

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	51,069,584	including grants of \$	9,773,340) (Revenue \$	60,842,924)
See Additional Data					

4b	(Code:) (Expenses \$	57,534,803	including grants of \$	441,939) (Revenue \$	65,712,938)
See Additional Data					

4c	(Code:) (Expenses \$	29,977,019	including grants of \$	311,590) (Revenue \$	28,491,221)
See Additional Data					

(Code:) (Expenses \$	142,947,251	including grants of \$	32,299,005) (Revenue \$	54,162,773)
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 \$	142,947,251	including grants of \$	32,299,005) (Revenue \$	54,162,773)	

4e	Total program service expenses ▶	281,528,657			
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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 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 ComplianceCheck 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 115	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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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	36	
	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	27	
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?		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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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		No
b	Other officers or key employees of the organization	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?	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?	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-A 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

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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)								5,508,514	6,042,573	1,016,891

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 ▶ 257

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
MCCARTHY BUILDING COMPANIES INC 20401 SW BIRCH ST STE 300 NEWPORT BEACH, CA 92660	CONSTRUCTION SERVICES	31,900,142
LOMA LINDA UNIVERSITY HEALTH 197 E CAROLINE STREET SAN BERNARDINO, CA 92408	SUPPORT & RISK MGMT- INSURANCE SERVICES	23,962,971
LOMA LINDA UNIVERSITY SHARED SERVICES I 197 E CAROLINE STREET SAN BERNARDINO, CA 92408	ADMIN & IT SUPPORT SERVICES	23,771,808
LAYTON CONSTRUCTION INC 9090 SO SANDY PARKWAY SANDY, UT 84070	CONSTRUCTION SERVICES	5,833,848
LOMA LINDA UNIVERSITY HEALTH CARE 11175 CAMPUS ST LOMA LINDA, CA 92350	MEDICAL SERVICES	3,570,566

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 ▶ 49

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d	8,425,838									
	e Government grants (contributions)		1e	17,174,848									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	19,614,036									
	g Noncash contributions included in lines 1a - 1f:\$		1g	131,053									
	h Total. Add lines 1a-1f		45,214,722										
Program Service Revenue			Business Code										
	2a TUITION AND FEES		611600	175,342,978		175,342,978							
	b CLINIC INCOME		621400	19,104,422		19,104,422							
	c STUDENT LOAN INTEREST		611600	1,457,436		1,457,436							
	d												
	e												
	f All other program service revenue.			13,305,020		13,305,020							
	g Total. Add lines 2a-2f.		209,209,856										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			▶		11,887,652				-322,795		12,210,447	
	4 Income from investment of tax-exempt bond proceeds			▶									
	5 Royalties			▶		996,130						996,130	
			(i) Real	(ii) Personal									
	6a Gross rents		6a	8,854,807									
	b Less: rental expenses		6b	7,391,760									
	c Rental income or (loss)		6c	1,463,047									
	d Net rental income or (loss)		▶		1,463,047						1,463,047		
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	1,079,357,728	162,250								
	b Less: cost or other basis and sales expenses		7b	1,085,111,716	25,796								
	c Gain or (loss)		7c	-5,753,988	136,454								
	d Net gain or (loss)		▶		-5,617,534						-5,617,534		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events		▶										
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities		▶										
	10aGross sales of inventory, less returns and allowances . . .		10a	27,330,522									
b Less: cost of goods sold . . .		10b	9,136,402										
c Net income or (loss) from sales of inventory		▶		18,194,120				1,069,315		17,124,805			
Miscellaneous Revenue		Business Code											
11a													
b													
c													
d All other revenue				3,275,407						3,275,407			
e Total. Add lines 11a-11d		▶		3,275,407									
12 Total revenue. See instructions		▶		284,623,400		209,209,856		746,520		29,452,302			

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,160,544	27,160,544		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,655,155	15,655,155		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	10,175	10,175		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,056,166	2,871,866	184,300	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	166,766	156,709	10,057	
7 Other salaries and wages	110,046,078	103,409,801	6,636,277	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,624,031	10,923,102	700,929	
9 Other employee benefits	28,460,479	26,744,312	1,716,167	
10 Payroll taxes	9,477,069	8,905,602	571,467	
11 Fees for services (non-employees):				
a Management				
b Legal	444,377	426,815	17,562	
c Accounting	33,453		33,453	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,231,204		13,231,204	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	50,484,861	24,890,557	24,467,287	1,127,017
12 Advertising and promotion	512,755	483,725	29,030	
13 Office expenses	12,312,356	6,894,919	5,417,437	
14 Information technology	5,071,114	2,949,521	2,121,593	
15 Royalties				
16 Occupancy	15,205,356	10,029,864	5,175,492	
17 Travel	2,379,179	2,251,427	127,752	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,437	36,029	14,408	
20 Interest	9,883,940	6,325,722	3,558,218	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,590,531	13,177,940	7,412,591	
23 Insurance	1,299,208	831,493	467,715	
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 OVERHEAD EXPENSE ALLOCA	15,745,150	5,534,420	10,210,730	
b CLINIC AND MEDICAL SUPP	6,590,404	6,590,404		
c REPAIRS & MAINTENANCE	3,558,655	3,468,493	90,162	
d RESEARCH COST	787,882	787,882		
e All other expenses	6,566,584	1,012,180	5,554,404	
25 Total functional expenses. Add lines 1 through 24e	370,403,909	281,528,657	87,748,235	1,127,017
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 SheetCheck 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		10,316,988	1	18,688,823	
	2	Savings and temporary cash investments		5,552,108	2	2,446,847	
	3	Pledges and grants receivable, net		5,669,055	3	5,779,127	
	4	Accounts receivable, net		27,706,771	4	38,913,708	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		3,801,844	8	8,084,461	
	9	Prepaid expenses and deferred charges		6,341,963	9	3,339,031	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,137,252,015			
	b	Less: accumulated depreciation	10b	355,114,091	748,374,629	10c	782,137,924
	11	Investments—publicly traded securities		524,533,038	11	547,634,671	
	12	Investments—other securities. See Part IV, line 11		140,344,985	12	173,822,471	
	13	Investments—program-related. See Part IV, line 11		61,089,359	13	59,267,169	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		48,177,469	15	40,731,943	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,581,908,209	16	1,680,846,175		
Liabilities	17	Accounts payable and accrued expenses		52,035,217	17	29,212,272	
	18	Grants payable			18		
	19	Deferred revenue		18,618,874	19	27,169,765	
	20	Tax-exempt bond liabilities		184,236,833	20	178,877,691	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		27,244,302	23	45,806,684	
	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		537,781,516	25	708,679,358	
26	Total liabilities. Add lines 17 through 25		819,916,742	26	989,745,770		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		156,668,792	27	272,616,989	
	28	Net assets with donor restrictions		605,322,675	28	418,483,416	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		761,991,467	32	691,100,405		
33	Total liabilities and net assets/fund balances		1,581,908,209	33	1,680,846,175		

