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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization LOMA LINDA UNIVERSITY		D Employer identification number 95-1816009
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 11145 ANDERSON STREET NO 205	Room/suite	E Telephone number (909) 558-4515
	City or town, state or province, country, and ZIP or foreign postal code LOMA LINDA, CA 92350		G Gross receipts \$ 1,485,665,784
	F Name and address of principal officer RICHARD H HART 11175 CAMPUS ST STE 11006 LOMA LINDA, CA 92354		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: WWW.LLU.EDU		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
		H(c) Group exemption number 1071	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation 1910
			M State of legal domicile CA

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities EDUCATING ETHICAL AND PROFICIENT CHRISTIAN HEALTH PROFESSIONALS AND SCHOLARS THROUGH INSTRUCTION, EXAMPLE, AND THE PURSUIT OF TRUTH,EXPANDING KNOWLEDGE THROUGH RESEARCH IN THE BIOLOGICAL, BEHAVIORAL, PHYSICAL, AND ENVIRONMENTAL SCIENCES AND APPLYING THIS KNOWLEDGE TO HEALTH AND DISEASE, PROVIDING COMPREHENSIVE, COMPETENT, AND COMPASSIONATE HEALTH CARE FOR THE WHOLE PERSON THROUGH FACULTY, STUDENTS, AND ALUMNI		
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	21	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20	
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3,433	
6 Total number of volunteers (estimate if necessary)	6	30	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	563,999	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-169,929	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	57,005,318	52,621,086
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	179,545,366	188,351,772
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,599,194	29,040,553
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,604,073	29,064,774
		293,753,951	299,078,185
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,784,945	13,639,151
	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)	151,681,743	160,555,074
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 2,831,888		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	93,392,438	90,646,266
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	254,859,126	264,840,491
	19 Revenue less expenses Subtract line 18 from line 12	38,894,825	34,237,694
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		1,094,145,328	1,210,941,136
21 Total liabilities (Part X, line 26)		498,144,820	552,776,592
22 Net assets or fund balances Subtract line 21 from line 20		596,000,508	658,164,544

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	*****		2015-05-13			
	Signature of officer		Date			
Paid Preparer Use Only	RODNEY NEAL SVP-FINANCIAL ADMINISTRATION					
	Type or print name and title					
	Prnt/Type preparer's name TRACY S PAGLIA		Preparer's signature	Date	Check ☐ if self-employed	PTIN P00366884
	Firm's name MOSS ADAMS LLP				Firm's EIN 91-0189318	
	Firm's address 3121 W MARCH LN STE 100 STOCKTON, CA 952192367				Phone no (209) 955-6100	
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 or note to any line in this Part III

☐

1

Briefly describe the organization's mission

LOMA LINDA UNIVERSITY, A SEVENTH-DAY ADVENTIST CHRISTIAN HEALTH SCIENCES INSTITUTION, SEEKS TO FURTHER THE HEALING AND TEACHING MINISTRY OF JESUS CHRIST "TO MAKE MAN WHOLE" BY - EDUCATING ETHICAL AND PROFICIENT CHRISTIAN HEALTH PROFESSIONALS AND SCHOLARS THROUGH INSTRUCTION, EXAMPLE, AND THE PURSUIT OF TRUTH,- EXPANDING KNOWLEDGE THROUGH RESEARCH IN THE BIOLOGICAL, BEHAVIORAL, PHYSICAL, AND ENVIRONMENTAL SCIENCES AND APPLYING THIS KNOWLEDGE TO HEALTH AND DISEASE,- PROVIDING COMPREHENSIVE, COMPETENT, AND COMPASSIONATE HEALTH CARE FOR THE WHOLE PERSON THROUGH FACULTY, STUDENTS, AND ALUMNI

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 34,000,113 including grants of \$ 4,597,278) (Revenue \$ 45,205,985)

LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE OPENED IN 1909 IT HAS BEEN ACCREDITED SINCE THE 1920S AND IS A MEMBER OF THE AMERICAN ASSOCIATION OF MEDICAL SCHOOLS THE SCHOOL TRAINS SKILLED MEDICAL PROFESSIONALS WITH A COMMITMENT TO CHRISTIAN SERVICE AND MORE THAN 750 OF THE 10,000 GRADUATES HAVE SPENT A YEAR OR MORE IN OVERSEAS MISSION SERVICE MOST MEDICAL STUDENTS PARTICIPATE IN PROGRAMS THAT DELIVER MEDICAL CARE TO LOWER INCOME PEOPLE WHO HAVE LITTLE ACCESS TO BASIC MEDICAL CARE ONE QUARTER OF THE PHYSICIANS IN CALIFORNIA'S "INLAND EMPIRE" ARE GRADUATES OF THE SCHOOL OF MEDICINE DURING THE YEAR THE SCHOOL AWARDED THE FOLLOWING DEGREES MD 172, PHD 12, MS 6, BS 2

4b

(Code) (Expenses \$ 60,220,409 including grants of \$ 708,589) (Revenue \$ 69,878,717)

THE SCHOOL OF DENTISTRY TRAINS STUDENTS IN THE DENTAL SCIENCES TO SERVE IN VARIOUS SETTINGS THROUGHOUT THE WORLD DURING THE ACADEMIC YEAR 2013-2014 STUDENTS RECEIVED DEGREES IN DENTISTRY, DENTAL HYGIENE AND THE INTERNATIONAL DENTIST PROGRAM AND EIGHT POST GRADUATE PROGRAMS MORE THAN 5,000 PEOPLE RECEIVED TREATMENT THROUGH THE SERVICE LEARNING INTERNATIONAL PROGRAM FROM MORE THAN 90 STUDENTS THERE WERE MORE THAN 125,000 PATIENT VISITS IN VARIOUS CLINICS WHERE STUDENTS HONE THEIR CLINICAL SKILLS AND PREPARE FOR BOARD EXAMINATIONS STUDENTS ALSO VOLUNTEER FOR SERVICE IN MOBILE CLINICS, HEALTH FAIRS, AND COMMUNITY CLINICS DENTAL FACULTY ARE ACTIVE IN ADVANCING KNOWLEDGE THROUGH INTERNATIONAL LECTURES AND IN SUPERVISING STUDENTS IN THE SERVICE LEARNING INTERNATIONAL PROGRAM

4c

(Code) (Expenses \$ 21,580,667 including grants of \$ 576,527) (Revenue \$ 29,036,430)

