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

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , 2003, 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).**

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.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 2,900,423.

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

I Group Exemption Number ►

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

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	1,396,280.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	642,541.	
	d	Total (add lines 1a through 1c) (cash $ 2,038,821. noncash $)			1d 2,038,821.
	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 58,078.
	5	Dividends and interest from securities			5 78,414.
	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) If any amount is from **gaming**, check here ► ☐			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a	380,570.	
	b	Less: direct expenses other than fundraising expenses	9b	64,705.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a) Statement 1			9c 315,865.
	10a	Gross sales of inventory, less returns and allowances	10a	344,540.	
	b	Less cost of goods sold	10b	209,449.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Statement 2			10c 135,091.
	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 2,626,269.
EXPENSES	13	Program services (from line 44, column (B))			13 1,961,212.
	14	Management and general (from line 44, column (C))			14 555,118.
	15	Fundraising (from line 44, column (D))			15 64,268.
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 16 and 44, column (A))			17 2,580,598.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 45,671.
NET ASSETS	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 3,380,732.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3			20 5,515,590.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 8,941,993.

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BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0107L 10/03/03 Form **990** (2003)

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 $ 1961212. non-cash $)	22	1,961,212.	1,961,212.		
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	14,908.			14,908.
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	39,609.		39,609.	
34 Telephone	34	4,346.		4,346.	
35 Postage and shipping	35				
36 Occupancy	36	874.		874.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	76,679.		76,679.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	21,182.		21,182.	
43 Other expenses not covered above (itemize)					
a Advertising	43a	18,292.		18,292.	
b Other Expenses	43b	139,455.		119,357.	20,098.
c Professional Fees	43c	187,135.		187,135.	
d Purchased Services	43d	116,906.		87,644.	29,262.
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,580,598.	1,961,212.	555,118.	64,268.

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 $) 1,961,212.

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) ► 1,961,212.

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		267,466.	45	139,553.
	46 Savings and temporary cash investments		2,844,803.	46	2,498,367.
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	4,667.	47c	
	48a Pledges receivable	48a 6,081,051.			
	b Less: allowance for doubtful accounts	48b 23,953.	366,334.	48c	6,057,098.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a 146,533.			
	b Less: allowance for doubtful accounts	51b	140,000.	51c	146,533.
	52 Inventories for sale or use		33,128.	52	48,776.
	53 Prepaid expenses and deferred charges		19,721.	53	15,637.
	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)		695,317.	56	689,459.
	57a Land, buildings, and equipment basis	57a 91,702.			
	b Less. accumulated depreciation (attach schedule) Statement 7	57b 51,316.	38,513.	57c	40,386.
	58 Other assets (describe ►)			58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)		4,409,949.	59	9,635,809.
LIABILITIES	60 Accounts payable and accrued expenses		71,011.	60	201,476.
	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)		958,206.	65	492,340.
	66 **Total liabilities** (add lines 60 through 65)		1,029,217.	66	693,816.
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		393,578.	67	647,514.
	68 Temporarily restricted		2,797,442.	68	8,104,767.
	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)		3,380,732.	73	8,941,993.
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)		4,409,949.	74	9,635,809.

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.

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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	3,361,645.
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 $ 741,234.		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) See Stm 9 $ -5,858.		
	Add amounts on lines (1) through (4)	b	735,376.
c	Line a minus line b	c	2,626,269.
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	2,626,269.

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

a	Total expenses and losses per audited financial statements	a	3,321,832.
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities $ 741,234.		
	(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	741,234.
c	Line a minus line b	c	2,580,598.
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	2,580,598.

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 and 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: 215,035.			
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, 2003 (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		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	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	58,078.	
96 Dividends & interest from securities			14	78,414.	
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	315,865.	
102 Gross profit or (loss) from sales of inventory			3	135,091.	
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				587,448.	
105 **Total** (add line 104, columns (B), (D), and (E))				►	587,448.

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).*

Please

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] 11/15/04

Date

[redacted]

Date / Check if / Preparer's SSN or PTIN (see General Instruction W)

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

2003

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	72,500.
THE GRIFFIN GROUP 3104 LOS OLIVOS LANE, LA CRESCENTA, CA 91214	GRANT WRITING	84,645.
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 i 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
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	3b		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,149,505.	3,254,730.	3,721,186.	1,056,434.	10,181,855.
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	515,501.	502,681.	579,521.	340,334.	1,938,037.
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	160,620.	218,729.	182,216.	105,084.	666,649.
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	2,825,626.	3,976,140.	4,482,923.	1,501,852.	12,786,541.
24 Line 23 minus line 17	2,310,125.	3,473,459.	3,903,402.	1,161,518.	10,848,504.
25 Enter 1% of line 23	28,256.	39,761.	44,829.	15,019.	