Part XI Reconciliation of Net AssetsCheck 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	284,623,400
2	Total expenses (must equal Part IX, column (A), line 25)	2	370,403,909
3	Revenue less expenses. Subtract line 2 from line 1	3	-85,780,509
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	761,991,467
5	Net unrealized gains (losses) on investments	5	14,566,652
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	322,795
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	691,100,405

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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?
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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

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

Form 990 (2019)

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 MANY OF THE 11,465 GRADUATES HAVE SPENT A YEAR OR MORE IN OVERSEAS MISSION SERVICE. MOST MEDICAL STUDENTS PARTICIPATE IN PROGRAMS THAT DELIVER MEDICAL CARE TO LOWER INCOME PEOPLE WHO HAVE LITTLE ACCESS TO BASIC MEDICAL CARE. ONE QUARTER OF THE PHYSICIANS IN CALIFORNIA'S "INLAND EMPIRE" ARE GRADUATES OF THE SCHOOL OF MEDICINE. DURING THE YEAR THE SCHOOL AWARDED THE FOLLOWING DEGREES: MD 143, PHD 6, MS 19.

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 4,800 PEOPLE RECEIVED TREATMENT THROUGH THE SERVICE LEARNING INTERNATIONAL PROGRAM FROM MORE THAN 100 STUDENTS. THERE WERE MORE THAN 123,000 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-40, ASSOCIATE-86, BACCALAUREATE-111, MASTER-178, DOCTORAL-122.

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			
KERRY HEINRICH TRUSTEE	1.00 50.00	X						0	1,176,262	46,013
ROBERT MARTIN TRUSTEE	1.00 1.00	X						0	940,484	39,600
JOHN LEYMAN FORMER PROFESSOR	1.00 50.00 0.00					X		850,665	0	44,066
JERALD NELSON FORMER DEAN OF SCHOOL OF MEDICINE	50.00 0.00					X		876,207	0	0
RICARDO PEVERINI TRUSTEE	1.00 1.00	X						0	747,250	38,600
HERBERT RUCKLE TRUSTEE	1.00 1.00	X						0	660,727	40,100
RICHARD H HART TRUSTEE, PRESIDENT	25.00 26.00	X		X				0	546,054	46,122
TAMARA THOMAS DEAN-SCHOOL OF MEDICINE	50.00 0.00	X						505,384	0	54,594
ALAN HERFORD PROFESSOR	50.00 0.00					X		485,764	0	31,168
JAYINI S THAKKER PROFESSOR	50.00 0.00					X		392,351	0	39,832

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			
ROGER WOODRUFF TRUSTEE	1.00	X						0	387,500	38,600
RICHARD CHINNOCK TRUSTEE	1.00	X						0	379,700	38,600
RODNEY NEAL SENIOR VICE PRESIDENT, FINANCIAL AFFAIRS	50.00 2.00			X				343,878	0	50,377
JAIME LOZADA PROGRAM DIRECTOR 2	50.00 0.00					X		338,805	0	48,868
ROBERT A HANDYSIDES DEAN-SCHOOL OF DENTISTRY	50.00 0.00				X			313,564	0	52,768
RONALD L CARTER PROVOST	50.00 1.00			X				328,419	0	31,392
MICHAEL SAMARDZIJA VP-RESEARCH AFFAIRS	50.00 0.00			X				0	300,004	50,811
LEW MOWERY ASSISTANT SECRETARY	9.00 45.00			X				0	304,114	42,721
DOUGLAS HEGSTAD TRUSTEE	1.00 1.00	X						0	300,000	38,600
DAVID P HARRIS VICE PRESIDENT	50.00 0.00			X				209,962	0	43,926