SCHOOL OF ALLIED HEALTH PROFESSIONS PREPARES GRADUATES TO BE EMPLOYEES OF CHOICE FOR PREMIER ORGANIZATIONS AROUND THE WORLD BY PROVIDING THEM WITH PRACTICAL LEARNING EXPERIENCES THROUGH PARTNERSHIPS WITH THOSE OPEN TO SHARING OUR VISION SINCE 1966 THE SCHOOL HAS BEEN TRAINING HIGHLY SKILLED AND DEDICATED HEALTH CARE PROFESSIONALS IN MANY FIELDS WHATEVER THEIR SPECIALTY, GRADUATES ENJOY JOB SECURITY, GOOD PAYING WAGES, AND THE PLEASURES OF A PERSONALLY REWARDING CAREER THE SCHOOL OFFERS OVER FIFTY SPECIALIZED HEALTH CARE DEGREE OPTIONS IN THE FIELDS OF CARDIOPULMONARY SCIENCES, CLINICAL LABORATORY SCIENCES, COMMUNICATION SCIENCES AND DISORDERS, HEALTH INFOMATICS AND INFORMATION MANAGEMENT, NUTRITION AND DIETETICS, OCCUPATIONAL THERAPY, ORTHOTICS AND PROSTHETICS, PHYSICAL THERAPY, PHYSICIAN ASSISTANT SCIENCES, AND RADIATION TECHNOLOGY DURING THE YEAR THE SCHOOL AWARDED THE FOLLOWING DEGREES CERT/POST SECOND-54, ASSOCIATE-81, BACCALAUREATE-110, MASTER-129, DOCTORAL-92

(Code) (Expenses \$ 108,308,837 including grants of \$ 7,756,757) (Revenue \$ 44,230,640)

LLU ALSO OPERATES SCHOOLS OF BEHAVIORAL HEALTH, NURSING, PUBLIC HEALTH, PHARMACY AND RELIGION OUR INTEGRATED FOUNDATION DIVISION MANAGES OUR TRUST AND ENDOWMENT PORTFOLIOS, AND REAL ESTATES AND RETAIL SERVICES (SUCH AS THE BOOK STORE AND MARKET) SUPPORTING SERVICES OPERATED BY LLU INCLUDE STUDENT SERVICES ACADEMIC AFFAIRS, ATHLETIC FACILITIES, FOOD SERVICES, GENERAL AND FINANCIAL ADMINISTRATION, INFORMATION SYSTEMS, CO-GENERATION FACILITY AND MAINTENANCE

4d

Other program services (Describe in Schedule O)

(Expenses \$ 108,308,837 including grants of \$ 7,756,757) (Revenue \$ 44,230,640)

4e

Total program service expenses ▶ 224,110,026

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 instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
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 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	964	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	3,433
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		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 as charitable contributions?		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	No
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	No
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? <i>If "No," provide an explanation in Schedule O.</i>		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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶RODNEY NEAL 11145 ANDERSON STREET BC 205 LOMA LINDA, CA 92350 (909) 558-4543

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

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** key employees, if any See instructions for definition of "key employee "

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

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,715,174	2,635,564	611,636

2 Total number of individuals (including but not limited to those listed in the table) who received more than \$100,000 of reportable compensation from the organization: 245

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LLUAHSC DEPT OF RISK MANAGEMENT 101 E REDLANDS BLVD SAN BERNARDINO CA 92408	SELF-INSURANCE SERVICES	23,205,567
FACULTY PHYSICIANS & SURGEONS OF LLUSM 11175 CAMPS STREET LOMA LINDA CA 92354	HEALTHCARE SERVICES	5,686,903
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON ST LOMA LINDA CA 92354	HEALTHCARE SERVICES	2,064,692
LOMA LINDA UNIVERSITY HEALTH CARE 11175 CAMPS STREET LOMA LINDA CA 92354	HEALTHCARE SERVICES	1,875,906
LLU ADVENTIST HEALTH SCIENCES CENTER 11175 CAMPS STREET LOMA LINDA CA 92354	EXECUTIVE SERVICES	1,848,979

