Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt from Income Tax

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

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

OMB No 1545 0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

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

Please use IRS label or print or type See specific instructions.

White Memorial Med Cntr Charitable Fdtn
1720 Cesar E Chavez Ave
Los Angeles, CA 90033-2443

D Employer identification number: 95-3760201

E Telephone number:

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ►

- **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: ► N/A

H and **I** are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If yes enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No (If no attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

I Enter 4-digit group GEN ►

K Check here ► ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

M Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 3,976,140

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	2,411,406	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	843,324	
	d	Total (add lines 1a through 1c) (cash $ 3,254,730 noncash $)			1d 3,254,730
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 28,449
	5	Dividends and interest from securities			5 190,280
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a	282,020	
	b	Less direct expenses other than fundraising expenses	9b	44,439	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	Statement 1		9c 237,581
	10a	Gross sales of inventory, less returns and allowances	10a	220,661	
	b	Less cost of goods sold	10b	254,298	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	Statement 2		10c -33,637
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 3,677,403
EXPENSES	13	Program services (from line 44, column (B))			13 3,641,078
	14	Management and general (from line 44, column (C))			14 252,536
	15	Fundraising (from line 44, column (D))			15 204,599
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 4,098,213
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -420,810
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 4,378,869
	20	Other changes in net assets or fund balances (attach explanation)	See Statement 3		20 29,960
	21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)			21 3,988,019

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) See Stm 4 (cash $ 3641078 non-cash $)	22	3,641,078	3,641,078		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	72,201		12,536	59,665
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	126,505		65,458	61,047
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	4,618		4,618	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	22,916		22,603	313
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	10,997		10,997	
43 Other expenses not covered above (itemize)					
a Other Expenses	43a	64,053		47,799	16,254
b Professional Fees	43b	129,672		85,910	43,762
c Purchased Services	43c	26,173		2,615	23,558
d	43d				
e	43e				
44 Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	4,098,213	3,641,078	252,536	204,599

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

What is the organization's primary exempt purpose? ► See attached statement

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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a See attached statement (Grants and allocations $)	3,641,078
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), program services) ►	3,641,078

Part IV Balance Sheets (See 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			32,316	45	72,856
	46 Savings and temporary cash investments			3,252,322	46	3,281,574
	47a Accounts receivable	47a	992			
	b Less allowance for doubtful accounts	47b		26,992	47c	992
	48a Pledges receivable	48a	555,850			
	b Less allowance for doubtful accounts	48b	20,142	205,438	48c	535,708
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch)	51a	140,000			
	b Less allowance for doubtful accounts	51b		150,000	51c	140,000
	52 Inventories for sale or use			119,751	52	41,623
	53 Prepaid expenses and deferred charges			16,572	53	8,853
	54 Investments – securities (attach schedule) ► ☐ Cost ☐ FMV				54	
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)			642,329	56	672,289
	57a Land, buildings, and equipment basis	57a	61,150			
	b Less accumulated depreciation (attach schedule) Statement 5	57b	33,880	36,208	57c	27,270
	58 Other assets (describe ►)				58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			4,481,928	59	4,781,165
LIABILITIES	60 Accounts payable and accrued expenses			38,235	60	51,748
	61 Grants payable				61	
	62 Deferred revenue				62	
	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)				64b	
	65 Other liabilities (describe ► See Statement 6)			64,824	65	741,398
	66 **Total liabilities** (add lines 60 through 65)			103,059	66	793,146
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			500,327	67	567,157
	68 Temporarily restricted			3,688,830	68	3,231,150
	69 Permanently restricted			189,712	69	189,712
	Organizations that do not follow SFAS 117, check here ► ☐ 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 and column (B) **must** equal line 21)			4,378,869	73	3,988,019
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			4,481,928	74	4,781,165

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

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	3,960,467
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $ 253,104		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) See Stm 7 $ 29,960		
	Add amounts on lines (1) through (4)	b	283,064
c	Line a minus line b	c	3,677,403
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,677,403

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

a	Total expenses and losses per audited financial statements	a	4,351,317
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $ 253,104		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) $		
	Add amounts on lines (1) through (4)	b	253,104
c	Line a minus line b	c	4,098,213
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	4,098,213

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
See Statement 8		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ Yes ☒ No

If 'Yes,' attach schedule – see instructions

Part VI Other Information (See specific instructions)