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			
ELIZABETH BOSSART	50.00									
DEAN-SCHOOL OF NURSING	0.00				X			211,159	0	34,432
BEVERLY BUCKLES	50.00									
DEAN-SCHOOL OF BEHAVIORAL HEALTH	0.00				X			205,801	0	34,682
CRAIG R JACKSON	50.00						X	206,641	0	33,307
FORMER KEY EMPLOYEE	0.00									
HELEN HOPP MARSHAK	50.00									
DEAN-SCHOOL OF PUBLIC HEALTH	0.00				X			180,673	0	37,195
MYRNA HANNA	5.00									
CORPORATE SECRETARY	45.00			X				0	174,696	33,778
RICKY E WILLIAMS	50.00						X	0	125,782	18,835
FORMER VICE PRESIDENT	0.00									
HAFFNER KARL	50.00									
VP-STUDENT SERVICES	0.00			X				59,241	0	7,904
DANIEL JACKSON	1.00									
VICE CHAIR	1.00	X		X				0	0	0
DAVID WILLIAMS	1.00									
TRUSTEE	1.00	X						0	0	0
ERIC TSAO	1.00									
TRUSTEE	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			
EUNMEE SHIM TRUSTEE	1.00 1.00	X						0	0	0
GT NG TRUSTEE	1.00 1.00	X						0	0	0
JERE CHRISPENS TRUSTEE	1.00 1.00	X						0	0	0
JUAN PRESTOL-PUESAN TRUSTEE	1.00 1.00	X						0	0	0
LARRY MOORE TRUSTEE	1.00 1.00	X						0	0	0
LARS HOUMANN TRUSTEE	1.00 1.00	X						0	0	0
LISA BEARDSLEY-HARDY TRUSTEE	1.00 1.00	X						0	0	0
MARK JOHNSON TRUSTEE	1.00 1.00	X						0	0	0
MAX TREVINO TRUSTEE	1.00 1.00	X						0	0	0
MELISSA KIDDER 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			
PATRICK MINOR TRUSTEE	1.00	X						0	0	0
PETER N LANDLESS TRUSTEE	1.00	X						0	0	0
RICARDO GRAHAM TRUSTEE	1.00	X						0	0	0
ROBERT LEMON TRUSTEE	1.00	X						0	0	0
RON SMITH TRUSTEE	1.00	X						0	0	0
SCOTT REINER TRUSTEE	1.00	X						0	0	0
SHERYL DODDS TRUSTEE	1.00	X						0	0	0
SHIRLEY CHANG TRUSTEE	1.00	X						0	0	0
STEVEN FILLER TRUSTEE	1.00	X						0	0	0
TED WILSON TRUSTEE	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			
THOMAS LEMON CHAIR	1.00	X		X				0	0	0
THOMAS WERNER TRUSTEE	1.00	X						0	0	0
WAYNE HARRIS TRUSTEE	1.00	X						0	0	0
WILFREDO COLN TRUSTEE	1.00	X						0	0	0

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	46,388,477	41,103,388	60,116,982	32,573,261	45,214,722	225,396,830
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	46,388,477	41,103,388	60,116,982	32,573,261	45,214,722	225,396,830
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.						225,396,830

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . . .	46,388,477	41,103,388	60,116,982	32,573,261	45,214,722	225,396,830
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,979,122	33,456,581	46,069,423	62,248,273	22,061,384	214,814,783
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.). . .	29,531,366	30,090,220	20,261,944	20,623,433	3,275,407	103,782,370
11	Total support. Add lines 7 through 10						543,993,983
12	Gross receipts from related activities, etc. (see instructions)					12	1,083,791,900

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 2019 (line 6, column (f) divided by line 11, column (f))	14	41.430 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	42.660 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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)		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 - 2015 AMOUNT: \$ 29,531,366. 2016 AMOUNT: \$ 30,090,220. 2017 AMOUNT: \$ 20,261,944. 2018 AMOUNT: \$ 20,623,433. 2019 AMOUNT: \$ 3,275,407.

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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

9

100,000

551,546

4,618,009

(b) Funds and other accounts

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.

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2a

2b

2c

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 ► \$ 14,846

(ii) Assets included in Form 990, Part X ► \$ 8,044,761

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

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	407,764,745	388,994,557	355,444,354	338,974,038	357,945,745
b Contributions	7,084,318	9,693,061	8,322,077	4,521,416	4,487,938
c Net investment earnings, gains, and losses	14,127,242	11,043,497	26,586,258	29,907,694	-1,643,328
d Grants or scholarships					
e Other expenditures for facilities and programs		1,966,370	1,358,132	17,958,794	21,816,317
f Administrative expenses					
g End of year balance	428,976,305	407,764,745	388,994,557	355,444,354	338,974,038

2

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

a

Board designated or quasi-endowment ▶ 31.330 %

b

Permanent endowment ▶ 56.440 %

c

Temporarily restricted endowment ▶ 12.230 %

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:

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		27,663,476		27,663,476
b Buildings	482,508,285	491,751,295	231,533,549	742,726,031
c Leasehold improvements				
d Equipment		133,229,419	123,580,542	9,648,877
e Other		2,099,540		2,099,540
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				782,137,924

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	112,971,537	F
(3) Other _____ (A) OTHER _____	60,850,934	F
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	173,822,471	

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	
(2) ANNUITIES, TRUSTS AND AGENCIES	21,608,988
(3) ADVANCES FROM AFFILIATES	17,269,030
(4) NON-OPERATING LIABILITY	8,453,194
(5) TRUSTS LIABILITIES	22,660,917
(6) AMOUNTS HELD FOR OTHERS	634,048,733
(7) OTHER CURRENT LIABILITIES	4,638,496
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	708,679,358

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 UNIVERSITY AND DONORS.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
LOMA LINDA UNIVERSITY

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.
▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	No
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. WE ARE IN THE PROCESS OF REVISING OUR NONDISCRIMINATION POLICY SO WE ARE COMPLIANT WITH THE REQUIREMENTS OF IRS REV. PROC. 2019-22. AN UPDATE TO OUR NONDISCRIMINATION POLICY IS GOING TO BE POSTED TO OUR WEBSITE, WHICH IS OUR MAIN SOURCE OF COMMUNICATION IN THE NEAR FUTURE.
SCHEDULE E, PART I, LINE 5	SOME SCHOLARSHIPS ARE FUNDED BY MINORITY GROUPS WHO SPECIFY THAT THEY SHOULD BE AWARDED ONLY TO THE RESPECTIVE MINORITY STUDENTS. ALL OTHERS ARE AWARDED WITHOUT REGARD TO RACE.
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES FUNDS FROM GOVERNMENT AGENCIES AS GRANTS FOR RESEARCH, EDUCATION AND COMMUNITY PROGRAMS. UNIVERSITY STUDENTS RECEIVE FUNDS FROM GOVERNMENT AGENCIES AS GRANTS AND LOANS.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	141			7,216,332
b Total from continuation sheets to Part I	0	0			23,554,094
c Totals (add lines 3a and 3b)	0	141			30,770,426

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

[illegible]

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; don't 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; don't 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.

