

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07-01-2005 and ending 06-30-2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: LOMA LINDA UNIVERSITY. Number and street: 11145 Anderson Street. City or town: Loma Linda, CA 92350

D Employer identification number: 95-1816009. E Telephone number: (909) 558-4515. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: httpwwwlluedu

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: 1071. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 289,188,980

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9a-9c), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <input type="checkbox"/> (cash \$ <u>5,500,500</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 5,500,500	5,500,500		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 469,127		469,127	
26	Other salaries and wages	26 83,810,215	78,778,296	5,031,919	
27	Pension plan contributions	27 6,811,969	4,128,976	2,682,993	
28	Other employee benefits	28 17,671,286	17,185,978	485,308	
29	Payroll taxes	29 5,794,357		5,794,357	
30	Professional fundraising fees	30			
31	Accounting fees	31 204,300	21,000	183,300	
32	Legal fees	32 701,355	422,811	278,544	
33	Supplies	33 12,064,828	11,335,940	728,888	
34	Telephone	34 1,252,980	1,102,493	150,487	
35	Postage and shipping	35 1,671,101	1,609,924	61,177	
36	Occupancy	36 343,408	299,668	43,740	
37	Equipment rental and maintenance	37 2,334,267	1,803,530	530,737	
38	Printing and publications	38 1,955,075	1,791,430	163,645	
39	Travel	39 5,078,465	4,716,462	362,003	
40	Conferences, conventions, and meetings	40 341,462	331,054	10,408	
41	Interest	41 1,837,389	1,823,623	13,766	
42	Depreciation, depletion, etc (attach schedule) <input type="checkbox"/>	42 7,440,116	6,231,371	1,208,745	
43	Other expenses not covered above (itemize)				
a	Insurance	43a 197,926	98,340	99,586	
b	Utilities	43b 16,848,982	16,709,334	139,648	
c	Professional Fees	43c 8,466,983	8,450,995	15,988	
d	Research allocation	43d 9,219,046	9,219,046		
e	Purchased Services	43e 9,689,000	9,044,488	644,512	
f	Cost of goods sold	43f 12,356,503	12,313,237	43,266	
g	Other	43g 24,767,244	19,623,241	3,643,047	1,500,956
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 236,827,884	212,541,737	22,785,191	1,500,956

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► The higher education of undergraduate, graduate and professional students in the health sciences within a religious environment</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>212,541,737</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year		
Assets	45 Cash—non-interest-bearing		11,917,270	45	13,000,077	
	46 Savings and temporary cash investments		2,823,546	46	46,843	
	47a Accounts receivable	47a	32,967,579			
	b Less allowance for doubtful accounts	47b	6,065,179	24,771,289	47c	26,902,400
	48a Pledges receivable	48a	6,695,000			
	b Less allowance for doubtful accounts	48b		5,071,742	48c	6,695,000
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a	36,345,975			
	b Less allowance for doubtful accounts	51b	590,567	37,585,256	51c	35,755,408
	52 Inventories for sale or use			4,402,206	52	4,692,723
	53 Prepaid expenses and deferred charges				53	
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		52,921,763	54	40,110,733
	55a Investments—land, buildings, and equipment basis	55a	7,709,379			
	b Less accumulated depreciation (attach schedule)	55b		5,485,738	55c	7,709,379
	56 Investments—other (attach schedule)			385,120,252	56	424,029,073
	57a Land, buildings, and equipment basis	57a	246,756,000			
	b Less accumulated depreciation (attach schedule)	57b	138,638,560	105,939,009	57c	108,117,440
58 Other assets (describe <input type="checkbox"/> _____)			86,552,042	58	98,317,009	
59 Total assets (must equal line 74) Add lines 45 through 58			722,590,113	59	765,376,085	
Liabilities	60 Accounts payable and accrued expenses		23,001,363	60	20,825,766	
	61 Grants payable		20,692,912	61	21,077,925	
	62 Deferred revenue		7,377,736	62	16,586,351	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)			880,053	64b	633,730
	65 Other liabilities (describe <input type="checkbox"/> _____)			222,419,740	65	222,091,917
66 Total liabilities Add lines 60 through 65			274,371,804	66	281,215,689	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		157,615,217	67	163,345,858	
	68 Temporarily restricted		180,810,426	68	200,580,400	
	69 Permanently restricted		109,792,666	69	120,234,138	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			448,218,309	73	484,160,396	
74 Total liabilities and net assets / fund balances Add lines 66 and 73			722,590,113	74	765,376,085	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	260,409,049
b	Amounts included on line a but not on line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) <input type="checkbox"/> _____	b4	1,394,643	
	Add lines b1 through b4		b	1,394,643
c	Subtract line b from line a		c	259,014,406
d	Amounts included on line 12, but not on line a :			
1	Investment expenses not included on line 6b	d1		
2	Other (specify) <input type="checkbox"/> _____	d2	4,809,162	
	Add lines d1 and d2		d	1,394,643
e	Total revenue (line 12) Add lines c and d		e	263,823,568