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 1999 through 2002 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

(2002) 0. (2001) 0. (2000) 0. (1999) 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:

(2002) 0. (2001) 0. (2000) 0. (1999) 0.

c Add Amounts from column (e) for lines: **15** 10,181,855. **16** _____ **17** 1,938,037. **20** _____ **21** _____ **27c** 12,119,892.

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

e Public support (line 27c total minus line 27d total) ► **27e** 12,119,892.

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► **27f** 12,786,541.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► **27g** 94.79 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► **27h** 5.21 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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)** 2003	**(b)** 2002	**(c)** 2001	**(d)** 2000	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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		

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

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Gala	273,540.	0.	273,540.	44,453.	229,087.
Golf Tournament	107,030.	0.	107,030.	20,252.	86,778.
Total	$ 380,570.	$ 0.	$ 380,570.	$ 64,705.	$ 315,865.

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

GIFT SHOP	$	344,540.
Gross Sales	$	344,540.
Less Returns & Allowances		0.
Net Sales	$	344,540.
Less Cost Of Goods Sold		209,449.
Gross Profit From Sales Of Inventory	$	135,091.

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

Change in Value-Split Interest Agmts	$	-5,858.
Pledge Receivable from Affiliated Organization		5,000,000.
Transfer from WMMC/AHS		521,448.
Total	$	5,515,590.

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:		$ 1,916,213.
Donee's Name:	Others	
Amount Given:		44,999.
Total Grants and Allocations		$ 1,961,212.

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 programs to 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.		1,961,212.
	$ 0.	$ 1,961,212.

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

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	$ 91,702.	$ 51,316.	$ 40,386.
Total	$ 91,702.	$ 51,316.	$ 40,386.

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

Due to WMMC	$	455,153.
Other Liabilities		37,187.
Total	$	492,340.

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

Change in Value-Split Interest Agmts	$	-5,858.
Total	$	-5,858.

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.
Jasmine Borrego 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 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	Board Member None	0.	0.	0.
Steve Eisner 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Chairman 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
Cynthia Endo 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	$ 0.	$ 0.	$ 0.
Lilian L. Gong 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0.	0.	0.
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.
Maria Guzman-Kennedy 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member None	0.	0.	0.
Deane Leavenworth 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Treasurer 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	Past Chair None	0.	0.	0.
Thomas James Murphy 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 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	CFO 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
Raul F. Salinas Esq. 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Vice Chairman None	$ 0.	$ 0.	$ 0.
Richard Sanders 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Secretary None	0.	0.	0.
John Vanore, M.D. 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Secretary None	0.	0.	0.
Belinda Vega, Esq. 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 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	

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

HELP FOR THE UNINSURED

AN EXAMPLE OF NON-QUANTIFIABLE COMMUNITY BENEFITS FOR 2003

A young teenager came to the White Memorial Medi-Cal Information Center to apply for Medi-Cal for her baby. As Reina, the Medi-Cal Liaison, was taking the application, she noticed that the baby was very uncomfortable and looked quite ill. Reina asked about the health of the baby and was informed by the mother that the baby had been ill for three days. Since she did not have any money to pay for a doctor visit, she had not taken the baby to be seen by a physician. Reina immediately called Dr. Bertrand Marcano, a pediatrician on White Memorial's medical staff. Dr. Marcano agreed to see the baby , who was very, very ill. Dr. Marcano prescribed medication, and meanwhile Reina was able to help the mother qualify for Medi-Cal to cover the cost of the care. The baby is now doing very well, the mother has continued to bring her baby to Dr. Marcano, and has remained friendly with Reina and the rest of the Information Center staff.