			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		X
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		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
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	X	
b	If Yes, enter the name of the organization ► See Statement 9 and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
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?	82a		X
b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4) (5) or (6) organizations* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	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?	85h	N/A	
86	*501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
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? If 'Yes,' complete Part IX	88		X
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under Section 4911 ► 0 , Section 4912 ► 0 , Section 4955 ► 0			
b	*501(c)(3) and 501(c)(4) organizations* 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? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ► 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ► 0			
90a	List the states with which a copy of this return is filed ► California			
b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	2	
91	The books are in care of ► White Memorial Medical Center Telephone number ► 323-260-5739 Located at ► 1720 Cesar E Chavez, Los Angeles, CA ZIP + 4 ► 90033-2443			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* – Check here N/A ► [ ] and enter the amount of tax exempt interest received or accrued during the tax year ► 92 N/A			

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

Note: Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	28,449	
96 Dividends & interest from securities			14	190,280	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	237,581	
102 Gross profit or (loss) from sales of inventory			3	-33,637	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				422,673	
105 **Total** (add line 104, columns (B), (D), and (E))				►	422,673

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 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)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 ► [redacted] Date 11/15/02

Date / / Check if [redacted] Preparer's SSN or PTIN (see [redacted]

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

Supplementary Information — (see separate instructions)

► **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2001

Name of the Organization

White Memorial Med Cntr Charitable Fdtn

Employer Identification Number

95-3760201

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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
None				
Total number of other employees paid over $50,000 ►	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals 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
None		
Total number of others receiving over $50,000 for professional services ►	0	

Part III Statements About Activities (See instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including 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 ► $ N/A **(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)**	1		X
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 of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X

Note: *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments*

Part IV Reason for Non-Private Foundation Status (See 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)
- 11 a ☐ 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)
- 11 b ☐ 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)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,721,186	1,056,434	600,577	249,437	5,627,634
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	579,521	340,334	448,057	403,951	1,771,863
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	182,216	105,084	80,547	41,595	409,442
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	4,482,923	1,501,852	1,129,181	694,983	7,808,939
24 Line 23 minus line 17	3,903,402	1,161,518	681,124	291,032	6,037,076
25 Enter 1% of line 23	44,829	15,019	11,292	6,950	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 N/A ► **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 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ► **26b**

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

(2000) 0 (1999) 0 (1998) 0 (1997) 0

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

(2000) 0 (1999) 0 (1998) 0 (1997) 0

c Add Amounts from column (e) for lines **15** 5,627,634 **16** _____ **17** 1,771,863 **20** _____ **21** _____ **27c** 7,399,497

d Add Line 27a total 0 and line 27b total 0 **27d** 0

e Public support (line 27c total minus line 27d total) ► **27e** 7,399,497

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► **27f** 7,808,939

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► **27g** 94 76 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► **27h** 5 24 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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 instructions)
(To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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	41		
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			
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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2001	**(b)** 2000	**(c)** 1999	**(d)** 1998	**(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 instructions)

N/A

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	Yes	No	Amount
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**)			

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 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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
N/A			

52 a 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
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization
White Memorial Med Cntr Charitable Fdtn

Employer Identification Number
95-3760201

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990 EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990 PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule.** (**Note:** *Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule — see instructions.*)

General Rule —

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules —

[ ] For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

[ ] For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1 000 for use *exclusively* for religious charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

[ ] For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious charitable, etc, purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this orgainization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more duing the year) ► $ _____

Caution *Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but* ***must*** *check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)*

Name of Organization: White Memorial Med Cntr Charitable Fdtn

Employer Identification Number: 95-3760201

Part I **Contributors** (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 13,045	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
2		$ 13,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
3		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
4		$ 17,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
5		$ 6,650	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
6		$ 8,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

Name of Organization: White Memorial Med Cntr Charitable Fdtn

Employer Identification Number: 95-3760201

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 6,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
8		$ 331,200	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is noncash contribution)
9		$ 10,909	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
10		$ 540,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
11		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
12		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

Name of Organization: White Memorial Med Cntr Charitable Fdtn

Employer Identification Number: 95-3760201

Part I **Contributors** (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
14		$ 292,414	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
15		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
16		$ 5,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
17		$ 6,450	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
18		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

Name of Organization: White Memorial Med Cntr Charitable Fdtn

Employer Identification Number: 95-3760201

Part I **Contributors** (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
20		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
21		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
22		$ 6,750	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

Name of Organization: White Memorial Med Cntr Charitable Fdtn

Employer Identification Number: 95-3760201

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Two Handicap Access Vans Bus and Computer Software	$ 331,200	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of Organization: White Memorial Med Cntr Charitable Fdtn