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	232,018,722
b	Amounts included on line a but not on line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on line 20	b2		
3	Losses reported on line 20	b3		
4	Other (specify) <input type="checkbox"/> _____	b4	662,359	
	Add lines b1 through b4		b	662,359
c	Subtract line b from line a		c	231,356,363
d	Amounts included on line 17, but not on line a :			
1	Investment expenses not included on line 6b	d1		
2	Other (specify) <input type="checkbox"/> _____	d2	5,471,521	
	Add lines d1 and d2		d	5,471,521
e	Total expenses (line 17) Add lines c and d		e	236,827,884

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>20</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <input checked="" type="checkbox"/>	75c	Yes
Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
d Does the organization have a written conflict of interest policy?	75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Yes
b If "Yes," enter the name of the organization <input checked="" type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a _____		
b Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2005
91a The books are in care of
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Tuition and Fees					83,680,333
b Auxiliary					1,174,375
c Education Department					24,704,260
d Contracts					3,393,027
e					
f Medicare/Medicaid payments					3,993,479
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	157,528	
96 Dividends and interest from securities			14	19,689,796	
97 Net rental income or (loss) from real estate					
a debt-financed property	531110	-557	03	-6,862	
b non debt-financed property			03	822,601	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,060,570	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	6,409,499	
103 Other revenue a Other Revenue					23,109,411
b Independent Operations	452000	1,340,510	03	27,947,910	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,339,953		57,081,042	140,054,885
105 Total (add line 104, columns (B), (D), and (E))					198,475,880

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Seaco Nevada Loma Linda CA 88-0133042 11145 ANDERSON ST LOMA LINA, CA92346 95-1816009	100 0000	None	0	1
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer _____ Date 2007-05-14

Verlon Strauss Vice Chancellor for Financial Admin
Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ Preparer's SSN or PTIN (See Gen Inst W) _____

EIN _____

Phone no _____

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

Department of the
Treasury
Internal Revenue
Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
LOMA LINDA UNIVERSITY

Employer identification number

95-1816009

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Alan Herford Loma Linda University Loma Linda Loma Linda, CA 92350	DentistProf 40 00	404,969	48,064	0
Robert Handysides Loma Linda University Loma Linda Loma Linda, CA 92350	DentistProf 40 00	285,073	40,894	0
John Leyman Loma Linda University Loma Linda Loma Linda, CA 92350	DentistProf 40 00	366,685	43,637	0
Lary Trapp Loma Linda University Loma Linda Loma Linda, CA 92350	DentistProf 40 00	294,768	46,628	0
Liviu Eftimie Loma Linda University Loma Linda Loma Linda, CA 92350	DentistProf 40 00	288,413	28,150	0
Total number of other employees paid over \$50,000	373			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
J Timothy Blackwelder MD 20 E Poplar Suite 202 College Place, WA 99324	Continuing Education	1,020,598
Ernst & Young File 98594 Los Angeles, CA 90074	CPA	107,000
Charles Goodacre DDS 30981 E Sunset Dr Redlands, CA 92373	Royalties	104,465
Mahmoud Torabinejad MD 11741 Pecan Way Loma Linda, CA 92354	Royalties	86,309
Robert Pearlstein PHD 2913 Welcome Dr Durham, NC 99999	Consulting	78,219
Total number of others receiving over \$50,000 for professional services	2	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	Yes	
b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization Type 1 Type 2 Type 3

Provide the following information about the supported organizations (see page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?		
30	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?		
31	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, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	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," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	No	
	No	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