990 Schedule F, Supplemental Information

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	ACCRUAL BASIS

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III:	ACCRUAL BASIS

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	11	PROGRAM SERVICES	MISSION TRIP VOLUNTEER	20,900
EAST ASIA AND THE PACIFIC	0	7	PROGRAM SERVICES	MISSION TRIP VOLUNTEER	13,300

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
NORTH AMERICA (CANADA AND MEXICO)	0	81	PROGRAM SERVICES	MISSION TRIP VOLUNTEER	8,100
RUSSIA AND NEIGHBORING STATES	0	2	PROGRAM SERVICES	MISSION TRIP VOLUNTEER	3,800

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	16	PROGRAM SERVICES	MISSION TRIP VOLUNTEER	30,400
SOUTH ASIA	0	10	PROGRAM SERVICES	MISSION TRIP VOLUNTEER	19,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	14	PROGRAM SERVICES	MISSION TRIP VOLUNTEER	26,600
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		7,094,232

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 (CANADA AND MEXICO)	0	0	INVESTMENTS		8,585,754
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		86,068

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 AND GREENLAND)	0	0	INVESTMENTS		13,471,552
SOUTH ASIA	0	0	INVESTMENTS		974,088

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	0	INVESTMENTS		426,457
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		10,175

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
LOMA LINDA UNIVERSITY

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
95-1816009

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to 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 8

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

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
GENERAL CONFERENCE OF SDA 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-0643036	501(C)(3)	10,000				TO SUPPORT THE MISSION AND PURPOSE OF OUR SDA GENERAL CONFERENCE - EDUCATION IN INDIA
ADVENTIST HEALTH INTERNATIONAL 11060 ANDERSON ST MH-111 LOMA LINDA, CA 92354	33-0940020	501(C)(3)	51,000				TO PROVIDE SUPPORT FOR MISSION-BASED HOSPITALS THROUGHOUT AFRICA, ASIA AND THE AMERICAS

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
HUERTA DE VALLE 310 E PHILADELPHIA ST SPC 71 ONTARIO, CA 91761	46-4685567	501(C)(3)	167,800				SUPPORT FOR COMMUNITY EMPOWERMENT & HEALTH-LOCALLY GROWN FOOD
LOMA LINDA UNIVERSITY CHURCH OF SDA'S 11125 CAMPUS STREET LOMA LINDA, CA 92354	95-3522679	501(C)(3)	187,500				SUPPORT FOR CHURCH EXPANSION

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
NORTH AMERICAN DIVISION OF SDA'S 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-0643036	501(C)(3)	19,244				SUB-ENTITY OF THE GENERAL CONFERENCE OF SDA'S
FACULTY PHYSICIANS AND SURGEONS OF LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE 11175 CAMPUS STREET 11120 LOMA LINDA, CA 92350	33-0672915	501(C)(3)	15,000,000				GENERAL SUPPORT

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
HEALTH MINISTRY FELLOWS ENDOWMENT 11245 ANDERSON STREET NO 220 LOMA LINDA, CA 92354	83-4492134	501(C)(3)	11,719,921				SCHOLARSHIPS TO ENROLLING CADRE OF MEDICAL STUDENTS, HEREIN KNOWN AS "HEALTH FELLOWS"

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

SCHOOL OF ALLIED HEALTH PROFESSIONS	197	311,140			
SCHOOL OF ALLIED HEALTH PROFESSIONS	197	311,140			
SCHOOL OF DENTISTRY	97	441,939			
SCHOOL OF MEDICINE	426	5,813,104			
SCHOOL OF NURSING	633	1,019,224			
SCHOOL OF PHARMACY	52	189,626			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
SCHOOL OF RELIGION	25	86,591			
SCHOOL OF RELIGION	25	86,591			
SCHOOL OF BEHAVIOURAL HEALTH	125	707,430			
NON-SCHOOL SPECIFIC GRANTS	3212	6,713,531			
SCHOOL OF PUBLIC HEALTH	108	372,570			

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number
95-1816009

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 on 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 on 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		No
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	Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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		

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.

[illegible]