Employer Identification Number: 95-3760201

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year** (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (enter this information once – see instructions) ► $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

White Memorial Med Cntr Charitable Fdtn 95-3760201

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri-butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Gala	189,910	0	189,910	34,459	155,451
Golf Tournament	92,110	0	92,110	9,980	82,130
Totals	$ 282,020	$ 0	$ 282,020	$ 44,439	$ 237,581

Statement 2
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

GIFT SHOP	$ 220,661
Gross Sales	$ 220,661
Less Returns & Allowances	0.
Net Sales	$ 220,661
Less Cost Of Goods Sold	254,298
Gross Profit From Sales Of Inventory	$ -33,637

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Change in Value-Split Interest Agmts	$ 29,960
Total	$ 29,960

Statement 4
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Donee's Name	White Memorial Med Center	
Donee's Address	1720 Cesar E Chavez Ave Los Angeles, Ca 90033	
Relationship of Donee	Affiliated Organization	
Amount Given		$ 3,583,408

Cash Grants and Allocations

Donee's Name	Others	
Amount Given		$ 57,670
	Total Cash Grants and Allocations	$ 3,641,078
	Total Grants and Allocations	$ 3,641,078

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum Deprec.	Book Value
Machinery and Equipment	$ 61,150	$ 33,880	$ 27,270
Total	$ 61,150	$ 33,880	$ 27,270

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

Due to WMMC	$ 732,733
Other Liabilities	8,665
Total	$ 741,398

Statement 7
Form 990, Part IV-A, Line b(4)
Other Amounts

Change in Value-Split Interest Agmts	$ 29,960
Total	$ 29,960

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Pamela K Anderson 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	$ 0	$ 0	$ 0
Mary Anne Chern 1720 Cesar Chavez Avenue Los Angeles, CA 90033	President 40+	0	0	0
Yolanda De La Paz 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Joseph Diaz 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Chair None	0	0	0

Statement 8 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Steve Eisner 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	$ 0	$ 0	$ 0
Jose L Huizar, Esq 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Dean Leavenworth 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Richard M Macias 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Miguel Martinez, MD 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
James McNeal, III 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Vice Chair None	0	0	0
George Mirabal 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Thomas James Murphy 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Treasurer None	0	0	0
Michael Neglio, M D 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
John Raffoul 1720 Cesar Chavez Avenue Los Angeles, CA 90033	CFO None	0	0	0
Elizabeth Rollice 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Belinda Vega 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0

Statement 8 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Humberto Veloso 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	$ 0	$ 0	$ 0
Beth Zachary 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Martin Aguirre 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Michael Holm 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Fred Manchur 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
DeVere McGuffin 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Tetsujiro Nakamura 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Hassan Raza Shirazi 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
John Vanore 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Frank Villalobos 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Dave Williams 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
	Total	$ 0	$ 0	$ 0

Statement 9
Form 990, Part VI, Line 80b
Related Organizations

Name of Organization	Exempt	Nonexempt
Western Health Resources	X	
White Memorial Medical Center	X	

Statement of Program Service Accomplishment

The White Memorial Medical Center Charitable Foundation is a 501(c)3 not-for-profit organization Our purpose is to support the mission of White Memorial Medical Center in improving the quality of life and health in our community We do this by

- Building strong philanthropic support to meet capital and funding need of the hospital
- Ensuring appropriate stewardship by demonstrating an ethical and fiduciary responsibility to our donors and supporters
- Developing excellent relationships with the community at large, and within the hospital in order to support our ministry of philanthropy
- Working with community partners, organizations and volunteers

White Memorial Medical Center (WMMC) is a not-for-profit acute care teaching hospital, located in a densely populated, economically disadvantaged area east of downtown Los Angeles Since being founded by the Seventh-day Adventist Church in 1913, the mission of the 350-bed hospital has been to improve the quality of life and health in the communities it serves

For almost 90 years White Memorial has provided quality medical care regardless of race, creed, sex, national origin, handicap, age or ability to pay The hospital has twice been awarded a Eureka Award for Performance Excellence from the California Council for Excellence Although reimbursement for services rendered is critical to the operation and stability of the hospital, White Memorial recognizes that not all individuals possess the ability to purchase essential medical services During the fiscal year ending December 31, 2001, White Memorial provided inpatient care for 15,373 patients and outpatient care for 98,214 patients The hospital provides care to persons covered by governmental programs at below cost, because of the hospital's mission to the community, services are provided both Medicare and Medicaid patients Recognizing the inability of many to pay for services received, White Memorial adjusts for more than $104 million in unsponsored community benefit charges in 2001