TY 2005 Cash Grants Paid Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Class of Activity	Recipient's name	Address	Amount	Relationship
Tuition Waivers	313 students		1,732,044	None
Administration & Overhead	15 students		32,867	NONE
Advanced Education in Nursing	3 students		9,963	None
Child welfare	22 students		306,785	None
BALL Scholarship Fund	3 students		7,500	None
LLU - NIH Minority Student	9 students		105,648	None
A Phase IV Open Label	1 student		6,000	None
ADEA Access to Dental Care	11 students		50,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
Chemical pathology	1 student		3,504	None
Administration - Health	3 students		847	None
Dental pipeline	6 students		34,902	
Fellowship Awards	4 students		7,713	
Federal SEOG	306 students		507,069	None
Physiology & Pharmacology	1 student		50	
Hawaii Community Foundation	4 students		7,978	None
Health Administration	32 students		33,290	None

Class of Activity	Recipient's name	Address	Amount	Relationship
Health Information Administration	7 students		6,100	None
Health & Temperance - Dental	1 student		843	
Hispanic Alumni of Loma Linda Scholarshi	14 students		16,500	None
J R Mitchell Fund	2 students		8,350	
Graduate Counseling	2 students		836	None
Lena T Pond Scholarship	3 students		7,068	None
LLU Student Scholarship	185 students		321,574	None
Medical Technology	24 students		22,400	None

Class of Activity	Recipient's name	Address	Amount	Relationship
Nursing Workforce	32 students		65,900	None
Nurse Scholarship- Dean	16 students		30,552	None
Nutrition and Dietetics	17 students		50,873	None
Oral Surgery DS	3 students		20,100	
SDS Pharmacy	18 students		45,316	None
Physical Therapy Assistant Program	3 students		2,300	None
Physical Therapy	49 students		25,300	None
SDS Clinical social work	3 students		6,474	None

Class of Activity	Recipient's name	Address	Amount	Relationship
SDS - Marriage & Family	5 students		35,605	None
SDS Speech Pathology	4 students		12,947	None
Respiratory Therapy	19 students		29,000	None
SN Graduate Program Admin	1 student		2,000	None
SDS - physical therapy-Grad	8 students		19,421	None
SD Scholarship Fund	14 students		53,000	None
SD Warner Scholarship	6 students		13,000	None
SDS - Dentistry	48 students		233,053	None

Class of Activity	Recipient's name	Address	Amount	Relationship
SDS - Allopathic Medicine	40 students		291,316	None
SDS-Nursing Baccalaureate	47 students		102,737	None
Selma E Andrews Scholarship	309 students		178,280	NONE
SM Jacobson Canadian Scholarship	3 students		10,000	None
SM Mackenzie Scholarship	28 students		83,671	None
SM Merit Scholarships	28 students		173,758	None
SM Minority Scholarship	51 students		330,825	None
Social Work	36 students		79,382	None

Class of Activity	Recipient's name	Address	Amount	Relationship
Speech Pathology SAHP	4 students		1,600	None
Statewide Medical Student	5 students		77,900	None
DFC Scholarship	6 students		6,000	
SDS Dental Hygiene	12 students		60,237	None
SN Undergrad Admin	7 students		8,000	None
Minority Predoctoral	1 student		10,014	None
SDS Medical Lab Tech	4 students		12,947	None
SDS OT Grad	4 students		9,711	None

Class of Activity	Recipient's name	Address	Amount	Relationship
SDS Registered Dieticians	4 students		12,947	None
Public Health Traineeship	12 students		11,308	None
Cytotechnology Fund	4 students		1,800	None
Health Promotion & Education	3 students		8,107	None
First Consideration	2 students		27,453	None
OEP	2 students		19,216	None
SD-Research Overhead	1 student		500	NONE
Institutional Research & Planning	3 students		23,540	None

Class of Activity	Recipient's name	Address	Amount	Relationship
Occupational Therapy	11 students		7,000	None
0315-3093-00-53093	2 students		1,500	None
Warren Trust	4 students		10,500	None
Admissions & Recruitment	1 student		5,000	None
AM Health Care Congress	1 student		1,500	None
Biostatistics	2 students		2,843	None
Dean SAHP	1 student		1,280	None
General Studies - Spanish	1 student		372	None

