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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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
LOMA LINDA UNIVERSITY

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
11145 ANDERSON STREET NO 205

City or town, state or province, country, and ZIP or foreign postal code
LOMA LINDA, CA 92350

D Employer identification number
95-1816009

E Telephone number
(909) 558-4515

G Gross receipts $ 2,615,637,576

F Name and address of principal officer
RICHARD H HART
11175 CAMPUS ST STE 11006
LOMA LINDA, CA 92354

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

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

H(c) Group exemption number ▶ 1071

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

J Website: ▶ WWW LLU EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1910

M State of legal domicile CA

Part I Summary

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

Activities & Governance

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**	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	3,234
6	Total number of volunteers (estimate if necessary)	**6**	36
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-711,342
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,559,369

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	41,103,388	60,116,982
9	Program service revenue (Part VIII, line 2g)	191,580,456	200,004,820
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,543,810	43,382,424
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,678,471	24,048,256
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	295,906,125	327,552,482

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,045,538	11,824,775
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)	169,295,826	166,079,994
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,563,690		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	111,500,091	124,117,077
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	297,841,455	302,021,846
19	Revenue less expenses Subtract line 18 from line 12	-1,935,330	25,530,636

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,489,889,660	1,572,793,672
21	Total liabilities (Part X, line 26)	778,021,039	830,316,298
22	Net assets or fund balances Subtract line 21 from line 20	711,868,621	742,477,374

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

****** 2019-05-21
Signature of officer Date

RODNEY D NEAL SENIOR VP, FINANCIAL AFFAIRS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TRACY S PAGLIA	TRACY S PAGLIA	2019-05-21		P00366884

Firm's name ▶ MOSS ADAMS LLP — Firm's EIN ▶ 91-0189318
Firm's address ▶ 3121 W MARCH LN STE 200 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 $ 144,474,802 including grants of $ 3,813,683) (Revenue $ 55,075,281)

See Additional Data

4b (Code) (Expenses $ 40,044,580 including grants of $ 630,323) (Revenue $ 68,108,511)

See Additional Data

4c (Code) (Expenses $ 17,254,606 including grants of $ 606,829) (Revenue $ 27,372,863)

See Additional Data

(Code) (Expenses $ 30,057,033 including grants of $ 6,773,940) (Revenue $ 49,448,165)

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 $ 30,057,033 including grants of $ 6,773,940) (Revenue $ 49,448,165)

4e **Total program service expenses ▶** 231,831,021

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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . .	**1a**	537		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,234		
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? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			No
b	Did the sponsoring 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? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response 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	1a	35		
	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	1b	25		
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		No
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, address, and telephone number of the person who possesses the organization's books and records ▶RODNEY NEAL SR VICE PRES 11145 ANDERSON STREET BC 205 LOMA LINDA, CA 92350 (909) 558-4543

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,934,780	6,450,985	1,006,092

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 329

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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 DEPARTMENT OF RISK MANAGEMENT 101 E REDLANDS BLVD SAN BERNARDINO, CA 92408	SELF-INSURANCE SERVICES	31,121,802
LAYTON CONSTRUCTION CO INC 9090 S SANDY PKWY SANDY, UT 84070	CONSTRUCTION SERVICES	11,328,837
FACULTY PHYSICIANS & SURGEONS OF LLUSM 11175 CAMPUS STREET LOMA LINDA, CA 92354	FACULTY AND SCHOOL ADMINISTRATION	8,468,354
EBSCO SUBSCRIPTION SERVICE PO BOX 1943 BIRMINGHAM, AL 35201	SUBSCRIPTION SERVICES	2,359,743
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON ST LOMA LINDA, CA 92354	HEALTHCARE SERVICES	1,805,143

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 ▶ 178

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	7,891,075			
	e Government grants (contributions)	1e	16,340,041			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,885,866			
	g Noncash contributions included in lines 1a-1f $ 2,348,281					
	h Total. Add lines 1a-1f		60,116,982			
Program Service Revenue		Business Code				
	2a TUITION AND FEES	611600	163,542,461	163,542,461		
	b CLINIC INCOME	621400	22,200,181	22,200,181		
	c RESEARCH CONTRACT	541700	10,740,572	10,740,572		
	d STUDENT LOAN INTEREST	611600	3,521,606	3,521,606		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		200,004,820			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		34,591,452		-1,624,331	36,215,783
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		721,041			721,041
		(i) Real	(ii) Personal			
	6a Gross rents	9,132,599				
	b Less rental expenses	7,706,260				
	c Rental income or (loss)	1,426,339				
	d Net rental income or (loss)		1,426,339			1,426,339
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,281,229,977	48,493			
	b Less cost or other basis and sales expenses	2,272,487,498	0			
	c Gain or (loss)	8,742,479	48,493			
	d Net gain or (loss)		8,790,972			8,790,972
	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	9,506,300				
	b Less cost of goods sold b	7,891,336				
	c Net income or (loss) from sales of inventory		1,614,964		889,021	725,943
	Miscellaneous Revenue	Business Code				
	11a POWER PLANT	221000	13,751,095			13,751,095
	b INDEPENDENT OPERATIONS	445100	6,534,817		23,968	6,510,849
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		20,285,912			
	12 Total revenue. See Instructions		327,552,482	200,004,820	-711,342	68,142,022