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	HOUSING ALLOWANCE IS PROVIDED TO THE VP-STUDENT SERVICES. THE TAXABLE COST OF THIS BENEFIT IS INCLUDED IN THE EMPLOYEE'S W-2. 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.
PART I, LINE 3	THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED ONE OR MORE OF THE METHOD DESCRIBED TO ESTABLISH TOP MANAGEMENT OFFICIAL'S COMPENSATION.
PART I, LINE 4B	NET FLEX PLAN CREDITS PAID TO EMPLOYEE IN CASH: CARTER, RONALD \$25,947 HARRIS, DAVID PAUL \$1,930 HART, RICHARD HENRY \$68,888 HEINRICH, KERRY L. \$157,035 MOWERY, JR, LLEWELLYN L. \$16,966 NEAL, RODNEY \$16,062 SAMRADZIJA, MICHAEL \$15,011 THOMAS, TAMARA LYNN \$27,612 WILLIAMS, RICKY EUGENE \$7,025
PART I, LINE 7	BONUSES ARE APPROVED BY THE BOARD OF DIRECTORS AND BASED ON MEETING GOALS.
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 -HAFFNER, KARL COMPENSATION: 100% FUNDED BY LLU -HARRIS, DAVID PAUL COMPENSATION: 100% FUNDED BY LLU -HART, RICHARD HENRY COMPENSATION, EXCLUDING SERP BENEFIT: 50% FUNDED BY LLU, 32% FUNDED BY LLUMC, 12% FUNDED BY LLUCH, 5% FUNDED BY MURRIETA AND 1% FUNDED BY LLUMBMC SERP BENEFIT: 100% FUNDED BY LLUMC -NEAL, RODNEY COMPENSATION, EXCLUDING INCENTIVE AND SERP BENEFIT: 85% FUNDED BY LLU AND 15% FUNDED BY LLUSS. INCENTIVE AND SERP BENEFIT: 100% FUNDED BY LLUMC -SAMARDZIJA, MICHAEL COMPENSATION, SERP BENEFIT: 100% FUNDED BY LLU. SERP BENEFIT: 100% FUNDED BY LLUMC -THOMAS, TAMARA LYNN COMPENSATION: 100% FUNDED BY LLU -WILLIAMS, RICKY EUGENE COMPENSATION, SERP BENEFIT: 100% FUNDED BY LLU. SERP BENEFIT: 100% FUNDED BY LLUMC

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				
1KERRY HEINRICH TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	847,211	131,581	197,470	44,965	1,048	1,222,275	0
1ROBERT MARTIN TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	627,917	207,800	104,767	33,600	6,000	980,084	0
2JOHN LEYMAN FORMER PROFESSOR	(i)	70,823	1,529	778,313	32,140	11,926	894,731	0
	(ii)	0	0	0	0	0	0	0
3JERALD NELSON FORMER DEAN OF SCHOOL OF MEDICINE	(i)	0	0	876,207	0	0	876,207	0
	(ii)	0	0	0	0	0	0	0
4RICARDO PEVERINI TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	494,375	200,000	52,875	33,600	5,000	785,850	0
5HERBERT RUCKLE TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	471,875	173,702	15,150	33,600	6,500	700,827	0
6RICHARD H HART TRUSTEE, PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	456,292	0	89,762	35,866	10,256	592,176	0
7TAMARA THOMAS DEAN-SCHOOL OF MEDICINE	(i)	406,602	0	98,782	44,968	9,626	559,978	0
	(ii)	0	0	0	0	0	0	0
8ALAN HERFORD PROFESSOR	(i)	170,151	400	315,213	11,140	20,028	516,932	0
	(ii)	0	0	0	0	0	0	0
9JAYINI S THAKKER PROFESSOR	(i)	105,809	438	286,104	32,140	7,692	432,183	0
	(ii)	0	0	0	0	0	0	0
10ROGER WOODRUFF TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	300,000	87,500	0	33,600	5,000	426,100	0
11RICHARD CHINNOCK TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	300,000	73,000	6,700	33,600	5,000	418,300	0
12RODNEY NEAL SENIOR VICE PRESIDENT, FINANCIAL AFF	(i)	276,231	32,749	34,898	32,914	17,463	394,255	0
	(ii)	0	0	0	0	0	0	0
13JAIME LOZADA PROGRAM DIRECTOR 2	(i)	170,151	2,091	166,563	32,140	16,728	387,673	0
	(ii)	0	0	0	0	0	0	0
14ROBERT A HANDYSIDES DEAN-SCHOOL OF DENTISTRY	(i)	285,002	400	28,162	32,140	20,628	366,332	0
	(ii)	0	0	0	0	0	0	0
15RONALD L CARTER PROVOST	(i)	284,000	0	44,419	19,651	11,741	359,811	0
	(ii)	0	0	0	0	0	0	0
16MICHAEL SAMARDZIJA VP-RESEARCH AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	269,711	0	30,293	32,278	18,533	350,815	0
17LEW MOWERY ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	242,385	28,000	33,729	32,364	10,357	346,835	0
18DOUGLAS HEGSTAD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	300,000	0	0	33,600	5,000	338,600	0
19DAVID P HARRIS VICE PRESIDENT	(i)	192,754	0	17,208	25,369	18,557	253,888	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				
21 ELIZABETH BOSSART DEAN-SCHOOL OF NURSING	(i)	209,997	400	762	26,890	7,542	245,591	0
	(ii)	0	0	0	0	0	0	0
1 BEVERLY BUCKLES DEAN-SCHOOL OF BEHAVIORAL HEALTH	(i)	205,005	400	396	26,515	8,167	240,483	0
	(ii)	0	0	0	0	0	0	0
2 CRAIG R JACKSON FORMER KEY EMPLOYEE	(i)	205,005	400	1,236	26,515	6,792	239,948	0
	(ii)	0	0	0	0	0	0	0
3 HELEN HOPP MARSHAK DEAN-SCHOOL OF PUBLIC HEALTH	(i)	180,003	400	270	24,295	12,900	217,868	0
	(ii)	0	0	0	0	0	0	0
4 MYRNA HANNA CORPORATE SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	130,867	15,978	27,851	19,729	14,049	208,474	0
5 RICKY E WILLIAMS FORMER VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	108,139	0	17,643	16,964	1,871	144,617	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
LOMA LINDA UNIVERSITY

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	FINANCE CAPITAL PROJECTS, REFUND PRIOR OBLIGATIONS, PAY COSTS OF ISSUANCE		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	4,040,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	150,072,279							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	9,858,508							
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	50,023,695							
11	Other spent proceeds	89,303,622							
12	Other unspent proceeds	1,250,314							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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?	X							
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?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2.100 %							
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	2.100 %							
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).

