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

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning , 2002, and ending

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)**

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

G Web site: ► N/A

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

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.**

I Enter 4-digit GEN ►

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 ► 2,825,626

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

1	Contributions, gifts, grants and similar amounts received				
a	Direct public support	1a	1,928,304		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	221,201		
d	Total (add lines 1a through 1c) (cash $ 2,149,505 noncash $)			1d	2,149,505.
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	91,852
5	Dividends and interest from securities			5	68,768.
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	
		(A) Securities		(B) Other	
8a	Gross amount from sales of assets other than inventory		8a		
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	196,452		
b	Less direct expenses other than fundraising expenses	9b	48,995		
c	Net income or (loss) from special events (subtract line 9b from line 9a)		Statement 1	9c	147,457
10a	Gross sales of inventory, less returns and allowances	10a	319,049		
b	Less cost of goods sold	10b	140,176		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		Statement 2	10c	178,873
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	2,636,455
13	Program services (from line 44, column (B))			13	2,558,632
14	Management and general (from line 44, column (C))			14	556,319
15	Fundraising (from line 44, column (D))			15	151,819
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44, column (A))			17	3,266,770
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-630,315
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,988,019
20	Other changes in net assets or fund balances (attach explanation)		See Statement 3	20	23,028
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,380,732

617

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

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 $ 2558632 non-cash $)	22	2,558,632	2,558,632		
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	68,569		61,711	6,858
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	164,094		104,397	59,697
34 Telephone	34	2,978		2,978	
35 Postage and shipping	35				
36 Occupancy	36	1,740		1,740	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	55,611		55,338	273
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation depletion etc (attach schedule)	42	14,433		14,433.	
43 Other expenses not covered above (itemize)					
a Other Expenses	43a	107,485		98,553	8,932
b Professional Fees	43b	267,503		209,469.	58,034.
c Purchased Services	43c	25,725		7,700	18,025.
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	3,266,770	2,558,632	556,319	151,819.

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 Statement 5

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 and 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 Statement 6 (Grants and allocations $)	2,558,632
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) ►	2,558,632

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			72,856	45	267,466
	46 Savings and temporary cash investments			3,281,574	46	2,844,803
	47a Accounts receivable	47a	4,667			
	b Less allowance for doubtful accounts	47b		992	47c	4,667
	48a Pledges receivable	48a	375,484			
	b Less allowance for doubtful accounts	48b	9,150.	535,708	48c	366,334
	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		140,000	51c	140,000
	52 Inventories for sale or use			41,623	52	33,128
	53 Prepaid expenses and deferred charges			8,853	53	19,721
	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)			672,289	56	695,317
	57a Land buildings, and equipment basis	57a	85,013			
	b Less accumulated depreciation (attach schedule) Statement 7	57b	46,500	27,270	57c	38,513
	58 Other assets (describe ►)				58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			4,781,165	59	4,409,949
LIABILITIES	60 Accounts payable and accrued expenses			51,748	60	71,011
	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 8)			741,398	65	958,206
	66 **Total liabilities** (add lines 60 through 65)			793,146	66	1,029,217.
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			567,157	67	393,578.
	68 Temporarily restricted			3,231,150	68	2,797,442
	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, column (B) **must** equal line 21)			3,988,019	73	3,380,732
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			4,781,165	74	4,409,949

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	3,007,014
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 $ 347,531		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) See Stm 9 $ 23,028		
	Add amounts on lines (1) through (4)	b	370,559
c	Line a minus line b	c	2,636,455
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	2,636,455

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

a	Total expenses and losses per audited financial statements	a	3,614,301
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $ 347,531		
	(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	347,531
c	Line a minus line b	c	3,266,770
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	3,266,770

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 10		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 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	N/A	
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 11 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, 2002 (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	91,852	
96 Dividends & interest from securities			14	68,768	
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	147,457	
102 Gross profit or (loss) from sales of inventory			3	178,873	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				486,950	
105 **Total** (add line 104, columns (B) (D), and (E))				►	486,950.