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	622,509	622,509		
2 Grants and other assistance to domestic individuals See Part IV, line 22	11,202,266	11,202,266		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,856,233	1,273,764	582,469	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	180,954		180,954	
7 Other salaries and wages	125,806,012	111,436,190	14,369,822	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,608,506	10,365,315	1,243,191	
9 Other employee benefits	18,235,465	16,266,808	1,968,657	
10 Payroll taxes	8,392,824	7,469,613	923,211	
11 Fees for services (non-employees)				
a Management				
b Legal	142,446	39,129	103,317	
c Accounting	254,258		254,258	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,330,977		5,330,977	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,429,082	11,141,137	13,724,255	1,563,690
12 Advertising and promotion	614,583	588,235	26,348	
13 Office expenses	20,533,722	11,227,914	9,305,808	
14 Information technology	2,734,918	1,684,705	1,050,213	
15 Royalties . .				
16 Occupancy	21,050,391	13,561,984	7,488,407	
17 Travel	3,932,769	3,196,697	736,072	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	133,615	75,490	58,125	
20 Interest	10,196,306	6,525,636	3,670,670	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	11,082,933	4,799,567	6,283,366	
23 Insurance . . .	4,264,020	3,304,148	959,872	
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	10,005,707	10,005,707		
b RESEARCH SUBCONTRACTORS	1,995,222	1,995,222		
c				
d				
e All other expenses	5,416,128	5,048,985	367,143	
25 **Total functional expenses.** Add lines 1 through 24e	302,021,846	231,831,021	68,627,135	1,563,690
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		38,760	1	
	2	Savings and temporary cash investments		64,892,362	2	38,847,234
	3	Pledges and grants receivable, net		8,579,000	3	6,974,475
	4	Accounts receivable, net		53,060,169	4	46,146,734
	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			7	
	8	Inventories for sale or use		2,550,256	8	2,471,318
	9	Prepaid expenses and deferred charges		17,417,275	9	9,496,054
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,036,446,770			
	b	Less accumulated depreciation	10b 317,520,650	661,135,643	10c	718,926,120
	11	Investments—publicly traded securities		316,873,563	11	504,852,393
	12	Investments—other securities See Part IV, line 11		99,754,136	12	127,339,702
	13	Investments—program-related See Part IV, line 11		46,701,000	13	45,026,934
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		218,887,496	15	72,712,708
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,489,889,660	16	1,572,793,672
Liabilities	17	Accounts payable and accrued expenses		71,604,000	17	48,457,921
	18	Grants payable			18	
	19	Deferred revenue		35,119,558	19	33,686,026
	20	Tax-exempt bond liabilities		189,427,276	20	187,776,133
	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		20,175,976	23	26,005,983
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		461,694,229	25	534,390,235
	26	**Total liabilities.** Add lines 17 through 25		778,021,039	26	830,316,298
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		194,693,621	27	174,395,116
	28	Temporarily restricted net assets		256,388,000	28	284,246,285
	29	Permanently restricted net assets		260,787,000	29	283,835,973
		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		711,868,621	33	742,477,374
	34	Total liabilities and net assets/fund balances		1,489,889,660	34	1,572,793,672

Part XI Reconcilliation 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	327,552,482
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,021,846
3	Revenue less expenses Subtract line 2 from line 1	3	25,530,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	711,868,621
5	Net unrealized gains (losses) on investments	5	3,453,786
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	1,624,331
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	742,477,374

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-1816009

Name: LOMA LINDA UNIVERSITY

Form 990 (2017)

Form 990, Part III, Line 4a:

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 "NLAND EMPIRE" ARE GRADUATES OF THE SCHOOL OF MEDICINE DURING THE YEAR THE SCHOOL AWARDED THE FOLLOWING DEGREES MD 157, PHD 10, MS 33, BS 1

Form 990, Part III, Line 4b:

THE SCHOOL OF DENTISTRY TRAINS STUDENTS IN THE DENTAL SCIENCES TO SERVE IN VARIOUS SETTINGS THROUGHOUT THE WORLD DURING THE YEAR STUDENTS RECEIVED DEGREES IN DENTISTRY, DENTAL HYGIENE AND THE INTERNATIONAL DENTIST 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 107,000 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

Form 990, Part III, Line 4c:

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-61, ASSOCIATE-81, BACCALAUREATE-111, MASTER-180, DOCTORAL-110

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS LEMON CHAIR	1 00 1 00	X		X				0	0	0
DANIEL JACKSON VICE CHAIR	1 00 1 00	X		X				0	0	0
RICHARD H HART TRUSTEE, PRESIDENT	25 00 26 00	X		X				0	515,854	56,739
HENRY R HADLEY TRUSTEE, DEAN	25 00 26 00	X						0	494,716	58,224
KERRY HEINRICH TRUSTEE	1 00 50 00	X						0	1,139,621	69,360
LISA BEARDSLEY-HARDY TRUSTEE	1 00 1 00	X						0	0	0
SHIRLEY CHANG TRUSTEE	1 00 1 00	X						0	0	0
RICHARD CHINNOCK TRUSTEE	1 00 1 00	X						0	365,914	40,100
JERE CHRISPENS TRUSTEE	1 00 1 00	X						0	0	0
WILFREDO COLN TRUSTEE	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERYL DODDS TRUSTEE	1 00 1 00	X						0	0	0
STEVEN FILLER TRUSTEE	1 00 1 00	X						0	0	0
RICARDO GRAHAM TRUSTEE	1 00 1 00	X						0	0	0
WAYNE HARRIS TRUSTEE	1 00 1 00	X						0	0	0
DOUGLAS HEGSTAD TRUSTEE	1 00 1 00	X						0	315,000	40,100
MARK JOHNSON TRUSTEE	1 00 1 00	X						0	0	0
MELISSA KIDDER TRUSTEE	1 00 1 00	X						0	130,143	7,000
PETER N LANDLESS TRUSTEE	1 00 1 00	X						0	0	0
ROBERT LEMON TRUSTEE	1 00 1 00	X						0	0	0
ROBERT MARTIN TRUSTEE	1 00 1 00	X						0	639,100	41,100