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶70

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	8,016,628			
	e	Government grants (contributions) 1e	18,439,633			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	26,164,825			
	g	Noncash contributions included in lines 1a-1f \$	597,529			
	h	Total. Add lines 1a-1f	52,621,086			
Program Service Revenue	2a	TUITION AND FEES	Business Code 611600	153,236,083	153,236,083	
	b	CLINIC INCOME	621400	22,716,113	22,716,113	
	c	RESEARCH CONTRACT	541700	11,472,273	11,472,273	
	d	STUDENT LOAN INTEREST	611600	927,303	927,303	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	188,351,772			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	22,176,015		-213,930	22,389,945
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 7,678,235	(ii) Personal		
	b	Less rental expenses	8,230,062			
	c	Rental income or (loss)	-551,827			
	d	Net rental income or (loss)	-551,827			-551,827
	7a	Gross amount from sales of assets other than inventory	(i) Securities 1,177,240,000	(ii) Other		
	b	Less cost or other basis and sales expenses	1,170,375,462			
	c	Gain or (loss)	6,864,538			
	d	Net gain or (loss)	6,864,538			6,864,538
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory		217,580	735,260	-517,680
		Miscellaneous Revenue	Business Code			
	11a	POWER PLANT	221000	11,675,610		11,675,610
	b	INDEPENDENT OPERATIONS	445100	9,378,917	42,669	9,336,248
	c	INSURANCE REFUND	900099	1,724,522		1,724,522
	d	All other revenue		6,619,972		6,619,972
	e	Total. Add lines 11a-11d		29,399,021		
	12	Total revenue. See Instructions		299,078,185	188,351,772	563,999
					57,541,328	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,798,545	2,798,545		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	10,840,606	10,840,606		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,386,588	1,462,624	923,964	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	105,655	105,655		
7	Other salaries and wages.	118,921,337	108,098,685	10,822,652	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	9,724,917	8,784,518	940,399	
9	Other employee benefits.	21,755,643	19,651,872	2,103,771	
10	Payroll taxes.	7,660,934	6,920,122	740,812	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	773,567		773,567	
c	Accounting.	130,992		130,992	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	11,596		11,596	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	17,384,812	6,262,696	8,290,228	2,831,888
12	Advertising and promotion.	638,410	579,524	58,886	
13	Office expenses.	11,479,131	10,027,730	1,451,401	
14	Information technology.	2,333,054	1,869,433	463,621	
15	Royalties.				
16	Occupancy.	14,774,458	10,947,619	3,826,839	
17	Travel.	3,900,680	3,612,474	288,206	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,042,983	959,595	83,388	
20	Interest.	4,188,182	1,792,609	2,395,573	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	17,052,204	12,916,644	4,135,560	
23	Insurance.	387,176	33,794	353,382	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	CLINIC & RESEARCH SUPPL	11,951,077	11,847,337	103,740	
b	RESEARCH SUBCONTRACTORS	3,630,078	3,630,078		
c					
d					
e	All other expenses.	967,866	967,866		
25	Total functional expenses. Add lines 1 through 24e.	264,840,491	224,110,026	37,898,577	2,831,888
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,224,931	1	146,574
	2	Savings and temporary cash investments		10,438,878	2	8,289,612
	3	Pledges and grants receivable, net		1,910,797	3	1,530,460
	4	Accounts receivable, net		27,031,668	4	32,172,565
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		2,867,549	8	2,702,481
	9	Prepaid expenses and deferred charges		8,089,843	9	11,526,309
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a685,787,954			
	b	Less: accumulated depreciation	10b252,338,760	355,475,269	10c	433,449,194
	11	Investments—publicly traded securities		337,534,638	11	370,024,464
	12	Investments—other securities. See Part IV, line 11.		95,204,620	12	92,511,716
	13	Investments—program-related. See Part IV, line 11.		41,268,891	13	46,295,137
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		213,098,244	15	212,292,624
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,094,145,328	16	1,210,941,136
Liabilities	17	Accounts payable and accrued expenses		48,437,094	17	58,968,294
	18	Grants payable			18	
	19	Deferred revenue		23,474,363	19	29,899,736
	20	Tax-exempt bond liabilities		32,800,000	20	32,050,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties		28,253,853	23	19,991,837
	24	Unsecured notes and loans payable to unrelated third parties		23,833,333	24	22,833,334
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		341,346,177	25	389,033,391
	26	Total liabilities. Add lines 17 through 25.		498,144,820	26	552,776,592
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		223,534,300	27	242,333,883
	28	Temporarily restricted net assets		197,825,491	28	207,514,187
	29	Permanently restricted net assets		174,640,717	29	208,316,474
	Organizations that do not follow SFAS 117 (ASC 958), 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		596,000,508	33	658,164,544
	34	Total liabilities and net assets/fund balances		1,094,145,328	34	1,210,941,136

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	299,078,185
2	Total expenses (must equal Part IX, column (A), line 25)	2	264,840,491
3	Revenue less expenses Subtract line 2 from line 1	3	34,237,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	596,000,508
5	Net unrealized gains (losses) on investments	5	27,926,342
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	658,164,544

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b	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

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

[illegible]

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization LOMA LINDA UNIVERSITY	Employer identification number 95-1816009
---	--

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)

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

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

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

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

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)

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

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)

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

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)

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

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

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)

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

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	64,858,673	71,504,563	49,431,500	57,005,318	52,621,086	295,421,140
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	64,858,673	71,504,563	49,431,500	57,005,318	52,621,086	295,421,140
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						295,421,140

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	64,858,673	71,504,563	49,431,500	57,005,318	52,621,086	295,421,140
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,871,016	7,359,723	24,621,139	30,912,345	30,068,180	126,832,403
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)	57,070,362	47,166,541	43,992,376	41,446,006	36,299,261	225,974,546
11 Total support (Add lines 7 through 10)						648,228,089
12 Gross receipts from related activities, etc (see instructions)					12	842,188,121
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 2013 (line 6, column (f) divided by line 11, column (f))	14	45 570 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	43 960 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2009 AMOUNT \$ 43,707,993 2010 AMOUNT \$ 34,143,897 2011 AMOUNT \$ 34,702,740 2012 AMOUNT \$ 32,761,994 2013 AMOUNT \$ 29,356,352 GROSS RECEIPTS FROM INVENTORY SALE - 2009 AMOUNT \$ 13,362,369 2010 AMOUNT \$ 13,022,644 2011 AMOUNT \$ 9,289,636 2012 AMOUNT \$ 8,684,012 2013 AMOUNT \$ 6,942,909

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization LOMA LINDA UNIVERSITY	Employer identification number 95-1816009
---	--

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	9	0
2 Aggregate contributions to (during year)	1,597,000	0
3 Aggregate grants from (during year)	267,298	0
4 Aggregate value at end of year	3,235,892	0
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	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, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ 0

(ii) Assets included in Form 990, Part X ▶ \$ 7,122

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ 0

b Assets included in Form 990, Part X ▶ \$ 0

Part III

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

- 3

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	272,174,358	235,224,364	232,579,708	207,146,060	199,674,467
b Contributions	25,034,784	5,672,223	3,114,993	10,124,550	8,195,774
c Net investment earnings, gains, and losses	31,585,027	34,421,131	3,364,331	17,622,031	5,772,008
d Grants or scholarships	189,846	388	37,828	46,778	
e Other expenditures for facilities and programs	3,737,916	3,142,972	3,796,840	2,266,155	6,496,189
f Administrative expenses					
g End of year balance	324,866,407	272,174,358	235,224,364	232,579,708	207,146,060

- 2

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

a

Board designated or quasi-endowment

25 960 %

b

Permanent endowment

60 830 %

c

Temporarily restricted endowment

13 210 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 20,550,131 | | 20,550,131 |
| b Buildings | 176,042,621 | 332,965,103 | 134,260,356 | 374,747,368 |
| c Leasehold improvements | | 21,590,447 | 11,056,304 | 10,534,143 |
| d Equipment | | 121,754,851 | 106,435,090 | 15,319,761 |
| e Other | | 12,884,801 | 587,010 | 12,297,791 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 433,449,194 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	331,871,886
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	27,926,342
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	16,212,137
e	Add lines 2a through 2d	2e	44,138,479
3	Subtract line 2e from line 1	3	287,733,407
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 XIII)	4b	11,344,778
c	Add lines 4a and 4b	4c	11,344,778
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	299,078,185

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	269,707,850
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	16,212,137
e	Add lines 2a through 2d	2e	16,212,137
3	Subtract line 2e from line 1	3	253,495,713
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	11,344,778
c	Add lines 4a and 4b	4c	11,344,778
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	264,840,491