Return Reference	Explanation
PART I (F):	THE REFUNDING PORTION OF THE BONDS CURRENT REFUNDED SERIES 2007A BONDS (ISSUED ON NOVEMBER 14, 2007) AND REPAID THE BORROWER'S BANK OF AMERICA LOAN (ISSUED ON FEBRUARY 13, 2015). THE DIFFERENCE BETWEEN PART I (F) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS.

Return Reference	Explanation
PART III, LINE 7:	AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

Return Reference	Explanation
PART IV, LINE 2(B):	THE REFUNDING PORTION OF THE BONDS HAVE MET THE 6-MONTH SPENDING EXCEPTION TO REBATE.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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, A FORMER OFFICER	166,766	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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	124,328	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
7 BOXES OF DENTAL	X	7	6,725	APPRAISAL
25 Other ► (BOOKS)				
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

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 isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes

No

30a

No

31

Yes

32a

No

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):	THE UNIVERSITY IS REPORTING NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
LOMA LINDA UNIVERSITY

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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 SPECIAL MEETING OF THE BOARD AT WHICH A QUORUM IS PRESENT ARE TO: 1. APPROVE OR RATIFY ALL CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS OF LLU, AS CORPORATE MEMBER. 2. APPOINT THE BOARD FOR LLU AS THE MEMBER. 3. APPROVE ANY SIGNIFICANT CHANGE IN THE CORPORATE PURPOSES OF LLU. THE POWERS RESERVED BY LLUH AS MEMBER, WHICH SHALL ONLY BE EXERCISED BY THE LLUH 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 WITH OR WITHOUT CAUSE. 2. APPOINT THE EXECUTIVE VICE PRESIDENT FOR UNIVERSITY AFFAIRS WHO SHALL ORDINARILY SERVE AS THE CHANCELLOR. 3. APPROVE ANY MERGER, CONSOLIDATION, DISSOLUTION, SALE, OR TRANSFER OF MORE THAN TEN MILLION DOLLARS OF THE ASSETS OF LLU. 4. REQUIRE LLU TO HAVE A POLICY FOR BORROWING FUNDS THAT IS CONGRUENT WITH THE LLUH BOARD-APPROVED POLICY ON BORROWING. 5. APPROVE ALL BORROWING OF FIVE MILLION DOLLARS OR MORE BY LLU OR ITS SUBSIDIARIES (SEE BOARD-APPROVED POLICY FOR BORROWING OF FUNDS). 6. APPROVE ANY EXCEPTIONS TO THE POLICY FOR THE BORROWING OF FUNDS BY LLU. 7. APPROVE THE STRATEGIC PLAN OF LLU. 8. APPROVE MAJOR CONSTRUCTION PROJECTS OF LLU. 9. APPROVE INSTITUTES AND CORPORATIONS SUBSIDIARY OF LLU. 10. ACCEPT THE ANNUAL AUDITED FINANCIAL STATEMENTS OF LLU. 11. APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF LLU. 12. APPROVE THE LLU CONTRACTING GUIDELINES. 13. APPROVE RECOMMENDATIONS FROM LLU AND ITS SUBSIDIARIES FOR BUSINESS DEVELOPMENT PLANS AND ACTIVITIES. 14. REQUIRE LLU TO HAVE A COMPLIANCE PROGRAM.

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 TRUSTEES FOR REVIEW AND COMMENTS 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, ADMINIST RATORS, 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 DECISION S REGARDING QUESTIONS WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED AFTER ADMINISTRATIVE CON SIDERATION. THE GENERAL CONFERENCE AUDITING DEPARTMENT ANNUALLY AUDITS COMPLIANCE WITH THI S 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 ACCORDANCE WITH THE FORM INSTRUCTIONS. LLUH, LLU'S PARENT ORGANIZATION, EMPLOYS AN INDEPENDENT OUTSIDE CONSULTING FIRM TO BENCHMARK COMPENSATION FOR LLUH EMPLOYEES, INCLUDING THE CEO AND TOP MANAGEMENT. LLUH PROVIDES MANAGEMENT SERVICES FOR LLU. THE LLUH EXECUTIVE COMPENSATION COMMITTEE USES THE RESULTS OF THE INDEPENDENT SURVEY TO ESTABLISH PAY SCALES FOR THE NEXT FISCAL YEAR. THE EXECUTIVE COMPENSATION COMMITTEE SETS THE TOTAL COMPENSATION BELOW THE INDUSTRY MEAN AND MEDIAN AMOUNTS PROVIDED IN THE SURVEY. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF TRUSTEES APPOINTED BY THE LLUH BOARD WHO ARE INDEPENDENT OF LLUH'S MANAGEMENT. THE EXECUTIVE COMPENSATION COMMITTEE IS APPOINTED BY THE LLUH BOARD OF TRUSTEES TO HAVE DIRECT RESPONSIBILITY FOR ESTABLISHING COMPENSATION, POLICIES, AND BENEFITS FOR THE SENIOR EXECUTIVES OF LLUH. THE COMMITTEE'S PROCESS INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATIONS AND DECISIONS. FOR KEY EMPLOYEES AND HIGHLY COMPENSATED OTHER THAN THE OFFICERS AS WELL AS EMPLOYEES IN LEADERSHIP POSITIONS, LLU MANAGEMENT, THROUGH THE HUMAN RESOURCE DEPARTMENT, OBTAINS THE SERVICES OF AN INDEPENDENT CONSULTING FIRM TO CONDUCT NATIONWIDE COMPENSATION SURVEYS. MANAGEMENT USES THE COMPARABLE BENCHMARKS IN THE SURVEY RESULTS TO ESTABLISH OR REVIEW PAY SCALES FOR THE POSITION. THIS SURVEY, CONDUCTED BY THE INDEPENDENT CONSULTING FIRM, IS PERFORMED FOR THE ORGANIZATION EVERY TWO YEARS. INTERNALLY, THE HUMAN RESOURCE DEPARTMENT CONDUCTS ANNUAL SURVEYS USING AT LEAST THREE SURVEY RESULTS FROM INDEPENDENT FIRMS TO ESTABLISH OR REVIEW THE REASONABLENESS OF COMPENSATION AMOUNTS. THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2018 FOR THE POSITION OF PROVOST/COO, LLU HELD BY CARTER, RONALD. THIS PROCESS WAS LAST UNDERTAKEN IN JULY 2019 FOR THE POSITION OF DEAN SCHOOL OF MEDICINE, LLU HELD BY THOMAS, TAMARA. THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2018 FOR THE POSITION OF VP/CIO, LLU HELD BY HARRIS, DAVID PAUL. THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2018 FOR THE POSITION OF PRESIDENT, LLUH HELD BY HART, RICHARD HENRY. THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2018 FOR THE POSITION OF SVP, FINANCE, LLU HELD BY NEAL, RODNEY. THIS PROCESS WAS LAST UNDERTAKEN IN OCTOBER OF 2018 FOR THE POSITION OF VICE PRESIDENT FOR RESEARCH, LLU HELD BY SAMARDZIJA, MICHAEL. THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER OF 2018 FOR THE POSITION OF VP FINANCE HELD BY MOWERY, JR, LLEWELLYN L. THIS PROCESS WAS LAST UNDERTAKE IN DECEMBER OF 2018 FOR THE POSITION OF VP STUDENT SERVICES, LLU FORMERLY HELD BY WILLIAMS, RICKY. THIS PROCESS WAS LAST UNDERTAKE IN SEPTEMBER OF 2019 FOR THE POSITION OF VP STUDENT SERVICES, LLU HELD BY HAFFNER, KARL. THIS PROCESS WAS UNDERTAKEN FOR THE REMAINING OFFICER'S NOT LISTED IN DECEMBER OF 2018.