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK MINOR TRUSTEE	1 00 1 00	X						0	0	0
LARRY MOORE TRUSTEE	1 00 1 00	X						0	0	0
GT NG TRUSTEE	1 00 1 00	X						0	0	0
RICARDO PEVERINI TRUSTEE	1 00 1 00	X						0	388,750	40,100
JUAN PRESTOL-PUESAN TRUSTEE	1 00 1 00	X						0	0	0
SCOTT REINER TRUSTEE	1 00 1 00	X						0	0	0
HERBERT RUCKLE TRUSTEE	1 00 1 00	X						0	531,325	41,600
EUNMEE SHIM TRUSTEE	1 00 1 00	X						0	0	0
RON SMITH TRUSTEE	1 00 1 00	X						0	0	0
MAX TREVINO TRUSTEE	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC TSAO TRUSTEE	1 00 1 00	X						0	0	0
THOMAS WERNER TRUSTEE	1 00 1 00	X						0	0	0
DAVID WILLIAMS TRUSTEE	1 00 1 00	X						0	0	0
TED WILSON TRUSTEE	1 00 1 00	X						0	0	0
ROGER WOODRUFF TRUSTEE	1 00 1 00	X						0	270,000	40,100
RONALD L CARTER PROVOST	49 00 1 00			X				278,831	0	78,288
RODNEY NEAL SENIOR VICE PRESIDENT	49 00 2 00			X				281,991	0	53,341
KEVIN J LANG CHIEF FINANCIAL OFFICER	9 00 42 00			X				0	1,089,235	73,189
DAVID P HARRIS VICE PRESIDENT	50 00			X				201,353	0	45,784
RICKY E WILLIAMS VICE PRESIDENT	50 00			X				0	205,142	48,145

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MYRNA HANNA CORPORATE SECRETARY	5 00 45 00			X				0	162,500	29,591
LEW MOWERY ASSISTANT SECRETARY	5 00 45 00			X				0	203,685	31,376
RONALD DAILEY DEAN	50 00				X			425,916	0	24,932
ROBERT A HANDYSIDES DEAN	50 00				X			229,687	0	29,422
ALAN HERFORD PROFESSOR	50 00					X		487,358	0	40,826
CURT D CAO PROFESSOR	50 00					X		325,857	0	24,125
HARVEY A ELDER PROFESSOR	50 00					X		492,716	0	15,031
DONALD J MILLER PROFESSOR	50 00					X		507,597	0	0
JAYINI S THAKKER PROFESSOR	50 00					X		389,453	0	34,269
CRAIG R JACKSON FORMER DEAN	50 00						X	182,678	0	24,010

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES GOODACRE FORMER DEAN	50 00						X	131,343	0	19,340

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493142018689

TY 2017 Reasonable Cause Explanation

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Explanation: LATE FILED RETURN DUE TO CCH SOFTWARE OUTAGE.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493142018689

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.**

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

OMB No 1545-0047

2017

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 12, check only one box)

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

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	52,621,086	86,601,270	46,388,477	41,103,388	60,116,982	286,831,203
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	52,621,086	86,601,270	46,388,477	41,103,388	60,116,982	286,831,203
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						286,831,203

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	52,621,086	86,601,270	46,388,477	41,103,388	60,116,982	286,831,203
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,068,180	37,931,005	50,979,122	33,456,581	46,069,423	198,504,311
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 VI)	36,299,261	37,068,680	39,342,314	39,393,125	28,831,287	180,934,667
11 **Total support.** Add lines 7 through 10						666,270,181

12 Gross receipts from related activities, etc (see instructions)	12	959,100,383

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	43 050 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	42 950 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2013 AMOUNT $ 29,356,352 2014 AMOUNT $ 27,446,838 2015 AMOUNT $ 29,531 ,366 2016 AMOUNT $ 30,090,220 2017 AMOUNT $ 20,261,944 GROSS RECEIPTS FROM INVENTORY SALE - 2013 AMOUNT $ 6,942,909 2014 AMOUNT $ 9,621,842 2015 AMOUNT $ 9,810,948 2016 AMOUNT $ 9,302,905 2017 AMOUNT $ 8,569,343

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	10	0
2	Aggregate value of contributions to (during year)	1,197,245	0
3	Aggregate value of grants from (during year)	300,351	0
4	Aggregate value at end of year	5,942,964	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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ 209,122

(ii) Assets included in Form 990, Part X ▶ $ 381,188

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

a Revenue included on 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	355,444,354	338,974,038	357,945,745	324,866,407	272,174,358
b Contributions	8,322,077	4,521,416	4,487,938	34,494,182	25,034,784
c Net investment earnings, gains, and losses	26,586,258	29,907,694	-1,643,328	7,536,239	31,585,027
d Grants or scholarships					189,846
e Other expenditures for facilities and programs	1,358,132	17,958,794	21,816,317	8,951,083	3,737,916
f Administrative expenses					
g End of year balance	388,994,557	355,444,354	338,974,038	357,945,745	324,866,407

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

- a Board designated or quasi-endowment ▶ 14 610 %
- b Permanent endowment ▶ 71 180 %
- c Temporarily restricted endowment ▶ 14 210 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 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" on 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		20,465,414		20,465,414
b Buildings	432,610,610	355,788,319	183,384,622	605,014,307
c Leasehold improvements		37,661,604	17,958,778	19,702,826
d Equipment		127,022,209	116,177,250	10,844,959
e Other		62,898,614		62,898,614
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				718,926,120

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	70,671,971	F
(3) Other		
(A) HEDGE FUNDS	12,692,007	F
(B) OTHER	43,975,724	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	127,339,702	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITIES, TRUSTS AND AGENCIES	5,636,465
TRUSTS LIABILITIES	21,289,922
AMOUNTS HELD FOR OTHERS	456,145,494
NON-OPERATING LIABILITY	30,087,226
ADVANCES FROM AFFILIATES	21,231,128
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	534,390,235

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	ORIGINAL ARTWORK DISPLAYING THE TEACHING AND HEALING MINISTRIES OF JESUS CHRIST AND FOUNDERS OF LLU

Supplemental Information

Return Reference	Explanation
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 UNIVER SITY AND DONORS

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SCHEDULE E (Form 990 or 990-EZ)

Schools

▶ Complete if the organization answered "Yes" on 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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3 Yes	
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d Yes	
5	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d Yes	
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
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	6b	No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7 Yes	

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

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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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	246			575,882
b Total from continuation sheets to Part I					39,449,983
c **Totals** (add lines 3a and 3b)	0	510			40,025,865

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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☑ 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).