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART III, LINE 4	ORIGINAL ARTWORK DISPLAYING THE TEACHING AND HEALING MINISTRIES OF JESUS CHRIST AND FOUNDERS OF LLU
PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR STUDENT SCHOLARSHIPS, STUDENT LOANS, RESEARCH, OPERATIONS OF LLU AND RELATED ORGANIZATIONS AND OTHER PURPOSES AS SPECIFIED BY THE UNIVERSITY AND DONORS
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE UNIVERSITY QUALIFIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE NOT SUBJECT TO INCOME TAXES FOR ACTIVITIES RELATED TO ITS EXEMPT PROGRAMS. MANAGEMENT IS NOT AWARE OF ANY EVENT WHICH WOULD CAUSE THE UNIVERSITY TO BE DISQUALIFIED IN OPERATION. THE UNIVERSITY HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2014 AND 2013. THE UNIVERSITY FILES AN EXEMPT ORGANIZATION RETURN AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE CALIFORNIA FRANCHISE TAX BOARD. THE UNIVERSITY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 30, 2011 FOR ITS FEDERAL AND JUNE 30, 2010 FOR ITS STATE FILINGS.
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET RENTAL EXPENSES TRANSFERRED TO NET RENTAL INCOME 8,230,062. COST OF GOODS SOLD TRANSFERRED TO NET INCOME/(LOSS) 7,982,075.
PART XI, LINE 4B - OTHER ADJUSTMENTS	STUDENT AID 9,620,256. INSURANCE REFUNDED NETTED AGAINST EXPENSES ON BOOKS 1,724,522.
PART XII, LINE 2D - OTHER ADJUSTMENTS	NET RENTAL EXPENSES TRANSFERRED TO NET RENTAL INCOME 8,230,062. COST OF GOODS SOLD TRANSFERRED TO NET INCOME/(LOSS) 7,982,075.
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT AID 9,620,256. INSURANCE REFUND NETTED AGAINST ON BOOKS 1,724,522.

[illegible]

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

Part I		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
	4b	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4c	Yes	
	4d	Yes	
	5a		No
	5b		No
	5c		No
	5d	Yes	
	5e		No
	5f		No
	5g		No
	5h		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6a	Yes	
	6b		No
	7	Yes	

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	NONDISCRIMINATION POLICY IS PUBLISHED IN THE STUDENT HANDBOOK, IN THE UNIVERSITY CATALOG, AND IN THE UNIVERSITY WEBSITE.
SCHEDULE E, PART I, LINE 5	SOME SCHOLARSHIPS ARE FUNDED BY MINORITY GROUPS WHO SPECIFY THAT THEY SHOULD BE AWARDED ONLY TO THE RESPECTIVE MINORITY STUDENTS. ALL OTHERS ARE AWARDED WITHOUT REGARD TO RACE.
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES FUNDS FROM GOVERNMENT AGENCIES AS GRANTS FOR RESEARCH, EDUCATION AND COMMUNITY PROGRAMS. UNIVERSITY STUDENTS RECEIVE FUNDS FROM GOVERNMENT AGENCIES AS GRANTS AND LOANS.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	434			1,010,000
b Total from continuation sheets to Part I	0	0			35,301,835
c Totals (add lines 3a and 3b)	0	434			36,311,835

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. Part II can be duplicated 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☒ Yes ☐ No

Part V

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	LLU WORKS IN CONJUNCTION WITH THE LLUAHSC GLOBAL HEALTH INSTITUTE (GHI) TO MONITOR AND TRACK THE PROJECTS THAT ARE OUTSIDE THE UNITED STATES THE INSTITUTE PROVIDES OPPORTUNITIES FOR STAFF, FACULTY AND STUDENTS GHI ALSO PROVIDES FOCUS, COORDINATION, AND LOGISTICAL SUPPORT FOR THE MANY INTERNATIONAL INITIATIVES ARISING FROM LOMA LINDA UNIVERSITY SCHOOLS AND HOSPITALS

Additional Data

Software ID:
Software Version:
EIN: 95-1816009
Name: LOMA LINDA UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
CENTRAL AMERICA AND THE CARIBBEAN	0	60	PROGRAM SERVICES	MISSION SERVICE, CONSULTATIONS, WORKSHOPS, RESEARCH	140,000
EAST ASIA AND THE PACIFIC	0	173	PROGRAM SERVICES	MISSION SERVICE, CONSULTATIONS, WORKSHOPS, RESEARCH	390,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	84	PROGRAM SERVICES	MISSION SERVICE, CONSULTATIONS, WORKSHOPS, RESEARCH	220,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
MIDDLE EAST AND NORTH AFRICA	0	13	PROGRAM SERVICES	MISSION SERVICE, CONSULTATIONS, WORKSHOPS, RESEARCH	32,000
NORTH AMERICA (CANADA AND MEXICO)	0	33	PROGRAM SERVICES	MISSION SERVICE, CONSULTATIONS, WORKSHOPS, RESEARCH	37,000
SOUTH AMERICA	0	24	PROGRAM SERVICES	MISSION SERVICE, CONSULTATIONS, WORKSHOPS, RESEARCH	50,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
SOUTH ASIA	0	9	PROGRAM SERVICES	MISSION SERVICE, CONSULTATIONS, WORKSHOPS, RESEARCH	63,000
SUB-SAHARAN AFRICA	0	38	PROGRAM SERVICES	MISSION SERVICE, CONSULTATIONS, WORKSHOPS, RESEARCH	78,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		31,684,842

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		385,500
NORTH AMERICA	0	0	INVESTMENTS		3,231,493

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LOMA LINDA UNIVERSITY

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
95-1816009

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

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

(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
See Additional Data Table							

2

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

12

3

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE ACCOUNTED FOR IN THE UNIVERSITY'S ACCOUNTING RECORDS, INCLUDING SUPPORTING DOCUMENTATION FOR ALL EXPENDITURES GRANT MANAGERS ARE REQUIRED TO ASSERT THAT FUNDS HAVE BEEN SPENT IN ACCORDANCE WITH THE GRANT REQUIREMENTS