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 PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS ALSO POSTED ON THE ORGANIZATION'S INTERNAL 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 HOURS PER WEEK SHOWN IN PART VII, SECTION A, COLUMN (B) OF THE RETURN) THE COMPENSATION AMOUNTS SHOWN IN COLUMNS (E) AND (F) WERE PROVIDED IN CONJUNCTION WITH THEIR RESPONSIBILITIES AND ROLES IN OTHER POSITIONS FOR ORGANIZATIONS RELATED TO THE FILING ORGANIZATION. THESE INDIVIDUALS EACH DEVOTE APPROXIMATELY 50 HOURS PER WEEK SERVING IN THEIR RESPECTIVE POSITIONS WITHIN THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 22,427,986. MANAGEMENT AND GENERAL EXPENSES 9,323,657. FUNDRAISING EXPENSES 1,127,017. TOTAL EXPENSES 32,878,660. TRAINING & EDUCATION: PROGRAM SERVICE EXPENSES 1,158,389. MANAGEMENT AND GENERAL EXPENSES 15,304. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,173,693. CONSULTING & MGMT FEES: PROGRAM SERVICE EXPENSES 1,132,524. MANAGEMENT AND GENERAL EXPENSES 987,287. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,119,811. ADMINISTRATIVE EXPENSE: PROGRAM SERVICE EXPENSES 171,658. MANAGEMENT AND GENERAL EXPENSES 970. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 172,628. USS ALLOCATED SUPPORT SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 14,140,069. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 14,140,069.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	UNRELATED BUSINESS INCOME FROM PARTNERSHIPS 322,795.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LOMA LINDA UNIVERSITY

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MFLLE-MAITLAND LLC 353 NORTH CLARK STREET CHICAGO, IL 60654 32-0493144	MULTIFAMILY RESIDENTIAL REAL ESTATE	IL	LLU MAITLAND MULTIFAMILY PROPERTY LLC	RELATED	-1,591,672	9,742,071		No			No	66.670 %
(2) 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	-123,680	25,772,659		No			No	55.040 %
(3) SUNROAD CLOCK TOWER APARTMENTS PARTNERSHIP LP 4445 EASTGATE MALL SUITE 400 SAN DIEGO, CA 92121 83-1827687	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LLU CLOCK TOWER MULTIFAMILY	RELATED	-775,543	22,093,505		No			No	67.380 %
(4) REFACTOR APOGEE LP 330 PRIMROSE ROAD SUITE 201 BURLINGAME, CA 94010 84-2396888	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	LOMA LINDA UNIVERSITY	RELATED		1,040,188		No			No	68.970 %
(5) SPLLU INSIGNIA LLC 701 FIFTH AVENUE SUITE 5700 SEATTLE, WA 98104 82-4789913	MULTIFAMILY RESIDENTIAL REAL ESTATE	WA	LOMA LINDA UNIVERSITY	RELATED	-240	15,257,526		No			No	54.560 %

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	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	-1,026	196,749	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.