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

[redacted]

11/14/03
Date

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)

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

OMB No 1545 0047

2002

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 and 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
DON WOODROW ASSOCIATES 66C CORNICHE DRIVE, DANA POINT, CA 92629	CONSULTING	66,500
THE GRIFFIN GROUP 3104 LOS OLIVOS LANE, LA CRESCENTA, CA 91214	GRANT WRITING	59,500
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)
- 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)** 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28)	3,254,730	3,721,186	1,056,434	600,577	8,632,927
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	502,681	579,521	340,334	448,057	1,870,593
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	218,729	182,216	105,084	80,547	586,576
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	3,976,140	4,482,923.	1,501,852	1,129,181	11,090,096
24 Line 23 minus line 17	3,473,459	3,903,402	1,161,518	681,124	9,219,503.
25 Enter 1% of line 23	39,761	44,829.	15,019	11,292	

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 1998 through 2001 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

(2001) 0 (2000) 0 (1999) 0 (1998) 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

(2001) 0 (2000) 0 (1999) 0 (1998) 0

c Add Amounts from column (e) for lines **15** 8,632,927 **16** _____ **17** 1,870,593 **20** _____ **21** _____ **27c** 10,503,520.

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

e Public support (line 27c total minus line 27d total) ► **27e** 10,503,520

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► **27f** 11,090,096

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► **27g** 94 71 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► **27h** 5 29 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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)** 2002	**(b)** 2001	**(c)** 2000	**(d)** 1999	**(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 Nonchantable 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		

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	155,889	0	155,889	29,309	126,580
Golf Tournament	40,563	0.	40,563	19,686	20,877
Total	$ 196,452	$ 0.	$ 196,452	$ 48,995	$ 147,457

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

GIFT SHOP	$ 319,049
Gross Sales	$ 319,049
Less Returns & Allowances	0.
Net Sales	$ 319,049
Less Cost Of Goods Sold	140,176
Gross Profit From Sales Of Inventory	$ 178,873

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

Change in Value-Split Interest Agmts	$ 23,028
Total	$ 23,028

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		$ 2,505,078.
Donee's Name	Others	
Amount Given		53,554.
	Total Grants and Allocations	$ 2,558,632

Statement 5
Form 990 , Part III
Organization's Primary Exempt Purpose

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

1 Building strong philanthropic support to meet capital and funding needs of the hospital

2 Ensuring appropriate stewardship by demonstrating an ethical and fiduciary responsibility to our donors and supportors

3 Developing excellent relationships with the community at large, and within the hospital in order to support our ministry of philanthropy

We are attaching as an addendum a copy of the White Memorial Medical Center Statement of Program Service Accomplishment to highlight the community activities the Medical Center is able to accomplish in part due to the involvement of the White Memorial Medical Center Charitable Foundation Please visit the Medical Center website at www whitememorial com and look for the reference to the Foundation page on the side bar where it indicates "Give/Volunteer"

Statement 6
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Funding to support the mission of White Memorial Medical Center and its programs in improving the quality of life and health in our community		
See the attached Statement of Program Service Accomplishment for the White Memorial Medical Center which are funded in part from the activities of the White Memorial Medical Center Charitable Foundation.		2,558,632
	$ 0	$ 2,558,632

Statement 7
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum Deprec	Book Value
Machinery and Equipment	$ 85,013	$ 46,500	$ 38,513.
Total	$ 85,013	$ 46,500	$ 38,513.

Statement 8
Form 990, Part IV, Line 65
Other Liabilities

Due to WMMC		$ 948,542
Other Liabilities		9,664
	Total	$ 958,206

Statement 9
Form 990, Part IV-A, Line b(4)
Other Amounts

Change in Value-Split Interest Agmts		$ 23,028
	Total	$ 23,028

Statement 10
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Pamela K Anderson 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	$ 0	$ 0.	$ 0
Frank Beltran 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 40+	0	0.	0.
Mary Anne Chern 1720 Cesar Chavez Avenue Los Angeles, CA 90033	President None	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
Steve Eisner 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Vice Chair None	0	0	0
Cynthia Endo 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0.	0	0

Statement 10 (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
Christian Hart 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
Deane Leavenworth 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Richard Macias, Esq 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	Chair None	0	0	0.
James McNeal, III 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Vice Chair 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
Raul F Salinas Esq 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0
Richard Sanders 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0	0	0

Statement 10 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
John Vanore, M D 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	$ 0	$ 0	$ 0
Belinda Vega, Esq 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Secretary None	0	0	0
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.
	Total	$ 0	$ 0	$ 0