Additional Data

Software ID:
Software Version:
EIN: 95-1816009
Name: LOMA LINDA UNIVERSITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
CITY OF LOMA LINDA 25541 BARTON RD LOMA LINDA, CA 92354				1,336,424	ESTIMATED COST	STREET IMPROVEMENTS	IMPROVEMENTS TO STREET ON LLU CAMPUS PAID BY LLU AND DONATED TO THE CITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON ST LOMA LINDA, CA 92350	95-3522679	501(C)3	498,786				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
SOCIAL ACTION COMMUNITY HEALTH SYSTEM 1454 E SECOND ST SAN BERNARDINO ,CA 92408	33-0664371	501(C)3	500,000				GENERAL SUPPORT OF HEALTH CARE SERVICES PROVIDED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
UNIVERSITY OF CALIFORNIA BERKELEY 2850 TELEGRAPH AVE SUITE 215 BERKELEY, CA 94705			100,000				SUPPORT OF CALSWEC PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
LLU PATHOLOGY MEDICAL GROUP PO BOX 1740 LOMA LINDA,CA 92354	95-4083895	501(C)3	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
WALTER E MACPHERSON SOCIETY 24519 REDLANDS BLVD SUITE A LOMA LINDA,CA 92354	95-3086070	501(C)3	44,000				GENERAL SUPPORT, SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
LOMA LINDA ACADEMY 10656 ANDERSON ST LOMA LINDA, CA 92354	95-1831069	501(C)3	34,425				GENERAL SUPPORT, SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
LLU HEALTH CARE PO BOX 2000 LOMA LINDA, CA 92354	33-0364239	501(C)3	42,826				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
NATIONAL ASSOCIATION OF SDA DENTISTS PO BOX 101 LOMA LINDA,CA 92354	95-6072664	501(C)3	20,106				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
WORLD HEALTH DENTAL ORGANIZATION 46662 BRADSHAW TRL LA QUINTA, CA 92253	20-3352307	501(C)3	9,645				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
YOUTH ACTION PROJECT 600 N ARROWHEAD AVE SUITE 300 SAN BERNARDINO, CA 92401	42-1574359	501(C)3	6,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
ALUMNI ASSOCIATION - LLU SCH OF MED 11245 ANDERSON ST SUITE 200 LOMA LINDA,CA 92354	95-1744348	501(C)3	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
SCHOOL OF MEDICINE	236	3,582,453			
SCHOOL OF BEHAVIORAL HEALTH	95	266,042			
SCHOOL OF NURSING	287	358,119			
SCHOOL OF ALLIED HEALTH PROFESSIONS	147	574,390			
SCHOOL OF PUBLIC HEALTH	100	454,676			
SCHOOL OF DENTISTRY	40	328,993			
SCHOOL OF PHARMACY	49	207,384			
SCHOOL OF RELIGION	6	238,692			
SELMA E ANDREWS SCHOLARSHIP	661	264,500			
LLU STUDENT SCHOLARSHIP	183	254,267			
MISCELLANEOUS OTHER SCHOLARSHIPS AND GRANTS	872	3,090,743			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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		
5a The organization?		No
5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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		
6a The organization?		No
6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	LLU'S SENIOR EXECUTIVES ARE EMPLOYED BY LLUAHSC AND LLUAHSC BENEFITS PROVIDE FOR PAYMENT OF THE TRAVEL EXPENSES FOR A SPOUSE TO ACCOMPANY AN EMPLOYEE ON ONE BUSINESS TRIP PER YEAR. IF USED, THE TAXABLE COST OF THIS BENEFIT IS INCLUDED IN THE EMPLOYEE'S W-2. LLUAHSC BENEFITS PROVIDE FOR GROSS-UP PAYMENTS TO APPROXIMATELY COVER THE TAXES ON THE IMPUTED COST OF GROUP-TERM LIFE INSURANCE COVERAGE IN EXCESS OF \$50,000. ALL EMPLOYEES RECEIVED THIS BENEFIT. THE TAXABLE COST OF THIS BENEFIT IS INCLUDED IN THE EMPLOYEE'S W-2. LLUAHSC BENEFITS PROVIDE FOR HOUSING ALLOWANCE. IF USED, THE TAXABLE COST OF THIS BENEFIT IS INCLUDED IN THE EMPLOYEE'S W-2.
PART I, LINE 3	THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED ONE OR MORE OF THE METHOD DESCRIBED TO ESTABLISH TOP MANAGEMENT OFFICIAL'S COMPENSATION.
PART I, LINE 4B	NET FLEX PLAN CREDITS PAID TO EMPLOYEE IN CASH: HADLEY, HENRY ROGER \$50,991.72; HART, RICHARD HENRY \$51,906.40; LANG, KEVIN J. \$108,979.26. SERP FUNDING PAID TO EMPLOYEE IN CASH: LANG, KEVIN J. \$101,165.00. EMPLOYER CONTRIBUTIONS/PAYMENTS FOR ELECTIVE BENEFITS (INCLUDES VESTED AND FORFEITED BENEFITS FUNDED IN PRIOR YEARS): LANG, KEVIN J. \$3,355.93.
SCHEDULE J, PART II	THE FOLLOWING OFFICERS LISTED ON THE FORM 990, PART VII, LINE 1A OR ON SCHEDULE J, PART II ARE EMPLOYED BY LLUAHSC. LLUAHSC PAYS THE COMPENSATION FOR THESE OFFICERS AND REPORTS THE COMPENSATION AMOUNTS IN THE FORMS W-2 FOR EACH OFFICER. AMOUNTS REPORTED ON THE FORM 990, PART VII, LINE 1A, COLUMNS E AND F, OR ON SCHEDULE J, PART II, COLUMN E(II) REPRESENT TOTAL AMOUNTS OF COMPENSATION RECEIVED BY EACH OFFICER FROM LLUAHSC. THE OFFICERS DO NOT RECEIVE ANY OTHER COMPENSATION AMOUNTS FROM RELATED ORGANIZATIONS. LLUAHSC ALLOCATES THE COMPENSATION AMOUNTS TO THE APPLICABLE RELATED ORGANIZATIONS AND RECEIVES REIMBURSEMENT PAYMENTS PURSUANT TO THE MANAGEMENT CONTRACT. ALLOCATION PERCENTAGES OF THE COMPENSATION PAYMENTS FOR THE OFFICERS ARE AS FOLLOWS: - CARTER, RONALD IS EMPLOYED BY LLUAHSC. HIS COMPENSATION IS 100% FUNDED BY LOMA LINDA UNIVERSITY. - HADLEY, HENRY ROGER: COMPENSATION \$50,000 FUNDED BY LOMA LINDA UNIVERSITY; HEALTH CARE (LLUHC) PRIVATE PRACTICE COMPENSATION FUNDED BY LOMA LINDA UNIVERSITY; UROLOGY GROUP AND THE DEPARTMENT OF VETERAN AFFAIRS COMPENSATION IN EXCESS OF THE \$50,000 FUNDED BY LLUHC AND THE PRIVATE PRACTICE COMPENSATION 100% FUNDED BY LLU. - HARRIS, DAVID PAUL IS EMPLOYED BY LLUAHSC. HIS COMPENSATION IS 100% FUNDED BY LOMA LINDA UNIVERSITY. - HART, RICHARD HENRY: COMPENSATION, EXCLUDING SERP BENEFIT 50% FUNDED BY LLU AND 50% FUNDED BY LLUMC; SERP BENEFIT 100% FUNDED BY LLUMC. - LANG, KEVIN J.: COMPENSATION, EXCLUDING SERP BENEFIT 70% FUNDED BY LLUMC, 17.5% FUNDED BY LLU, 7.5% FUNDED BY LLUHC, AND 5% FUNDED BY LLUBMC; SERP BENEFIT 92.5% FUNDED BY LLUMC AND 7.5% FUNDED BY LLUHC.

Additional Data

Software ID:

Software Version:

EIN: 95-1816009

Name: LOMA LINDA UNIVERSITY

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RICHARD H HART VICE CHAIRMAN & PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	363,462	0	88,452	15,576	28,788	496,278	0
DAVID P HARRIS VICE PRESIDENT INFORMATION SYSTEMS	(i)	0	0	0	0	0	0	0
	(ii)	164,077	0	17,442	10,416	27,553	219,488	0
KEVIN J LANG EXEC VP FOR FINANCE, CFO	(i)	0	0	0	0	0	0	0
	(ii)	579,462	51,380	262,225	15,576	41,851	950,494	0
RICKY WILLIAMS VP ENROLLMENT MGMT & STUDENT AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	158,885	0	27,968	10,806	27,399	225,058	0
RODNEY NEAL SR VICE CHANCELLOR FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	190,038	0	20,321	12,451	26,970	249,780	0
RONALD L CARTER VICE PRESIDENT ACADEMIC AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	220,154	0	36,895	12,386	15,479	284,914	0
HENRY R HADLEY DEAN	(i)	0	0	0	0	0	0	0
	(ii)	367,142	5,500	77,411	15,576	27,366	492,995	0
MARILYN HERRMANN DEAN	(i)	166,670	2,067	2,472	22,004	9,600	202,813	0
	(ii)	0	0	0	0	0	0	0
WALTER HUGHES DEAN	(i)	201,583	316	1,292	25,060	9,600	237,851	0
	(ii)	0	0	0	0	0	0	0
RONALD DAILEY DEAN	(i)	205,400	316	413	25,136	9,600	240,865	0
	(ii)	0	0	0	0	0	0	0
ALAN HERFORD DENTIST/PROFESSOR	(i)	372,955	345	103,201	35,494	9,600	521,595	0
	(ii)	0	0	0	0	0	0	0
JOHN LEYMAN DENTIST/PROFESSOR	(i)	297,424	320	105,363	33,625	5,813	442,545	0
	(ii)	0	0	0	0	0	0	0
LARY TRAPP DENTIST/PROFESSOR	(i)	297,888	229	105,389	33,662	5,813	442,981	0
	(ii)	0	0	0	0	0	0	0
R BRUCE WALTER ASSOCIATE PROFESSOR	(i)	314,486	160	75,529	33,395	4,800	428,370	0
	(ii)	0	0	0	0	0	0	0
JAMIE LO ZADA DENTIST/PROFESSOR	(i)	260,415	320	70,869	32,062	9,600	373,266	0
	(ii)	0	0	0	0	0	0	0
CHARLES GOODACRE FORMER DEAN	(i)	64,340	338	65,074	18,579	0	148,331	0
	(ii)	0	0	0	0	0	0	0

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

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 CALIFORNIA MUNICIPAL FINANCE AUTHORITY REVENUE	20-1563466	13048TCN1	11-14-2007	36,364,641	ACQUIRE, CONSTRUCT, EXPAND STUDENT HOUSING, UPGRADE POWER PLANT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,045,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	36,895,207							
4	Gross proceeds in reserve funds	2,363,000							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	700,542							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	33,833,652							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	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 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CALIFORNIA MUNICIPAL FINANCE AUTHORITY REVENUE DATE THE REBATE COMPUTATION WAS PERFORMED 05/01/2012

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN E AND PART II, LINE 3	THE DIFFERENCE BETWEEN PART I, COLUMN E AND PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS DURING PROJECT PERIOD

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
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 assistance	(d) Type of assistance	(e) Purpose 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) LINDA MARIE WILLIAMS	FAMILY MEMBER OF RICKY WILLIAMS, AN OFFICER	140,549	EMPLOYMENT		No
(2) BRIAN GOODACRE	FAMILY MEMBER OF CHARLES GOODACRE, A FORMER KEY EMPLOYEE	84,203	EMPLOYMENT		No
(3) RUTH GOODACRE	FAMILY MEMBER OF CHARLES GOODACRE, A FORMER KEY EMPLOYEE	25,431	EMPLOYMENT		No

Part V

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	5,000	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	4,889	HIGH/LOW AVERAGE
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	X	1	231,360	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other	X	1	285,000	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	58,848	COMPARABLE ITEMS
21 Taxidermy				
22 Historical artifacts	X	1	8,730	APPRAISAL
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>PRECIOUS META</u>)	X	1	3,702	COMPARABLE SALES
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

7

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

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 noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number

95-1816009

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	EXECUTIVE LEADERSHIP IS EMPLOYED BY LOMA LINDA UNIVERSITY ADVENTIST HEALTH SCIENCES CENTER (LLUAHSC), A RELATED 501(C)(3) ORGANIZATION LLUAHSC IS THE SOLE MEMBER OF LOMA LINDA UNIVERSITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	LLUAHSC IS THE SOLE MEMBER OF LLU

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	LLUAHSC AS THE SOLE MEMBER MAINTAINS CERTAIN RESERVED POWERS, INCLUDING THE POWER TO APPOINT OR REMOVE TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE POWERS RESERVED BY LLUAHSC AS MEMBER, WHICH MAY ONLY BE EXERCISED BY THE LLUAHSC BOARD UPON THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE TRUSTEES PRESENT AND VOTING AT ANY REGULAR OR SPECIAL MEETING OF THE BOARD AT WHICH A QUORUM IS PRESENT ARE TO 1 APPROVE OR RATIFY ALL CHANGES TO THE ARTICLES OF INCORPORATION AND BY LAWS OF LLU, AS CORPORATE MEMBER 2 APPOINT THE BOARD FOR LLU AS THE MEMBER 3 APPROVE ANY SIGNIFICANT CHANGE IN THE CORPORATE PURPOSES OF LLU THE POWERS RESERVED BY LLUAHSC AS MEMBER, WHICH SHALL ONLY BE EXERCISED BY THE LLUAHSC BOARD UPON MAJORITY VOTE OF LLUAHSCS TRUSTEES PRESENT AND VOTING AT A REGULAR OR SPECIAL MEETING WHENEVER A QUORUM IS PRESENT, ARE TO 1 REMOVE FROM OFFICE ANY TRUSTEE OF LLU WITH OR WITHOUT CAUSE 2 APPOINT THE EXECUTIVE VICE PRESIDENT FOR UNIVERSITY AFFAIRS WHO SHALL ORDINARILY SERVE AS THE CHANCELLOR 3 APPROVE ANY MERGER, CONSOLIDATION, DISSOLUTION, SALE, OR TRANSFER OF MORE THAN TEN MILLION DOLLARS OF THE ASSETS OF LLU 4 REQUIRE LLU TO HAVE A POLICY FOR BORROWING FUNDS THAT IS CONGRUENT WITH THE LLUAHSC BOARD-APPROVED POLICY ON BORROWING 5 APPROVE ALL BORROWING OF FIVE MILLION DOLLARS OR MORE BY LLU OR ITS SUBSIDIARIES (SEE BOARD-APPROVED POLICY FOR BORROWING OF FUNDS) 6 APPROVE ANY EXCEPTIONS TO THE POLICY FOR THE BORROWING OF FUNDS BY LLU 7 APPROVE THE STRATEGIC PLAN OF LLU 8 APPROVE MAJOR CONSTRUCTION PROJECTS OF LLU 9 APPROVE INSTITUTES AND CORPORATIONS SUBSIDIARY OF LLU 10 ACCEPT THE ANNUAL AUDITED FINANCIAL STATEMENTS OF LLU 11 APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF LLU 12 APPROVE THE LLU CONTRACTING GUIDELINES 13 APPROVE RECOMMENDATIONS FROM LLU AND ITS SUBSIDIARIES FOR BUSINESS DEVELOPMENT PLANS AND ACTIVITIES 14 REQUIRE LLU TO HAVE A COMPLIANCE PROGRAM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY INTERNAL AUDIT AND MANAGEMENT THE RETURN IS MADE AVAILABLE TO THE AUDIT COMMITTEE AND BOARD OF TRUSTEES FOR REVIEW AND COMMENTS AFTER FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	GENERAL COUNSEL ANNUALLY OBTAINS STATEMENT OF DISCLOSURE FROM TRUSTEES, OFFICERS, ADMINISTRATORS, KEY EMPLOYEES, AND OTHERS WHO MAKE OR AFFECT SIGNIFICANT DECISIONS AND REVIEWS THE FINDINGS WITH APPROPRIATE BOARDS AND COMMITTEES THE BOARD OF TRUSTEES MAKES THE DECISIONS REGARDING QUESTIONS WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED AFTER ADMINISTRATIVE CONSIDERATION THE GENERAL CONFERENCE AUDITING DEPARTMENT ANNUALLY AUDITS COMPLIANCE WITH THIS POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	LLUAHSC, LLUS PARENT ORGANIZATION, EMPLOY'S AN INDEPENDENT OUTSIDE CONSULTING FIRM TO BENCHMARK COMPENSATION FOR LLUAHSC EMPLOYEES, INCLUDING THE CEO AND TOP MANAGEMENT LLUAHSC PROVIDES MANAGEMENT SERVICES FOR LLU THE LLUAHSC EXECUTIVE COMPENSATION COMMITTEE USES THE RESULTS OF THE INDEPENDENT SURVEY TO ESTABLISH PAY SCALES FOR THE NEXT FISCAL YEAR THE EXECUTIVE COMPENSATION COMMITTEE SETS THE TOTAL COMPENSATION BELOW THE INDUSTRY MEAN AND MEDIAN AMOUNTS PROVIDED IN THE SURVEY THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF TRUSTEES APPOINTED BY THE LLUAHSC BOARD WHO ARE INDEPENDENT OF LLUAHSC'S MANAGEMENT THE EXECUTIVE COMPENSATION COMMITTEE IS APPOINTED BY THE LLUAHSC BOARD OF TRUSTEES TO HAVE DIRECT RESPONSIBILITY FOR ESTABLISHING COMPENSATION, POLICIES, AND BENEFITS FOR THE SENIOR EXECUTIVES OF LLUAHSC THE COMMITTEE'S PROCESS INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATIONS AND DECISIONS FOR KEY EMPLOYEES OTHER THAN THE OFFICERS AS WELL AS EMPLOYEES IN LEADERSHIP POSITIONS, LLU MANAGEMENT, THROUGH THE HUMAN RESOURCE DEPARTMENT, OBTAINS THE SERVICES OF AN INDEPENDENT CONSULTING FIRM TO CONDUCT NATIONWIDE COMPENSATION SURVEYS MANAGEMENT USES THE COMPARABLE BENCHMARKS IN THE SURVEY RESULTS TO ESTABLISH OR REVIEW PAY SCALES FOR THE POSITION THIS SURVEY, CONDUCTED BY THE INDEPENDENT CONSULTING FIRM, IS PERFORMED FOR THE ORGANIZATION EVERY TWO YEARS INTERNALLY, THE HUMAN RESOURCE DEPARTMENT CONDUCTS ANNUAL SURVEYS USING AT LEAST THREE SURVEY RESULTS FROM INDEPENDENT FIRMS TO ESTABLISH OR REVIEW THE REASONABLENESS OF COMPENSATION AMOUNTS THIS PROCESS WAS LAST UNDERTAKEN IN 12/12 FOR THE POSITION OF EVP, MEDICAL AFFAIRS & DEAN, SCHOOL OF MEDICINE HELD BY HADLEY, HENRY ROGER, PRESIDENT & CEO HELD BY HART, RICHARD HENRY, EVP, FINANCE & ADMINISTRATION & CFO HELD BY LANG, KEVIN AND VP, ACADEMIC AFFAIRS HELD BY CARTER RONALD