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

No

1r

No

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

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 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	4,890,489	LLU
LLU LODGE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	5,679,603	LLU
LOMA LINDA TEXAS PROPERTIES II LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-81,250	4,992,178	LLU
LLU CHAZAL MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-217,500	6,475,117	LLU
LLU MULTIFAMILY PROPERTIES IV LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-123,750	4,790,376	LLU
LLU COBBLEGATE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-317,968	10,545,173	LLU
LLU MULTIFAMILY PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-256,250	4,113,966	LLU
LOMA LINDA TEXAS PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 45-5362289	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-155,000	4,829,349	LLU
LLU FARMGATE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-660,000	8,065,533	LLU
LLU HOUSTON HOUSE LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	3,355,779	LLU
LLU LAKEVIEW MULTIFAMILY PROPERTY II LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-160,000	5,890,446	LLU
LOMA LINDA TEXAS PROPERTIES III LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 46-2149997	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-260,000	8,910,529	LLU
LLU NOVI MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-67,580	2,592,406	LLU
LLU PARK MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-103,971	1,612,559	LLU
LLU RIVERBEND MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-112,500	4,152,937	LLU
LLU MULTIFAMILY PROPERTIES III LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-133,500	6,414,018	LLU
LLU SAN MIGUEL LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-76,567	6,247,269	LLU
LLU SAGEGATE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-112,959	3,878,866	LLU
LLU SIENNA VISTA MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-92,500	3,775,093	LLU
LLU THORNBRIDGE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-580,500	11,296,387	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 TUSCAN HEIGHTS MULTIFAMILY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-409,564	10,656,629	LLU
LLU MULTIFAMILY PROPERTIES II LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-281,250	3,664,242	LLU
LLU VUE 25 MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-47,038	4,707,923	LLU
LLU WESTBURY MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-162,000	4,592,214	LLU
LLU MULTIFAMILY PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-131,250	4,025,076	LLU
LLU GATEWAY MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-402,600	87,400	LLU
LLU GRAMERCY MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	9,297,314	LLU
LLU LYON LIVING LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-897,253	29,228,470	LLU
LLU MAITLAND MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	14,371,231	LLU
LLU LAKESIDE LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-720,000	18,256,831	LLU
LLU NORTH RIVER MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-460,000	5,902,369	LLU
LLU ENCLAVE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-418,760	10,790,964	LLU
LLU TUSCANY MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-203,723	0	LLU
LLU ARTESSA LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-199,000	11,080,481	LLU
LLU CROSSPOINTE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-57,941	0	LLU
LLU OPUS 31 LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	0	LLU
LLU INSIGNIA MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-274,639	6,303,473	LLU
LLU KENNEDY CREEK MULTIFAMILY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-56,722	2,121,263	LLU
LLU TENNESSEE MULTIFAMILY PROPERTIES LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-45,500	5,061,610	LLU
LLU PILOT BUTTE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	8,340,517	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 FOUNTAIN GLEN MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-534,500	16,199,568	LLU
LLU RIVERPOINTE MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-137,752	0	LLU
LLU FARMINGTON MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-411,500	10,323,453	LLU
LLU TRAX MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-144,264	5,083,210	LLU
LLU CLOCKTOWER MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-25,625	5,358,000	LLU
LLU LUMINA MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	0	7,152,300	LLU
LLU OPUS 29 LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-48,829	11,480,977	LLU
LLU MARQ MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-305,167	8,636,986	LLU
LLU BELLA VISTA MULTIFAMILY PROPERTY LLC 11145 ANDERSON STREET BC-200 LOMA LINDA, CA 92350 95-1816009	MULTIFAMILY RESIDENTIAL REAL ESTATE	CA	-1,814,821	551,772	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	
PO BOX 926 LOMA LINDA, CA 92354 46-3214504	MEDICAL & HEALTH CARE	CA	501(C)(3)	LINE 3	LLUH	Yes	
1710 BARTON ROAD REDLANDS, CA 92373 33-0245579	MEDICAL & HEALTH CARE	CA	501(C)(3)	LINE 3	LLUH	Yes	
PO BOX 926 LOMA LINDA, CA 92354 95-3858272	CHURCH	CA	501(C)(3)	LINE 1	LLUH	Yes	
11234 ANDERSON ST LOMA LINDA, CA 92354 46-3214504	HOSPITAL	CA	501(C)(3)	LINE 3	LLUH		No
11245 ANDERSON ST NO 220 LOMA LINDA, CA 92354 83-4492134	GRADUATE MEDICAL EDUCATION	CA	501(C)(3)	LINE 10	N/A		No

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
FACULTY PHYSICIANS & SURGEONS OF LLUSM	B	15,000,000	
LOMA LINDA UNIVERSITY MEDICAL CENTER	C	1,500,000	
LLU-SB INC	D	28,960,000	
LOMA LINDA UNIVERSITY SHARED SERVICES	J	3,490,952	
LOMA LINDA UNIVERSITY MEDICAL CENTER	J	645,637	
LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER	K	274,512	
LOMA LINDA UNIVERSITY SHARED SERVICES	K	79,438	
LLU-SB INC	K	1,390,787	
LOMA LINDA UNIVERSITY MEDICAL CENTER	K	395,386	
FACULTY PHYSICIANS & SURGEONS OF LLUSM	L	345,322	
LOMA LINDA UNIVERSITY HEALTHCARE	L	570,023	
LOMA LINDA UNIVERSITY MEDICAL CENTER	L	15,589,438	
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL FOUNDATION	L	58,179	
LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA	L	141,191	
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	L	726,152	
LLIECHE	L	688,718	
LOMA LINDA UNIVERSITY SHARED SERVICES	L	2,812,216	
LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER	L	358,133	
LOMA LINDA UNIVERSITY MEDICAL CENTER	M	3,954,765	
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	M	453,794	
LOMA LINDA UNIVERSITY HEALTH	M	3,309,399	
LOMA LINDA UNIVERSITY SHARED SERVICES	M	25,246,726	
LLIECHE	M	161,929	
LOMA LINDA UNIVERSITY HEALTHCARE	M	419,894	
FACULTY PHYSICIANS & SURGEONS OF LLUSM	M	7,624,031	

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
LOMA LINDA MERCANTILE	P	120,089,238	