Statement 11
Form 990, Part VI, Line 80b
Related Organizations

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

White Memorial Medical Center Charitable Foundation
Form 990, Part I, Line 1
Supplemental Information
For the Year Ended December 31, 2002

The foundation was awarded grants totaling $1,875,000 during 2002 that were not accepted due to certain aspects of the Foundation's current legal structure A portion of the expenses included in the financial statements were incurred in the pursuit of these grants

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

A LOVING SACRIFICE

AN EXAMPLE OF NON-QUANTIFIABLE COMMUNITY BENEFITS FOR 2002

A woman came into White Memorial Medical Center's Information Center one day, saying she had been referred to the Center to apply for Medi-Cal She did not qualify for Medi-Cal and Bernie, a worker in the Center, began checking to see if she might qualify for other programs.

In the course of the conversation, Bernie noticed that the woman's hands were scarred and injured. The woman told Bernie she received those injuries from all the years that she had been working in a factory inhaling toxic chemicals and working with machinery Now, she was very ill with respiratory illnesses and her hands were causing her great pain --so much pain and stress that she frequently had suicidal thoughts She had been seeing doctors and paying cash because she felt that she did not qualify for any state-funded programs.

Bernie was able to refer the woman to the Social Security Office where they gave her forms to fill out The woman brought Bernie back the forms so that Bernie could help her fill them out because her hands hurt her so much Bernie was very instrumental in helping her complete the documentation and getting relatives and neighbors involved in helping this woman Because of this assistance, the woman has been able to receive the care she could not always afford before

One day, the woman walked into the Information Center looking for Bernie She said she was feeling so much better and had brought Bernie a gift She told Bernie that she was her angel When Bernie opened the gift it was two crocheted pillowcases that the woman had made with her own scarred hands It was truly a sacrifice for her to do this, but she wanted to express her thanks for all Bernie had done for her

OVERVIEW

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.

Community Overview

White Memorial's primary service area consists of six zip codes in the eastern portion of Los Angeles County The following demographics illustrate the characteristics of this service area (1999 figures)

- Estimated population 294,077
- Median age 26 years
- Percentage of residents 65 and older 8 6%
- Largest ethnic group Hispanic, at 85 1%
- Second-largest ethnic group Asian, at 10 6%
- Average household income $24,238

Health Insurance Status *(2001 figures)*

- Medi-Cal eligible 119,841
- Speak Spanish as predominant language 60 2%
- Speak English as predominant language 26 4%
- Medi-Cal eligible ethnicity 81 3% Hispanic, 4 9% White, 6.9% Asian/Pacific Islander

Hospital Quality

For 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, and has adopted the Malcolm Baldrige National Quality Award criteria to continue improving performance

Reimbursement for Medical Services

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, 2002, White Memorial provided inpatient care for 16,299 patients and outpatient care for 88,852 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 to Medicare and Medicaid (Medi-Cal) patients. Recognizing the inability of many to pay for services received, White Memorial adjusted for more than $114 million in unsponsored community benefit charges in 2002

COMMUNITY BENEFITS

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© 3 organization located in a federally designated Medically Underserved Area - 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 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

White Memorial conducts a Community Needs Assessment every three years to identify key areas of community need in its service area The hospital provides various programs to address the community's greatest health needs, which are outlined in more detail in the attached 2002 Community Benefits Report The greatest identified health needs are listed below, together with services established to address them, and specific accomplishments