Return Reference	Explanation
PART I, LINE 2	LLU WORKS IN CONJUNCTION WITH THE LLUH 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	83	PROGRAM SERVICES	RESEARCH, TEACHING, CONSULTATIONS, MISSION TRIPS, WORKSHOPS, CLINICAL SERVICE	160,454
CENTRAL AMERICA AND THE CARIBBEAN	0	4	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	6,699

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	4	PROGRAM SERVICES	CONDUCTING BOARD MEETINGS	4,800
EAST ASIA AND THE PACIFIC	0	46	PROGRAM SERVICES	RESEARCH, TEACHING, CONSULTATIONS, MISSION TRIPS, WORKSHOPS, CLINICAL SERVICE	107,090

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
EAST ASIA AND THE PACIFIC	0	46	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	130,649
EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES	CONDUCTING BOARD MEETINGS	7,930

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	13	PROGRAM SERVICES	RESEARCH, TEACHING, WORKSHOP, MEETINGS, CONSULTATION, STUDENT RECRUITMENT	42,800
EUROPE (INCLUDING ICELAND & GREENLAND)	0	46	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	115,460

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	2	PROGRAM SERVICES	CONDUCTING BOARD MEETINGS	1,800
MIDDLE EAST AND NORTH AFRICA	0	3	PROGRAM SERVICES	MISSION TRIP, TEACHING	5,300

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	1	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	1,500
NORTH AMERICA	0	64	PROGRAM SERVICES	STUDENT RECRUITMENT, MEETING, RESEARCH, CONSULTATION, TEACHING, MISSION TRIP	78,645

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	25	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	57,945
RUSSIA AND NEIGHBORING STATES	0	8	PROGRAM SERVICES	WORKSHOP, MEETING, MISSION TRIP	10,439

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
RUSSIA AND NEIGHBORING STATES	0	1	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	1,584
SOUTH AMERICA	0	23	PROGRAM SERVICES	MISSION TRIP, RESEARCH, WORKSHOP, CONSULTATION, TEACHING	101,260

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 AMERICA	0	4	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	9,880
SOUTH ASIA	0	17	PROGRAM SERVICES	MISSION TRIP, CLINICAL SERVICE, TEACHING, MEETING, RESEARCH, STUDENT RECRUITMENT	45,157

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	5	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	8,934
SUB-SAHARAN AFRICA	0	107	PROGRAM SERVICES	MISSION TRIP, RESEARCH, CONSULTATION, CLINICAL SERVICE, RESEARCH, MEETING, WORKSHOP	366,593

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
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	5,900
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	CONDUCTING BOARD MEETINGS	2,499

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	0	INVESTMENTS		34,809,539
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		168,335

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
NORTH AMERICA	0	0	INVESTMENTS		3,774,673

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2017

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LLUH-SB INC 11145 ANDERSON ST LOMA LINDA, CA 92354	47-2686706	501(C)(3)		39,567	BOOK	DONATION OF SERVICES	SUPPORT OF HEALTHCARE AND EDUCATIONAL FACILITY IN UNDERSERVED AREA OF SAN BERNARDINO
LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL 11234 ANDERSON ST LOMA LINDA, CA 92354	46-3214504	501(C)(3)	11,000				SUPPORT OF HEALTHCARE AND EDUCATIONAL SERVICES OFFERED BY OUR CHILDREN'S HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOMA LINDA ACADEMY 10656 ANDERSON ST LOMA LINDA, CA 92354	95-1831069	501(C)(3)	15,600				SUPPORT LOCAL SDA SCHOOL AFFILIATED WITH LLU
OAKWOOD UNIVERSITY 7000 ADVENTIST BLVD HUNTSVILLE, AL 35810	63-0366652	501(C)(3)	8,000				SUPPORT SDA UNIVERSITY AFFILIATED WITH LLU

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIAL ACTION COMMUNITY HEALTH SYSTEM 1455 E THIRD ST SAN BERNARDINO, CA 92410	33-0664371	501(C)(3)	458,333				TO SUPPORT HEALTHCARE AND EDUCATIONAL SERVICES IN UNDERSERVED AREA OF SAN BERNARDINO
SAN BERNARDINO MEDICAL SOCIETY 1859 W REDLANDS BLVD REDLANDS, CA 92373	95-1878903	501(C)(6)	10,000				SUPPORT LOCAL MEDICAL SOCIETY TO PROMOTE THE HEALTH AND WELLNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GENERAL CONFERENCE OF SDA 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-0643036	501(C)(3)	6,000				TO SUPPORT THE MISSION AND PURPOSE OF OUR SDA GENERAL CONFERENCE
NATIONAL PERINATAL ASSOCIATION 2000 NORTH BEAUREGARD STREET 6TH FLOOR ALEXANDRIA, VA 22311	31-0918076	501(C)(3)	5,500				TO SUPPORT THE EDUCATIONAL PROGRAMS OF THE PERINATAL ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTILLEAN ADVENTIST UNIVERSITY 106 CII 2 MAYAGUEZ, PR 00680		501(C)(3)		20,530	COST	DONATION OF WATER RELATED SUPPLIES	TO PROVIDE WATER FILTERS & PURIFIERS FOR HURRICANE RELIEF EFFORT IN PUERTO RICO, A US TERRITORY
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON ST LOMA LINDA, CA 92354	95-3522679	501(C)(3)	5,000				SUPPORT LOCAL SDA SCHOOL AFFILIATED WITH LLU

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MESA GRANDE ACADEMY 975 FREMONT STREET CALIMESA, CA 92320	27-0000351	501(C)(3)	5,000				SUPPORT LOCAL SDA SCHOOL AFFILIATED WITH LLU