Class of Activity	Recipient's name	Address	Amount	Relationship
GME Care Curriculum	1 student		1,395	None
Humantic - Japan Campus	3 students		2,580	None
OMS Discretionary Fund	2 students		786	None
Peru MPH Program	1 student		3,619	None
Public Health Traineeship	20 students		9,524	None
Preventive Medicine Residency	1 student		4,043	None
SCD - Attending Dentist Fund	11 students		21,227	NONE
Sympathetic Modulation	1 student		11,410	None

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

TY 2005 Compensation Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
B Lyn Behrens	Loma Linda U Adventist Health Sciences Center	95-3804495	Parent	321,673	168,174	26,628	n/a
Kevin Lang	Loma Linda U Adventist Health Sciences Center	95-3804495	Parent	413,360	110,046	69,043	

Additional Data

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

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>a Education Program See Statement 1-A</p> <p>(Grants and allocations \$ 5,500,499) If this amount includes foreign grants, check here <input type="checkbox"/></p>	89,323,779
<p>b Research Support for basic and clinical research in health related areas, including organ transplantation, proton therapy for cancer, cancer epidemiology and nutrition, perinatal physiology, diseases of aging, biomaterials for dentistry, molecular cell biology, and behavioral research in social work, psychology and health education</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	42,507,535
<p>c Academic support Provides physical and administrative infrastructure to facilitate the students' learning experience and the faculties' teaching functions</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	24,853,559
<p>d Independent operations Maintains the University cogeneration plant and a variety of other activities not directly connected to instruction but essential to the overall mission of the university</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	34,949,107
<p>e All other services and operations including</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	20,907,757
<p>f the dental clinics where there were</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>g 108981 patient visits and other public and</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>h student services</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Lowell C Cooper Loma Linda University Loma Linda, CA 92350	Chairman Board of Trustees 0 00	0	0	0
B Lyn Behrens Loma Linda University Loma Linda, CA 92350	Vice ChairmanPres LLUAHSC 8 00	64,335	33,635	5,326
Richard H Hart Loma Linda University Loma Linda, CA 92350	Trustee Chancellor 40 00	204,861	39,363	17,928
Kevin J Lang Loma Linda University Loma Linda, CA 92350	Executive VP for Finance 7 00	72,338	19,258	12,083
Carol Allen Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Donald R Ammon Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Lorne Babiuk Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Matthew Bediako Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Garland Dulan Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Daniel Jackson Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Donald King Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Robert Lemon Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Carlton Lofgren Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Thomas J Mostert Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Jan Paulsen Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Monica Reed Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Gordon Retzer Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Don Schneider Loma Linda University Loma Linda, CA 92350	Vice Chairman Board of Tru 0 00	0	0	0
Claudette Shephard Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0
Douglas F Welebir Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Patrick Wong Loma Linda University Loma Linda, CA 92350	Trustee 0 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Loma Linda Univ Adventist Health Sciences Center	X	
University Insurance Company of Vermont	X	
Loma Linda University Health Network	X	
Adventist Health International	X	
SAC Health System	X	
LOLICO	X	
LLU Dental Group	X	
Seaco-Nevada		X
Alpha Omega Alpha Honor Medical Society LLU	X	
Alumni Association College of Arts and Sciences LLU	X	
Alumni Association School of Medicine LLU	X	
General Conference of Seventh-day Adventists	X	
LLU School of Nursing Alumni Association	X	
National Auxiliary to Alumni Assn School of Medicine of Loma Linda	X	
Loma Linda University Health Services	X	

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Tuition supports the ed prog, the primary exempt function of the Univ
93b	Auxiliaries provides living facilities for the students of the Univ
93c	Educational department operations are sales and services provided to other persons and entities An important activity here is the dental clinics Student participation in this activity enhances their experience by making it more practical These activities also fill a community need by providing affordable health care
93d	Contracts is specific research projects being funded by the requesting organization other than government agencies
93f	This is the funds received for patient care in the dental and other clinics from Medicare, Medi-cal and Cal-Dental These services are provided to give students practical experience and to provide low cost care for low income patients
93g	These funds helped to finance a variety of clinics where students gain valuable experience
100	This income is from gain on sale of investment assets and contributes to the general fund
103a	Other revenues support cancer and other types of research funded by gifts and the SAC Health program This is another program where student learning is enhanced by practical experience
103b	Independent operations include the cogeneration plant and a variety of other activities not directly connected to instruction but essential to the overall mission of the University