I. Access to Health Care Services

Challenge	Service Provided	2002 Accomplishments
Access to primary care	Assist development of new primary care practices WMMC works with Primary Care Physicians to develop new primary care practices providing high quality, bilingual care in areas of significant need within the WMMC service area	12 new Primary Care Physicians 4 new Primary Care Clinics All bilingual or trilingual
Access to primary care	WMMC is a teaching facility with fully accredited residency programs in family practice, obstetrics and gynecology, pediatrics and internal medicine Residents include 21 Family Practice residents 12 Obstetrics and Gynecology residents 13 Pediatrics residents 19 Internal Medicine residents The family practice residency program is the nation's first program to specifically train for the Hispanic community's needs The 65 residents greatly enhance the hospital's ability to provide community outreach and service to the area's under-served community Graduate medical education also promotes a more scholarly and research-oriented environment for the medical staff overall	Number of 2002 residency program graduates who stayed to practice in the White Memorial service area 5 Number of residency program graduates (from any year) who began practicing in the White Memorial service area in 2002 10
Access to specialty care	Assist development of new specialty care practices WMMC works with Specialist Physicians to develop new practices providing high quality specialty care in areas of significant need within the WMMC service area	8 new Specialty Care physicians
Access to emergency care	24 hour high quality emergency care	39,525 individuals served
Transportation	Van shuttle service WMMC provides a van shuttle service for those who cannot obtain needed transportation to and from the hospital The service was expanded in 2002	61,482 riders
Cost of medical care	WMMC participates in Medi-Cal and Medicare programs and absorbs the dollar difference between what Medi-Cal and Medicare pay and what services and treatments actually cost	26,021 Medicare patient days 44,446 Medi-Cal patient days
	Charity care	18,375 individuals served

Access to Health Care Services, cont'd

Challenge	Service Provided	2002 Accomplishments
Understanding of health programs/ insurance options	WMMC provides an on-site community information center to facilitate awareness of available community programs and services and enrollment assistance in state funded insurance plans The community information center provides referrals to primary care physicians and specialists offering low-cost care alternatives In addition to the community information center, the WMMC Community Education Team conducted visits to local schools in 2002, as well as personal contacts with area residents to help explain changes associated with Medi-Cal managed care, Healthy Families, AIM, California Kids, and other health and insurance programs Community Information Center	14,557 individuals served
	Community Education Team	19,671 individuals served
Access by children and youth	**Primary School** In 2002 WMMC provided a medical director, nurse practitioner, and medical assistant for the Second Street Elementary School Health Center, a kindergarten through sixth grade school serving 900 students and operated by the Los Angeles Unified School District **Secondary School** IN 2002 WMMC provided a medical director and nurse practitioner for the Roosevelt High School Health Center The student health services provided include non-emergency medical care, immunizations, health screenings and health education **College** In collaboration with Los Angeles Community College District's four area colleges, WMMC provides on-site Student Health Centers in serving approximately 40,000 college students Convenient and easy-to-use, campus clinics offer non-emergency care, health education and counseling, mental health counseling, health screenings and laboratory services Second Street Elementary School Health Center	2,301 encounters
	Roosevelt High School Health Center	6,676 encounters
	Four community college student health centers	9,530 encounters
Customer care and service	WMMC participates in the Malcolm Baldrige Service Excellence program WMMC assigns qualified directors and managers to be Service Excellence Advisors or Service Excellence Advocates to champion service improvement	Submitted application to the National Malcolm Baldrige Award
	Additionally, WMMC works with associated physicians to improve customer service and access issues	362 complaints
Inconvenient access	In 2002 the WMMC Children's Activity Center offered free drop-off babysitting services for parents who had an appointment with a physician in the medical office building on the hospital's campus Available weekdays from 8 a m to 4 30 p m , Center activities included toys, games, music, painting, videos and books	9,238 individuals served

II. Cancer Services

Challenges	Service Provided	2002 Accomplishments
Cancer detection	The Cecilia Gonzalez de la Hoya Cancer Center promotes and offers free breast, cervical, prostate and colorectal cancer screenings The Cancer Center also increases community physician participation in early detection and prevention education	64 screenings 853 individuals screened
Cancer education and prevention	The Cancer Center provides trained health care educators who reach into the community at the grass roots level to promote education and prevention of specific types of cancers The educators also assist the underinsured low-income community members who need access to cancer screenings or treatment	3,200 individuals served
Navigation of health care system	The Cancer Center provides health care educators to assist all patients diagnosed with cancer in navigating through the health care system Patients receive assistance with coordination of a specialist, diagnostic testing and ancillary support, regardless of insurance status	58 individuals assisted