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 ALLIED HEALTH PROFESSIONS	145	632,568			
SCHOOL OF DENTISTRY	34	576,269			
SCHOOL OF MEDICINE	303	6,632,104			
SCHOOL OF NURSING	210	678,417			
SCHOOL OF PHARMACY	57	312,296			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 BEHAVIOURAL HEALTH	181	1,269,313			
NON-SCHOOL SPECIFIC GRANTS	1657	643,684			
SCHOOL OF PUBLIC HEALTH	41	275,925			
SCHOOL OF RELIGION	26	181,690			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on 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 LLUH AND LLUH 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 LLUH 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 LLUH 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, LINES 4A-B	NET FLEX PLAN CREDITS PAID TO EMPLOYEE IN CASH HADLEY, HENRY ROGER $61,171 50 HART, RICHARD HENRY $62,881 52 HEINRICH, KERRY L $146,823 04 HUBBARD, MARK LEE $47,015 28 LANG, KEVIN J $119,789 02 EMPLOYER CONTRIBUTIONS/PAYMENTS FOR ELECTIVE BENEFITS (INCLUDES VESTED AND FORFEITED BENEFITS FUNDED IN PRIOR YEARS) LANG, KEVIN J $3,355 93 THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENT RONALD DAILEY $280,000
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 LLUH LLUH 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 REPRESENT TOTAL AMOUNTS OF COMPENSATION RECEIVED BY EACH OFFICER FROM LLUH THE OFFICERS DO NOT RECEIVE ANY OTHER COMPENSATION AMOUNTS FROM RELATED ORGANIZATIONS LLUH 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 COMPENSATION 100% FUNDED BY LLU - HADLEY, HENRY ROGER COMPENSATION 3% FUNDED BY LLUCH, 12% FUNDED BY LLUMCAND 85% FUNDED BY LLU NET OF $50,000 FUNDED BY LLUHC AND $50,000 FUNDED BY LOMA LINDA UNIVERSITY UROLOGY GROUP AND THE DEPARTMENT OF VETERAN AFFAIRS SERP BENEFIT 100% FUNDED BY LLU - HARRIS, DAVID PAUL COMPENSATION 100% FUNDED BY LLU - HART, RICHARD HENRY COMPENSATION, EXCLUDING SERP BENEFIT 32% FUNDED BY LLU, 1% FUNDED BY LLUBMC, 12% FUNDED BY LLUCH, 5% FUNDED BY MURRIETA AND 50% FUNDED BY LLUMC SERP BENEFIT 100% FUNDED BY LLUMC - HEINRICH, KERRY L COMPENSATION, EXCLUDING INCENTIVE AND SERP BENEFIT 10% FUNDED BY MURRIETA, 23% FUNDED BY LLUCH, 2% FUNDED BY LLUBMC AND 65% FUNDED BY LLUMC INCENTIVE AND SERP BENEFIT 100% FUNDED BY LLUMC - HUBBARD, MARK LEE COMPENSATION, EXCLUDING INCENTIVE AND SERP BENEFIT 3% FUNDED BY LLUCH, 2% FUNDED BY MURRIETA, 15% FUNDED BY LLUSS, 70% FUNDED BY LLUH'S RISK MANAGEMENT DEPARTMENT AND 10% FUNDED BY LLUMC SERP BENEFIT 20% FUNDED BY LLUMC AND 80% FUNDED BY LLUH'S RISK MANAGEMENT DEPARTMENT INCENTIVE BENEFIT 100% FUNDED BY LLUMC - LANG, KEVIN J COMPENSATION, EXCLUDING INCENTIVE AND SERP BENEFIT 49% FUNDED BY LLUMC, 17% FUNDED BY LLUCH, 7% FUNDED BY MURRIETA, 17 5% FUNDED BY LLU, 7 5% FUNDED BY LLUHC, AND 2% FUNDED BY LLUBMC SERP BENEFIT 92 5% FUNDED BY LLUMC AND 7 5% FUNDED BY LLUHC INCENTIVE BENEFIT 100% FUNDED BY LLUMC - NEAL, RODNEY COMPENSATION 85% FUNDED BY LLU AND 15% FUNDED BY LLUSS

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RICHARD H HART TRUSTEE, PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	414,000	0	101,854	34,476	22,263	572,593	0
1HENRY R HADLEY TRUSTEE, DEAN	(I)	0	0	0	0	0	0	0
	(II)	390,238	0	104,478	34,228	23,996	552,940	0
2KERRY HEINRICH TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	758,000	175,745	205,876	43,502	25,858	1,208,981	0
3RICHARD CHINNOCK TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	300,000	0	65,914	35,100	5,000	406,014	0
4DOUGLAS HEGSTAD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	275,000	0	40,000	35,100	5,000	355,100	0
5ROBERT MARTIN TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	550,000	0	89,100	35,100	6,000	680,200	0
6RICARDO PEVERINI TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	348,750	0	40,000	35,100	5,000	428,850	0
7HERBERT RUCKLE TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	341,875	0	189,450	35,100	6,500	572,925	0
8ROGER WOODRUFF TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	270,000	0	0	35,100	5,000	310,100	0
9RONALD L CARTER PROVOST	(I)	217,124	0	61,707	61,707	16,581	357,119	0
	(II)	0	0	0	0	0	0	0
10RODNEY NEAL SENIOR VICE PRESIDENT	(I)	252,000	0	29,991	31,014	22,327	335,332	0
	(II)	0	0	0	0	0	0	0
11KEVIN J LANG CHIEF FINANCIAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	656,000	147,859	285,376	42,815	30,374	1,162,424	0
12DAVID P HARRIS VICE PRESIDENT	(I)	179,000	0	22,353	24,073	21,711	247,137	0
	(II)	0	0	0	0	0	0	0
13RICKY E WILLIAMS VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	181,000	0	24,142	25,096	23,049	253,287	0
14MYRNA HANNA CORPORATE SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	127,914	17,293	17,293	17,315	12,276	192,091	0
15LEW MOWERY ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	156,307	7,924	39,454	19,100	12,276	235,061	0
16RONALD DAILEY DEAN	(I)	145,916	0	280,000	24,932	0	450,848	0
	(II)	0	0	0	0	0	0	0
17ROBERT A HANDYSIDES DEAN	(I)	175,574	400	53,713	28,282	1,140	259,109	0
	(II)	0	0	0	0	0	0	0
18ALAN HERFORD PROFESSOR	(I)	166,192	400	320,766	39,926	900	528,184	0
	(II)	0	0	0	0	0	0	0
19CURT D CAO PROFESSOR	(I)	323,457	2,400	0	24,125	0	349,982	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21HARVEY A ELDER PROFESSOR	(I)	0	0	492,716	15,031	0	507,747	0
	(II)	0	0	0	0	0	0	0
1DONALD J MILLER PROFESSOR	(I)	0	0	507,597	0	0	507,597	0
	(II)	0	0	0	0	0	0	0
2JAYINI S THAKKER PROFESSOR	(I)	100,006	400	289,047	33,369	900	423,722	0
	(II)	0	0	0	0	0	0	0
3CRAIG R JACKSON FORMER DEAN	(I)	179,610	3,068	0	24,010	0	206,688	0
	(II)	0	0	0	0	0	0	0
4CHARLES GOODACRE FORMER DEAN	(I)	68,682	200	62,461	19,340	0	150,683	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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 EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130179JF2	03-09-2017	149,174,009	FACILITIES ACQUISITION AND CONSTRUCTION, REFUND 2007 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	149,174,009			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	5,829,200			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	886,454			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	27,702,179			
11	Other spent proceeds	89,292,835			
12	Other unspent proceeds	25,463,341			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
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 ▶								
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 ▶								
6	Total of lines 4 and 5								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