TY 2005 Depreciation and Depletion Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Asset	Amount
Land Improvements	86,015
Buildings	1,122,730
Land Improvements	283,818
Buildings & Improvements	2,727,646
Equipment	3,123,946
Equipment	95,961

TY 2005 Gain/Loss from Sale of Public Securities Schedule**Name:** LOMA LINDA UNIVERSITY**EIN:** 95-1816009**Gross Sales Price:** 20,043,144**Basis:** 17,982,574**Sales Expenses:** 0**Total (net):** 2,060,570

TY 2005 Investments - Land Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
---------------	------------------	--------------------------	------------

TY 2005 Investments - Other Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Description	Book Value	Cost/FMV
Cash and Short-Term Investments	15,964,337	F
Common Stock	20,862,216	F
Corporate Bonds	98,596,028	F
US Government and Agency Securities	103,801,694	F
Mutual Funds	88,447,350	F
Collateralized Mortgage Obligations	3,865,978	F
Trust Deed Loans	89,167,762	C
Trust Deed Notes Receivable	285,031	C
Real Estate Limited Partnerships	3,038,677	F

TY 2005 Investments - Securities Schedule**Name:** LOMA LINDA UNIVERSITY**EIN:** 95-1816009

Description	Book Value	Cost/FMV
Common & Preferred Stock	2,293,013	F
US Government and Agency Securities	2,450,612	F
Mutual Funds	33,154,737	F
Real Estate Limited Partnerships	2,212,371	F

TY 2005 Land etc. Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	13,266,833		13,266,833
Land Improvements	1,948,038	828,102	1,119,936
Life Estate	61,431		61,431
Buildings	30,747,576	16,574,889	14,172,687
Equipment	2,999,022	2,733,318	265,704
Land	876,490		876,490
Land Improvements	7,841,508	5,782,237	2,059,271
Building-Fed	12,267,543		12,267,543
Buildings & Improvements	98,713,889	45,290,023	53,423,866
Equipment	69,381,219	59,946,815	9,434,404
Library Books & Journals	7,571,195	6,725,824	845,371
Equipment	1,081,256	757,352	323,904

TY 2005 Officer Compensation Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

B Lyn Behrens

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	64,335	33,635	5,326
Fundraising			

Richard H Hart

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	204,861	39,363	17,928
Fundraising			

Kevin J Lang

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	72,338	19,258	12,083
Fundraising			

TY 2005 Other Assets Schedule**Name:** LOMA LINDA UNIVERSITY**EIN:** 95-1816009

Description	Beginning of Year Amount	End of Year Amount
Irrevocable Trusts	71,928,828	72,641,017
Other Assets	10,968,752	12,843,953
Construction In Progress	3,654,462	12,832,039

TY 2005 Other Changes in Net Assets Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Description	Amount
Change in net unrealized gains on investments	7,551,760
Change in value of irrevocable agreements	1,394,643

TY 2005 Other Expenses Included Schedule

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Description	Amount
Net Rental Expenses transferred to Net Rental Income	662,359

**TY 2005 Other Expenses
Not Included Schedule**

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Description	Amount
Tuition aid	5,471,521

TY 2005 Other Liabilities Schedule**Name:** LOMA LINDA UNIVERSITY**EIN:** 95-1816009

Description	Beginning of Year Amount	End of Year Amount
AnnuitiesTrusts Agencies	5,861,788	5,785,992
Trust Liabilities	38,931,997	41,735,550
Amounts Held for Others	177,625,955	174,570,375

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

**TY 2005 Other Notes/Loans
Receivable Long Schedule**

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
Various Student Loans			36,345,975	2006-07	2007-06		0 %		Student Loans		

TY 2005 Other Revenues Included Schedule**Name:** LOMA LINDA UNIVERSITY**EIN:** 95-1816009

Description	Amount
Change in Value of Irrevocable Trusts	1,394,643

**TY 2005 Other Revenues
Not Included Schedule****Name:** LOMA LINDA UNIVERSITY**EIN:** 95-1816009

Description	Amount
Net Rental Expense transferred to Net Rental Income	-662,359
Tuition aid	5,471,521

TY 2005 Scholarship Award Statement

Name: LOMA LINDA UNIVERSITY

EIN: 95-1816009

Statement: Policies and procedures have been adopted to determine the financial needs of students prior to awards for scholarships, grants and fellowships. These policies and procedures are followed and awards made to those who have documented needs.