III. Diabetes and Chronic Disabling Conditions

Challenge	Service Provided	2002 Accomplishments
Lifestyle education	WMMC provides a Senior Lifestyle Management program to the community Counselors assist seniors in developing resources for improved nutrition, social activities and exercise The program also promotes and offers a variety of free or low-cost wellness screenings, classes and physical examinations	22,262 seniors served
	WMMC provides lifestyle education through its support of area schools and churches through its Parish Nurse Partnership By providing community-based educational classes, health screenings, counseling, support, and health information, school-age students, adults, and families	10,988 individuals served
	WMMC does not currently have a program specifically designed to educate the general public on healthy lifestyle issues	
High incidence rate of diabetes	Patients who are identified as being "at risk" during a WMMC sponsored screening are referred to their physician or a panel physician WMMC also assists the patient in applying for funding programs Physicians on the referral panel will provide information through a web-based system The information will assist WMMC's East Los Angeles Center for Diabetes in monitoring patient status and compliance with the medical follow-up care Diabetes screenings	1,775 individuals screened
	Physician referral panel	96 individuals referred
	Diabetes support groups	85 participants

Diabetes and Chronic Disabling Conditions, Cont'd

Challenge	Service Provided	2002 Accomplishments
Self-management of diabetes	Patients who are diagnosed with type 2 diabetes are referred to the Diabetes Center's Self- Management program where they receive an assessment and care planning session with a Diabetes Educator A Peer-to-Peer counselor may be assigned to monitor compliance and medical follow-up	472 individuals served
Prevention and/or maintenance of chronic disabling condition	Through the Senior Lifestyle Management program and health fairs, WMMC provides diabetes, cholesterol, blood-pressure, glucose, glaucoma, lipid panel and oral and skin cancer screenings to the community	22,262 seniors served
	Additionally through its Physician Referral program, WMMC directs community members to appropriate physicians and for education, prevention and diagnosis of chronic disabling conditions	635 referrals

IV. Health Education

Challenge	Service Provided	2002 Accomplishments
Health education for lower income families	WMMC supports area schools and churches through its Parish Nurse Partnership By providing community-based educational classes, health screenings, counseling, support, and health information, school-age students, adults, and families with limited financial means are served	10,988 individuals served
Community Outreach	**Global Community** In collaboration with area schools and other community agencies, WMMC organizes and conducts health fairs In addition, WMMC provides on-site education on topics such as nutrition, dental health and first aid	5,475 individual served
	Senior Community WMMC hosts an annual Senior Health Fair, providing free "head-to-toe" health screenings, free lunch, refreshments, and musical entertainment In addition to flu shots, seniors received screenings in 2002 that included blood pressure, cholesterol, glucose, height and weight, pulmonary function, spinal, grip strength, and hearing	989 seniors served
	Women WMMC offers classes for expectant mothers and their families, including prenatal care, gestational diabetes, childbirth preparation, Lamaze, breast-feeding, baby care and infant CPR classes	123 classes provided with 912 participants
	Children WMMC conducts monthly presentations at various community sites to increase awareness of the importance of childhood immunizations and other healthcare issues In addition, WMMC offers immunization clinics on an ongoing basis through its Parish Nurse Partnership, family practice and pediatrics clinics and multiple physician offices	7,488 individuals served
Education about available services	WMMC develops, prints and distributes a quarterly publication "Our Health" to seniors in East Los Angeles and surrounding communities It contains articles in English and Spanish and features information on healthy eating, healthy lifestyles, and resources available to seniors at the hospital	89,013 distributed

Health Education, cont'd

Challenge	Service Provided	2002 Accomplishments
Partnering with community-based organizations	WMMC provides financial and other support to local Chambers of Commerce, schools and other community agencies	$82,800 provided 21 WMMC staff members and 18 Board Members participating

V. Heart Disease and Stroke Risk

Challenge	Service Provided	2002 Accomplishments
Heart disease and stroke education	**General Community** WMMC develops marketing materials and campaigns to increase awareness of cardiovascular services to the community and local physicians	151 individuals served
	Additionally, WMMC identifies and recruits new and active interventional cardiologists	3 cardiologists added to Medical Staff
	Senior Community As a means of improving the health of seniors, WMMC provides a Senior Lifestyle Management program to approximately 600 seniors Counselors assist seniors in developing resources for improved healthcare, nutrition, transportation, social activities, exercise and many other lifestyle issues	22,262 seniors served
Lifestyle education	WMMC provides a Senior Lifestyle Management program to the community Counselors assist seniors in developing resources for improved nutrition, social activities and exercise The program also promotes and offer s a variety of free or low-cost wellness screenings, classes and physical examinations	22,262 seniors served
	WMMC provides lifestyle education through its support of area schools and churches through its Parish Nurse Partnership By providing community-based educational classes, health screenings, counseling, support, and health information, school-age students, adults, and families WMMC does not currently have a program specifically designed to educate the general public on healthy lifestyle issues	10,988 individuals served
At-risk screenings	Through health fairs, its Parish Nurse Partnership and its Senior program, WMMC provides free cholesterol, blood pressure and glucose screenings Health fair screenings	8,556 individuals screened
	Parish Nurse Partnership	4,860 individuals screened
	Senior Program on-site screenings	3,696 individuals screened