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	LLU WILL MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST THE CONFLICT OF INTEREST POLICY IS POSTED ON THE ORGANIZATION'S INTERNAL WEBSITE FOR EMPLOYEES FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC FORM 990, PART VII, LINE 1A FOR EMPLOYEES OF LLUAHSC OR LLUAHSC AFFILIATES (ORGANIZATION(S)) RELATED TO THE FILING ORGANIZATION WHO DEVOTE LESS THAN FULL-TIME TO THE FILING ORGANIZATION (BASED UPON THE AVERAGE NUMBER OF HOURS PER WEEK SHOWN IN PART VII, SECTION A, COLUMN (B) OF THE RETURN) THE COMPENSATION AMOUNTS SHOWN IN COLUMNS (E) AND (F) WERE PROVIDED IN CONJUNCTION WITH THEIR RESPONSIBILITIES AND ROLES IN OTHER POSITIONS FOR ORGANIZATIONS RELATED TO THE FILING ORGANIZATION THESE INDIVIDUALS EACH DEVOTE APPROXIMATELY 50 HOURS PER WEEK SERVING IN THEIR RESPECTIVE POSITIONS WITHIN THE ORGANIZATION

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LLU SCHOOL OF MEDICINE FACULTY MEDICAL GROUP 11175 CAMPUS ST LOMA LINDA, CA 92350 33-0672914	EMPLOY CLINICAL FACULTY	CA	501(C)(3)	LINE 11C, III-FI	N/A		No

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MOUNTAIN PARK 450 LLC 9460 WILSHIRE BLVD - SUITE 850 BEVERLY HILLS, CA 90212 80-0945038	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LLU MOUNTAIN PARK MULTIFAMILY PROPERTIES	RELATED	-26,826	20,420,135		No	-19,626		No	80 000 %
(2) CR LAKEVIEW TOWERS COMMUNITIES LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 46-2989857	MULTIFAMILY RESIDENTAIL REAL ESTATE	CA	LLU MULTIFAMILY PROPERTIES II LLC	RELATED	-38,379	23,056,327		No			No	65 300 %
(3) CR LAUREL CANYON COMMUNITIES LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 46-2142467	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LOMA LINDA TEXAS PROPERTIES III LLC	RELATED	-86,572	22,419,818		No			No	67 980 %
(4) CR LAUREL CANYON LAND LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 46-2739112	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LOMA LINDA TEXAS PROPERTIES III LLC	RELATED	-2,730	751,573		No			No	65 970 %
(5) CR RIVERCREST MEADOWS HOLDINGS LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 46-1842027	MULTIFAMILY RESIDENTAIL REAL ESTATE	CA	LLU MULTIFAMILY PROPERTIES III LLC	RELATED	-46,339	30,972,168		No			No	59 770 %

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) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (127) 11145 ANDERSON ST SUITE BC-203 LOMA LINDA, CA 92354	TRUST MANAGEMENT	CA	N/A	T					No

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 95-1816009
Name: LOMA LINDA UNIVERSITY

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) LLU MOUNTAIN PARK MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	GA	-26,826	6,029,711	LLU
(1) LLU LAKE LOUISE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	GA	3,977	2,760,109	LLU
(2) LLU LAKESIDE LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	GA	0	0	LLU
(3) LLU 93 EAST MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	GA	0	0	LLU
(4) LLU MADISON MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	TN	29,282	5,979,282	LLU
(5) LLU SPINNAKER COVE LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	TN	0	0	LLU
(6) LLU LINDBERGH LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	GA	0	0	LLU
(7) LLU CHAZAL MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	AZ	0	0	LLU
(8) LLU MULTIFAMILY PROPERTIES IV LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 45-5362289	MULTIFAMILY RESIDENTIAL REAL ESTATE	WA	-39,225	2,221,532	LLU
(9) LLU MULTIFAMILY PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CO	381,518	7,540,940	LLU
(10) LOMA LINDA TEXAS PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	TX	-56,105	3,544,715	LLU
(11) LLU HOUSTON HOUSE LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	TX	0	0	LLU
(12) LLU LAKEVIEW MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CO	527	7,288,826	LLU
(13) LOMA LINDA TEXAS PROPERTIES II LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 46-0913765	MULTIFAMILY RESIDENTIAL REAL ESTATE	TX	-46,342	8,843,563	LLU
(14) LLU MULTIFAMILY PROPERTIES III LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	OR	-6,531	7,782,356	LLU
(15) LLU RIVERBEND MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	UT	0	0	LLU
(16) LLU SAN MIGUEL LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	TX	0	0	LLU
(17) LLU MULTIFAMILY PROPERTIES II LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CO	56,517	4,672,160	LLU
(18) LLU TENNESSEE MULTIFAMILY PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	TN	682,894	17,649,891	LLU
(19) LLU OPUS 29 LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	TN	0	3,708,787	LLU

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) LOMA LINDA TEXAS PROPERTIES III LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	TX	-86,572	8,096,293	LLU

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LLU OPUS 29 LLC	B	3,708,787	BOOK VALUE
LLU 93 EAST MULTIFAMILY PROPERTY LLC	B	2,000,000	BOOK VALUE
LLU CHAZAL MULTIFAMILY PROPERTY LLC	B	5,050,650	BOOK VALUE
LLU MULTIFAMILY PROPERTIES LLC	B	93,000	BOOK VALUE
LLU HOUSTON HOUSE LLC	B	5,550,255	BOOK VALUE
LLU LAKESIDE LLC	B	7,337,500	BOOK VALUE
LLU LAKEVIEW MULTIFAMILY PROPERTY LLC	B	3,873,580	BOOK VALUE
LLU LAKE LOUISE MULTIFAMILY PROPERTY LLC	B	2,775,590	BOOK VALUE
LLU MOUNTAIN PARK MULTIFAMILY PROPERTY LLC	B	6,689,817	BOOK VALUE
LLU MADISON MULTIFAMILY PROPERTY LLC	B	5,950,000	BOOK VALUE
LLU MULTIFAMILY PROPERTIES III LLC	B	200,000	BOOK VALUE
LLU RIVERBEND MULTIFAMILY PROPERTY LLC	B	3,373,783	BOOK VALUE
LLU SAN MIGUEL LLC	B	4,931,847	BOOK VALUE
LLU SPINNAKER COVE LLC	B	3,150,000	BOOK VALUE
LLU MULTIFAMILY PROPERTIES LLC	B	108,490	BOOK VALUE