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

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

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

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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	180,954	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

2017

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	204,122	APPRAISAL
2 Art—Historical treasures	X	1	5,000	APPRAISAL
3 Art—Fractional interests				
4 Books and publications	X		49,245	APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	1,270,769	QUOTED PRICE ON ACTIVE E
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	2	578,075	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	18,665	APPRAISAL
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL EQUIPMENT)	X	8	222,405	APPRAISAL
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 II **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
PART I, COLUMN (B)	NUMBER OF CONTRIBUTIONS

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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 990-EZ 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

2017

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE POWERS RESERVED BY LLUH AS MEMBER, WHICH MAY ONLY BE EXERCISED BY THE LLUH BOARD UPON THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE TRUSTEES PRESENT AND VOTING AT ANY REGULAR OR SP ECIAL MEETING OF THE BOARD AT WHICH A QUORUM IS PRESENT ARE TO 1 APPROVE OR RATIFY ALL C HANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS OF LLU, AS CORPORATE MEMBER 2 APPOINT THE BOARD FOR LLU AS THE MEMBER 3 APPROVE ANY SIGNIFICANT CHANGE IN THE CORPORATE PURPO SES OF LLU THE POWERS RESERVED BY LLUH AS MEMBER, WHICH SHALL ONLY BE EXERCISED BY THE LL UH BOARD UPON MAJORITY VOTE OF LLUH'S 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 WIT H OR WITHOUT CAUSE 2 APPOINT THE EXECUTIVE VICE PRESIDENT FOR UNIVERSITY AFFAIRS WHO SHA LL 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 LLUH BOARD-APPROVED POLICY O N BORROWING 5 APPROVE ALL BORROWING OF FIVE MILLION DOLLARS OR MORE BY LLU OR ITS SUBSID IARIES (SEE BOARD-APPROVED POLICY FOR BORROWING OF FUNDS) 6 APPROVE ANY EXCEPTIONS TO TH E POLICY FOR THE BORROWING OF FUNDS BY LLU 7 APPROVE THE STRATEGIC PLAN OF LLU 8 APPRO VE MAJOR CONSTRUCTION PROJECTS OF LLU 9 APPROVE INSTITUTES AND CORPORATIONS SUBSIDIARY O F LLU 10 ACCEPT THE ANNUAL AUDITED FINANCIAL STATEMENTS OF LLU 11 APPROVE THE ANNUAL O PERATING AND CAPITAL BUDGETS OF LLU 12 APPROVE THE LLU CONTRACTING GUIDELINES 13 APPRO VE RECOMMENDATIONS FROM LLU AND ITS SUBSIDIARIES FOR BUSINESS DEVELOPMENT PLANS AND ACTIVI TIES 14 REQUIRE LLU TO HAVE A COMPLIANCE PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY INTERNAL AUDIT, MANAGEMENT, THE AUDIT COMMITTEE AND BOARD OF T RUSTEES FOR REVIEW AND COMMENTS PRIOR TO FILING HOWEVER, THE FORM 990-T WILL NOT BE AVAIL ABLE FOR BOARD REVIEW PRIOR TO FILING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE FILING ORGANIZATION DOES NOT DETERMINE COMPENSATION FOR THE ORGANIZATION'S PRESIDENT COMPENSATION IS SET BY A RELATED ORGANIZATION, THEREFORE QUESTION 15A IS "NO" IN ACCORDANC E WITH THE FORM INSTRUCTIONS LLUH, LLU'S PARENT ORGANIZATION, EMPLOYS AN INDEPENDENT OUTS IDE CONSULTING FIRM TO BENCHMARK COMPENSATION FOR LLUH EMPLOYEES, INCLUDING THE CEO AND TO P MANAGEMENT LLUH PROVIDES MANAGEMENT SERVICES FOR LLU THE LLUH EXECUTIVE COMPENSATION C OMMITTEE USES THE RESULTS OF THE INDEPENDENT SURVEY TO ESTABLISH PAY SCALES FOR THE NEXT F ISCAL YEAR THE EXECUTIVE COMPENSATION COMMITTEE SETS THE TOTAL COMPENSATION BELOW THE IND USTRY MEAN AND MEDIAN AMOUNTS PROVIDED IN THE SURVEY THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF TRUSTEES APPOINTED BY THE LLUH BOARD WHO ARE INDEPENDENT OF LLUH'S MANAGEM ENT THE EXECUTIVE COMPENSATION COMMITTEE IS APPOINTED BY THE LLUH BOARD OF TRUSTEES TO HA VE DIRECT RESPONSIBILITY FOR ESTABLISHING COMPENSATION, POLICIES, AND BENEFITS FOR THE SEN IOR EXECUTIVES OF LLUH THE COMMITTEE'S PROCESS INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATIONS AND DECISIONS FOR KEY EMPLOYEES OTHER THAN THE OFFICERS AS WELL AS EMPLOYE ES 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 P AY 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 ESTA BLISH OR REVIEW THE REASONABLENESS OF COMPENSATION AMOUNTS THIS PROCESS WAS LAST UNDERTAK EN IN DECEMBER OF 2016 FOR THE POSITION OF PROVOST/COO, LLU HELD BY CARTER, RONALD THIS P ROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2016 FOR THE POSITION OF EVP LLUH, CEO UHS, DEAN SCHOOL OF MEDICINE HELD BY HADLEY, HENRY ROGER THIS PROCESS WAS LAST UNDERTAKEN IN DECEM BER OF 2016 FOR THE POSITION OF VP/CIO, LLU HELD BY HARRIS, DAVID PAUL THIS PROCESS WAS L AST UNDERTAKEN IN DECEMBER OF 2016 FOR THE POSITION OF PRESIDENT, LLUH HELD BY HART, RICHA RD HENRY THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2016 FOR THE POSITION OF SVP, RI SK MANAGEMENT & HR HELD BY HUBBARD, MARK LEE THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2016 FOR THE POSITION OF EVP, FINANCE & ADMINISTRATION, LLUH HELD BY LANG, KEVIN J T HIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2016 FOR THE POSITION OF SVP, ADMINISTRATIO N/ CFO LLU HELD BY NEAL, RODNEY THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2016 FOR THE POSITION OF VP, STUDENT SERVICES, LLU HELD BY WILLIAMS, RICKY EUGENE THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2016 FOR THE POSITION OF VP STUDENT SERVICES HELD BY WILLI AMS, RICKY EUGENE