VI. Mental Health

Challenge	Service Provided	2002 Accomplishments
Seeking help for depression	In 2002 WMMC provided ongoing presentations about mental illness and depression to the Los Angeles School District and local schools within the hospitals service area Additionally, WMMC gave educational presentations to the community on National Depression Day that included referral sources and free screenings for depression WMMC does not currently offer a program specifically on prolonged depression	
	Community presentations	51 presentations
	Depression screenings at community events and presentations	503 individuals screened

VII. Substance Abuse

Challenge	Service Provided	2002 Accomplishments
High percentage of binge drinking	Through its Parish Nurse Partnership, WMMC integrates topics and discussions related to binge drinking with the health education classes that address substance abuse	35 participants
High percentage of drinking and driving	In 2002 WMMC participated in the Straight Talk program, a community benefit program focused on teaching participants and at-risk individuals about the consequences of drinking and driving	969 participants

VIII: General Outreach

Challenge	Service Provided	2002 Accomplishments
Lack of affordable, licensed day care facilities in the community for parents who work	MAOF/White Memorial Rainbow Children's Center provides day care to children 5 months to five years of age, at an on-site facility at White Memorial Medical Center The service is provided in partnership with the Mexican-American Opportunity Foundation, which provides staffing and operations for the center The program is educational, bilingual and bicultural	25 low-income children cared for 25 families received complete or partial subsidy from MAOF to help pay for the day care
Poverty creates a shortage of basic needs (food, clothing, etc) as well as the ability to provide gifts to children at Christmas	Each year White Memorial provides extensive Christmas Outreach activities to the homeless, needy families, local schools, local churches and children who are patients at White Memorial	
	Homeless	Blankets, jackets, food, hats, gloves, toothbrushes soap and other toiletries provided to 70 homeless not living in shelters

General Outreach, cont'd

Challenge	Service Provided	2002 Accomplishments

	Local Head Start Schools	Coloring books, toothbrushes, crayons, gloves and stuffed animals provided to 265 students at eight local Head Start schools
	Florence Crittendon Center	Gloves, blankets, toiletries, clothing, baby clothes, basketballs, baby toys provided to 40 mothers and babies at this continuation school for unwed teenage mothers
	Local churches	700 toys, food and clothing items provided to three local churches
	Adopt-a-Santa Letter program with two local elementary schools White Memorial employees and physicians adopt the families of needy children who write letters to Santa	319 families adopted and provided with books, toys, clothing and food
	Children in the Pediatrics Unit, Cleft Palate Program, Pediatrics Rehabilitation Program, newborns in the Maternity ward, and families of infants in the Neonatal Intensive Care Unit at White Memorial	Approximately 265 children and families provided with toys, books, games, puzzles, coloring books, crayons, clothing and blankets
	Patients in the Emergency Dept on Christmas Eve	60 patients provided with Christmas stockings and stuffed animals
	Special needs families and needy White Memorial employees	Toys for families with no money to buy gifts for their children, food and clothing were given to 74 special needs families and White Memorial employees

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* ► [ ]

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)

[X] Form 990	[ ] 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 8/15, 20 03, to file the exempt organization return for the organization named above The extension is for the organization's return for

► [X] calendar year 20 02 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 ► C.F.A Date ► 5-14-2003

BAA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (12 2000)

- 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

File by the extended due date for filing the return See instructions

Name of Exempt Organization: White Memorial Med Cnt Charitable Fnd

Employer identification number: 95-3760201

For IRS Use Only

Number street, and room or suite number If a P O box see instructions: 1720 Cesar E Chavez Ave

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 03

5 For calendar year 2002 , 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 ► 8-14-03

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

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

EXTENSION APPROVED

SEP [illegible]

LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN