS INFORMATION YEAR ENDED JUNE 30, 2011 (WITH COMPARATIVE CONSOLIDATED AMOUNTS FOR THE YEAR ENDED JUNE 30, 2010)
(In thousands)

	LUMC	LUHS (1)	LUCIC	Gottlieb	Reclasses/ Eliminations	Consolidated 2011	Consolidated 2010
REVENUES							
Net patient service revenues	$894.908	$ -	$ -	$126.458	$ -	$1.021.366	$1.024.243
Other revenues	24.645	3.886	31.888	10.932	(31.971)	39.380	41.102
Total revenues	919.553	3.886	31.888	137.390	(31.971)	1.060.746	1.065.345
EXPENSES							
Salaries and fringe benefits	502.675	-	-	73.906	-	576.581	545.829
Supplies, purchased services, and other	248.926	2.955	-	40.997	(427)	292.451	299.168
Insurance	17.895	-	43.541	2.218	(31.093)	32.561	43.309
Academic costs and professional compensation	31.551	-	-	4.554	-	36.105	42.696
Illinois Healthcare and Family Services assessment	19.094	-	-	3.347	-	22.441	22.445
Provision for bad debts	52.373	-	-	7.733	-	60.106	59.225
Depreciation and amortization	35.976	361	-	8.136	-	44.473	45.311
Interest expense	10.040	367	-	-	(367)	10.040	6.958
Total expenses	918.530	3.683	43.541	140.891	(31.887)	1.074.758	1.064.941
OPERATING INCOME (LOSS)	1.023	203	(11.653)	(3.501)	(84)	(14.012)	404
TREASURY AND NONOPERATING							
Interest and dividends	3.991	-	-	53	(367)	3.677	3.379
Net gains on investments — realized and unrealized	24.983	-	11.653	1	451	37.088	14.127
Contributions	2.526	-	-	296	-	2.822	5.854
Change in unrealized gain on swap agreement	246	-	-	-	-	246	2.113
Other	(5.681)	-	-	-	-	(5.681)	(4.245)
Net treasury and nonoperating	26.065	-	11.653	350	84	38.152	21.228
EXCESS OF REVENUES OVER EXPENSES	$ 27.088	$ 203	$ -	$ (3.151)	$ -	$ 24.140	$ 21.632

(1) The primary financial statements of LUHS are the consolidated financial statements. The amounts reflected in the consolidating schedules for LUHS are the financial position and results of operations of the parent company and do not reflect the parent's interest in controlled entities.

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: LOYOLA UNIVERSITY MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK J KELLY CHAIRMAN, BOARD OF DIRECTORS	30	X						0	0	0
JORDAN M HADELMAN VICE CHAIR, BOARD OF DIRECTORS	20	X						0	0	0
WILLIAM T DIVANE JR DIRECTOR	20	X						0	0	0
JAMES C DOWDLE DIRECTOR	20	X						0	0	0
THOMAS P FITZGERALD DIRECTOR	20	X						0	0	0
DANIEL L FLAHERTY SJ DIRECTOR	20	X						0	0	0
MICHAEL J GARANZINI SJ DIRECTOR	20	X						0	0	0
JACKIE TAYLOR HOLSTEN DIRECTOR	20	X						0	0	0
JOHN L KEELEY JR DIRECTOR	20	X						0	0	0
NANCY W KNOWLES DIRECTOR	20	X						0	0	0
JOHN C LAHEY DIRECTOR	20	X						0	0	0
HENRY S LANG DIRECTOR	20	X						0	0	0
MICHAEL R LEYDEN DIRECTOR	20	X						0	0	0
CARLOS MONTOYA DIRECTOR (FROM DEC 10)	20	X						0	0	0
THOMAS C ORIGITANO MD DIRECTOR	350	X						516,129	126,000	38,316
MICHAEL R QUINLAN DIRECTOR	20	X						0	0	0
ERIC A REEVES DIRECTOR	20	X						0	0	0
WILLIAM F REICHERT DIRECTOR	20	X						0	0	0
MARC H SCHWARTZ DIRECTOR (FROM SEPT 10)	20	X						0	0	0
ROBERT SULO MD DIRECTOR	400	X						323,089	0	37,300
JACK A WEINBERG DIRECTOR	20	X						0	0	0
DAVID J WILBER MD DIRECTOR (FROM SEPT 10)	350	X						538,228	103,000	27,754
PAUL K WHELTON MD MSC PRESIDENT, CEO	400	X		X				928,737	0	415,488
SHARON O'KEEFE PRESIDENT, LUH	400			X				650,753	0	120,334
JOHN P MORDACH SR VP, CFO & TREASURER	400			X				533,041	0	64,385

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES E REITER III SR VP, GEN COUNSEL & SECRETARY	40 0			X				538,439	0	166,514
PATRICIA CASSIDY SR VP STRATEGY LUHS, PRES GMH	32 0			X				260,552	202,867	142,689
DANIEL J POST SR VP AMBULATORY & SYSTM SVCS	40 0			X				551,726	0	119,336
KAREN ALEXANDER SR VP DVLPMNT & EXTRNL AFFAIRS	40 0			X				353,656	0	57,623
JILL RAPPIS AVP, DEP GEN CNSL & ASST SECR	30 0			X				159,251	68,505	58,622
MAMDOUH BAKHOS MD PROF/CHAIR, THOR/CARDIO SURG	35 0					X		1,066,355	0	27,164
RICHARD L GAMELLI MD DEAN OF STRITCH & SR VP, LUHS	10 0					X		542,480	496,500	34,569
BRUCE E LEWIS MD PROF OF MED, CARDIO INTERV	38 0					X		787,887	0	38,316
TERRY R LIGHT MD PROF & CHRMN ORTHO SRG & REHAB	35 0					X		613,433	138,100	38,054
GUIDO MARRA MD ASSOC PROF, ORTHOPAEDIC SURG	38 0					X		751,936	0	38,054
ANTHONY L BARBATO MD FORMER PRESIDENT EMERITUS	0 0						X	208,175	0	1,807
ELIZABETH FRYE MD FMR SR VP (THROUGH 2008)	10 0						X	154,122	0	8,508
MICHAEL SCHEER FMR SR VP, CFO(THROUGH MAR 09)	0 0						X	556,213	1,000	9,730
WILLIAM CANNON MD CHIEF OF STAFF (FMR KE)	40 0						X	405,080	0	35,919
PAULA HINDLE VP, CHIEF NURSE EXEC (FMR KE)	40 0						X	352,597	0	73,054
ARTHUR KRUMREY VP, CHIEF INFO OFFICR (FMR KE)	40 0						X	411,320	0	138,323