990 Schedule O, Supplemental Information

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 PUB LIC UPON REQUEST THE CONFLICT OF INTEREST POLICY IS ALSO POSTED ON THE ORGANIZATION'S INT ERNAL WEBSITE FOR EMPLOYEES AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE AVAILABLE ON ITS WEBSITE 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 H OURS PER WEEK SHOWN IN PART VII, SECTION A, COLUMN (B) OF THE RETURN) THE COMPENSATION AMO UNTS 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 POSITI ONS WITHIN THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNRELATED BUSINESS INCOME FROM PARTNERSHIPS 1,624,331

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? 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.

See Additional Data Table

(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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CHARITABLE REMAINDER TRUSTS (121)	TRUST MANAGEMENT	CA	N/A						No
(2)SOF VIII INVESTOR X 21 ST THOMAS STREET BRISTOL BS1 6JS UK 95-0585363	REAL ESTATE	UK	LOMA LINDA UNIVERSITY	C			100 000 %	Yes	

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

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

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

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
LLU EDGE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	5,092,000	LLU
LLU LODGE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	5,908,000	LLU
LLU GATEWAY MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	46,062,063	LLU
LOMA LINDA TEXAS PROPERTIES II LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	86,667	5,038,206	LLU
LLU CHAZAL MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	187,500	5,125,210	LLU
LLU MULTIFAMILY PROPERTIES IV LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	207,000	4,854,886	LLU
LLU COBBLEGATE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	183,333	10,142,077	LLU
LLU MULTIFAMILY PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	210,000	4,417,728	LLU
LOMA LINDA TEXAS PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	140,000	4,556,680	LLU
LLU FARMGATE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	590,500	9,987,186	LLU
LLU HOUSTON HOUSE LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	78,750	4,299,808	LLU
LLU LAKEVIEW MULTIFAMILY PROPERTY II LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	150,000	7,211,202	LLU
LOMA LINDA TEXAS PROPERTIES III LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	150,000	9,099,668	LLU
LLU NOVI MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	153,102	2,465,531	LLU
LLU PARK MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	110,239	1,592,932	LLU
LLU RIVERBEND MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	115,000	3,394,595	LLU
LLU MULTIFAMILY PROPERTIES III LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	212,392	4,368,635	LLU
LLU SAGEGATE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	117,228	5,787,749	LLU
LLU SAN MIGUEL LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	150,000	3,289,439	LLU
LLU SIENNA VISTA MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	204,875	3,735,397	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
LLU THORNBRIDGE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	548,287	9,046,852	LLU
LLU TUSCAN HEIGHTS MULTIFAMILY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	435,160	8,592,492	LLU
LLU MULTIFAMILY PROPERTIES II LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	243,750	2,374,697	LLU
LLU WESTBURY MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	382,500	3,729,151	LLU
LLU MULTIFAMILY PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	4,300,694	LLU
LOMA LINDA UNIVERSITY 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	126,370	1,871,630	LLU
LLU VUE 25 MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	222,500	4,155,314	LLU
LOMA LINDA UNIVERSITY 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	2,279,635	LLU
LOMA LINDA UNIVERSITY 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	9,590,217	LLU
LLU LYON LIVING LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	537,751	21,045,106	LLU
LLU GRAMERCY MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	5,876,126	LLU
LLU LAKESIDE LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	378,000	10,601,942	LLU
LLU NORTH RIVER MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	276,000	5,189,797	LLU
LLU ENCLAVE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	324,042	6,764,971	LLU
LLU MONARCH MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	647,855	4,236,200	LLU
LLU TUSCANY MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	45,000	6,889,810	LLU
LLU ARTESSA LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	501,000	10,053,626	LLU
LLU CROSSPOINTE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	180,007	3,942,535	LLU
LLU OPUS 29 LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	864,332	10,699,451	LLU
LLU OPUS 31 LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	0	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
LLU INSIGNIA MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	162,891	1,000,000	LLU
LLU MARQ MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	237,944	7,542,851	LLU
LLU TENNESSEE MULTIFAMILY PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	126,000	4,534,479	LLU
LLU FOUNTAIN GLEN MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	531,500	17,619,149	LLU
LLU RAINIER POINTE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	464,624	723,514	LLU
LLU RIVERPOINTE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	291,412	4,528,035	LLU
LLU FARMINGTON MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	194,000	8,939,120	LLU
LLU TRAX MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	331,025	4,800,000	LLU
LLU LUMINA MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	6,144,352	LLU
LLU SONOMA RIDGE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	123,387	1	LLU
LLU CLOCKTOWER MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	9,798	1,844,000	LLU