At White Memorial Medical Center, our community expects us to provide outstanding healthcare, and we do But our commitment to the community means we do even more As a nonprofit Christian hospital – a 501(c)3 organization – White Memorial Medical Center provides numerous benefits to the communities east of downtown, with the help and support of the Charitable Foundation, Board Members, Administration, volunteers, physicians and employees In 2001 these included

- More than 62,000 free patient transports to and from the hospital
- Free health care services for more than 15,000 elementary, high school and college students, through on-campus health clinics operated in collaboration with the LA Unified School District and local community college districts
- Thousands of free health screenings, flu shots and educational classes at churches, schools and health fairs at the hospital and throughout the community

- Almost 1,300 free physician referrals and more than 5,000 service referrals by phone
- Distribute approximately 138,000 community newsletters to residents in surrounding communities, providing health education information
- More than $124,000 in donations to local chambers of commerce, schools and other community agencies to assist with quality of life issues
- Mentoring, peer counseling, coping skills and alternatives to self-destructive behavior for youths and their families, to improve self-esteem and encourage teens to stay in school and out of gangs
- Free on-site babysitting services for parents who have an appointment on campus; more than 9,000 visits were made this year
- Affordable day care for parents in the community with children 8 weeks to 5 years of age, at one of the only licensed day care facilities in the area
- Free food, blankets, clothing, toys and monetary donations to local children and the homeless during the holiday season
- Financial support and/or sponsorship of events and programs that raise funds for important community health issues such as breast cancer awareness and diabetes research
- Increase awareness and understanding of community programs and services, including Medi-Cal, Healthy Families, AIM, California Kids and other public health insurance programs, through an on-site community Information Center More than 56,000 visits were made to the center this year
- Four residency programs to train primary-care and Spanish-speaking physicians, six remained in the community in 2001 alone

Driven by the success of these efforts, White Memorial Medical Center is committed to pursuing its mission and continuing its efforts toward building a healthier community

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or Print	Name of Exempt Organization White Memorial Med Cnt Charitable Fnd	Employer Identification Number 95-3760201
File by the extended due date for filing the return See instructions	Number Street, and Room or Suite Number If a P O Box See Instructions 1720 Cesar E Chavez Ave	For IRS Use Only
	City Town or Post Office State and ZIP Code For a Foreign Address, See Instructions Los Angeles, CA 90033	

Check type of return to be filed (file a separate application for each return)

[X] Form 990 [ ] Form 990 EZ [ ] Form 990 T (Section 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990 BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does **not** have an office or place of business in the United States, check this box ► [ ]
- If this is for a **group return,** enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ► [ ] If it is **part** of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15 , 20 02

5 For calendar year 2001 , or other tax year beginning , 20 and ending , 20

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension We need more time to properly compile the data to provide the required information in the format required on the return

8a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $

b If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $

c **Balance due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature [signature] Title ► CPA Date ► 8-14-02

Notice to Applicant – To be Completed by the IRS

[X] We **have** approved this application Please attach this form to the organization's return

[ ] We **have not** approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return

[ ] We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10 day grace period

[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested

[ ] Other _____

Director By Date

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

EXTENSION APPROVED
SEP 07 2002
LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

Type or Print	Name Adventist Health System/West
	Number and Street (include suite, room, or apartment number) or a P O Box Number 2100 Douglas Boulevard
	City or Town, Province or State, and Country (including postal or ZIP code) Roseville, CA 95661

Form **8868**
(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

► File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note ***Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note. ***Form 990-T corporations*** *requesting an automatic 6-month extension — check this box and complete Part I only* ► [X]

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions

Name of Exempt Organization	Employer Identification Number
White Memorial Med Cnt Charitable Fnd	95-3760201

Number Street and Room or Suite Number If a P O Box see instructions
1720 Cesar E Chavez Ave

City Town or Post Office For a foreign address see instructions — State — ZIP Code
Los Angeles, CA 90033

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[X] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990 BL	[ ] Form 990-T (Section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041 A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ► [ ]
- If this is for a **group return,** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until 11/15, 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for
- ► [X] calendar year 20 01 or
- ► [ ] tax year beginning _____, 20 ____, and ending _____, 20 ____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ 0

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $ 0

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. $ 0

Signature and Verification

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 and that I am authorized to prepare this form

Signature ► [signature] Title ► CPA Date ► 5-15-02

BAA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (12 2000)