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
11175 CAMPUS ST LOMA LINDA, CA 92350 33-0672914	EMPLOY CLINICAL FACULTY	CA	501(C)(3)	LINE 12C, III-FI	N/A		No
11145 ANDERSON STREET LOMA LINDA, CA 92350 47-2686706	REAL ESTATE HOLDING CO	CA	501(C)(3)	LINE 12A, I	LLUH	Yes	
11175 CAMPUS STREET CSP-11006 LOMA LINDA, CA 92350 95-3804495	PARENT ORGANIZATION AND EXECUTIVE SERVICES FOR RELATED EXEMPT ORGS	CA	501(C)(3)	LINE 1	GCOSDA		No
11234 ANDERSON STREET LOMA LINDA, CA 92350 95-3522679	HEALTHCARE	CA	501(C)(3)	LINE 3	LLUH	Yes	
101 EREDLANDS BLVD SAN BERNARDINO, CA 92408 36-6821892	INSURANCE	IL	501(C)(3)	LINE 12A, I	LLUH	Yes	
11175 CAMPUS STREET LOMA LINDA, CA 92354 33-0364239	HEALTHCARE MANAGEMENT	CA	501(C)(3)	LINE 12A, I	LLUH	Yes	
11175 CAMPUS STREET 11120 LOMA LINDA, CA 92350 33-0672915	PHYSICIAN PRACTICE GROUP	CA	501(C)(3)	LINE 12A, I	LLUH	Yes	
12501 OLD COLUMBIA PIKE SILVER SPRINGS, MD 20904 52-0643036	CHURCH	MD	501(C)(3)	LINE 1			No
11175 CAMPUS STREET LOMA LINDA, CA 92354 95-3458265	INSURANCE	CA	501(C)(3)	LINE 12A, I	LLUH	Yes	
11175 CAMPUS STREET LOMA LINDA, CA 92354 46-1612773	GRADUATE MEDICAL EDUCATION	CA	501(C)(3)	LINE 10	LLUH	Yes	
28062 BAXTER ROAD MURRIETA, CA 92653 37-1705906	HOSPITAL	CA	501(C)(3)	LINE 3	LLUH	Yes	
PO BOX 1802 PROVIDENCE, RI 02901 36-6821892	INSURANCE	RI	501(C)(3)	LINE 12A, I	LLUH	Yes	
11175 CAMPUS STREET LOMA LINDA, CA 92354 81-0661056	SERVICE ORGANIZATION	CA	501(C)(3)	LINE 1	LLUH	Yes	
40 MAIN STREET STE 500 BURLINGTON, VT 05402 46-1612773	INSURANCE UNDERWRITING	VT	501(C)(3)	LINE 1	LLUH	Yes	
11175 CAMPUS STREET 11120 LOMA LINDA, CA 92354 33-0672914	PHYSICIAN PRACTICE GROUP	CA	501(C)(3)	LINE 12A, I	LLUH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, 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	
MFLLE-MAITLAND LLC 353 NORTH CLARK STREET CHICAGO, IL 60654 32-0493144	MULTIFAMILY RESIDENTIAL REAL ESTATE	IL	LLU MAITLAND MULTIFAMILY PROPERTY LLC	RELATED	1	11,183,532		No			No	66 670 %
SPLLU CROSSPOINTE LLC 701 FIFTH AVENUE SUITE 5700 SEATTLE, WA 98104 81-2966721	MULTIFAMILY RESIDENTIAL REAL ESTATE	WA	LLU CROSSPOINTE MULTIFAMILY PROPERTY LLC	RELATED	191,919	9,928,694		No			No	54 440 %
SPLLU CROSSPOINTE LLC 701 FIFTH AVENUE SUITE 5700 SEATTLE, WA 98104 81-2951324	MULTIFAMILY RESIDENTIAL REAL ESTATE	WA	LLU RIVERPOINTE MULTIFAMILY PROPERTY LLC	RELATED	296,649	12,829,778		No			No	56 180 %
CR CHELSEA HEIGHTS COMMUNITIES LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 46-2336775	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LLU MULTIFAMILY PROPERTIES IV LLC	RELATED	39,953	8,579,563		No			No	52 300 %
CR DESEO COMMUNITIES LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 46-0923187	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LOMA LINDA TEXAS PROPERTIES LLC	RELATED	-301,027	14,225,912		No			No	50 220 %
CR RIVERCREST MEADOWS HOLDINGS LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 46-1842027	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LLU MULTIFAMILY PROPERTIES III LLC	RELATED	-186,258	24,146,502		No			No	50 600 %
CR THORNBRIDGE HOLDINGS LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 47-3461854	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	CR THORNBRIDGE HOLDINGS LLC	RELATED	-23,353	25,553,474		No			No	50 170 %
CR WESTBURY COMMUNITIES LLC 444 WEST BEECH STREET SUITE 300 SAN DIEGO, CA 92101 47-3409746	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LLU WESTBURY MULTIFAMILY PROPERTY LLC	RELATED	33,489	10,912,620		No			No	50 760 %
SPLLU OPUS 29 LLC 701 FIFTH AVENUE SUITE 5700 SEATTLE, WA 98104 61-1782541	MULTIFAMILY RESIDENTIAL REAL ESTATE	WA	FBO LLU OPUS 29 LLC	RELATED	-312,175	26,810,385		No			No	55 000 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LLUH-SB INC	D	20,372,252	
LOMA LINDA UNIVERSITY SHARED SERVICES	J	699,446	
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	L	294,237	
LOMA LINDA UNIVERSITY MEDICAL CENTER	L	7,498,821	
LOMA LINDA UNIVERSITY SHARED SERVICES	L	988,741	
LOMA LINDA UNIVERSITY HEALTHCARE	L	120,905	
LLUH-SB INC	O	39,567	
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	Q	582,280	
LOMA LINDA UNIVERSITY MEDICAL CENTER - MURRIETTA	Q	52,317	
LOMA LINDA UNIVERSITY MEDICAL CENTER	Q	11,366,846	
LOMA LINDA UNIVERSITY SHARED SERVICES	Q	2,180,024	
LOMA LINDA UNIVERSITY HEALTHCARE	Q	146,524	
LOMA LINDA MERCANTILE	P	36,888,038	
LOMA LINDA UNIVERSITY MEDICAL CENTER	P	4,132,472	
LOMA LINDA UNIVERSITY MEDICAL CENTER	J	30,760	
LOMA LINDA UNIVERSITY HEALTHCARE	M	2,149,500	