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 seven zip codes in the eastern portion of Los Angeles County. The following demographics illustrate the characteristics of this service area (2000 figures):

- Estimated population: 407,805
- Median age: 27 years
- Percentage of residents 65 and older: 7%
- Largest ethnic group: Hispanic, at 89%
- Second-largest ethnic group: Asian, at 5%
- Average household income: $27,079

Health Insurance Status *(2001 figures)*

- Medi-Cal eligible: 187,965
- Speak Spanish as predominant language 80%
- Speak English as predominant language 15%
- Medi-Cal eligible ethnicity: 81.3% Hispanic; 4.9% White; 6.9% Asian/Pacific Islander

Hospital Quality

For 91 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, 2003, White Memorial provided inpatient care for 17,374 patients and outpatient care for 83,601 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 $19.1 million in unsponsored community benefit charges in 2003.

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 our 2003 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	2003 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.	11 new Primary Care Physicians 4 new Primary Care Clinics
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 2 Podiatry 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 2003 residency program graduates who stayed to practice in the White Memorial service area: 4. Number of residency program graduates (from any year) who are practicing in the White Memorial service area: 14.

Access to Health Care Services, cont'd

Challenge	Service Provided	2003 Accomplishments
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.	4 new Specialty Care physicians
Access to emergency care	24 hour high quality emergency care	45,230 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.	42,385 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.	26,569 Medicare patient days 43,945Medi-Cal patient days
	Charity care	27,353 individuals served
Understand-ing of health programs/ insurance options	WMMC provides an on-site community information center to facilitate awareness of available community programs and enrollment assistance in state funded insurance plans. The information center provides referrals to primary care physicians and specialists offering low-cost care alternatives. Community Information Center	20,554 individuals served
Access by children and youth	**Primary School** In 2003 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 2003 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. The campus clinics offer non-emergency care, health education and counseling, mental health counseling, health screenings and laboratory services. Second Street Elementary School Health Center	436 encounters
	Roosevelt High School Health Center	2,844 encounters
	Four community college student health centers	9,170 encounters

Access to Health Care Services, cont'd

Challenge	Service Provided	2003 Accomplishments
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.	Received Silver Award from State Submitted application to the National Malcolm Baldrige Award
	Additionally, WMMC works to continuously improve customer service and access issues. We gather and track information on customer concerns and complaints, and use this information to pinpoint opportunities for additional improvement.	504 complaints

II. Cancer Services

Challenges	Service Provided	2003 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.	30 screenings 828 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.	24 events
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.	42 individuals assisted

III. Diabetes and Chronic Disabling Conditions

Challenge	Service Provided	2003 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.	30,491 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.	9,233individuals served

Diabetes and Chronic Disabling Condition, cont'd

Challenge	Service Provided	2003 Accomplishments
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	490 individuals screened
	Physician referral panel	65 individuals referred
	Diabetes support groups	68 participants
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.	649 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.	30,491 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.	1,042 referrals

IV. Health Education

Challenge	Service Provided	2003 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.	9,233 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	2003 Accomplishments
Partnering with community-based organizations	WMMC provides financial and other support to local Chambers of Commerce, schools and other community agencies.	$101,979 provided 22 WMMC staff members and 17 Board Members participating
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.	1,654 individual served
	Senior Community WMMC hosts an annual Senior Health Fair, providing free "head-to-toe" health screenings, free lunch, refreshments, and musical entertainment. Seniors received screenings in 2003 that included blood pressure, cholesterol, glucose, height and weight, pulmonary function, spinal, grip strength, and hearing.	850 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.	185 classes provided with 977 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.	179 individuals served

V. Heart Disease and Stroke Risk

Challenge	Service Provided	2003 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.	451 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.	30,491 seniors served

Heart Disease and Stroke Risk, cont'd

Challenge	Service Provided	2003 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 offer s a variety of free or low-cost wellness screenings, classes and physical examinations.	30,491 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.	9,233 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	7,748 individuals screened
	Parish Nurse Partnership	7,811 individuals screened
	Senior Program on-site screenings	3,575 individuals screened

VI. Mental Health

Challenge	Service Provided	2003 Accomplishments
Seeking help for depression	In 2003 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	35 presentations
	Depression screenings at community events and presentations	322 individuals screened

VII. Substance Abuse

Challenge	Service Provided	2003 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.	41 participants
High percentage of drinking and driving	In 2003 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.	1,720 participants

VIII: Unintentional Injuries/Violent and Abusive Behavior

Challenge	Service Provided	2003 Accomplishments
Utilization of auto child restraints	In-hospital training sessions	3,048 individuals served
High percentage of robberies and violent crimes	Parish Nurse Program classes and counseling sessions	72 individuals served
	Mentoring of students	96 individuals served
Domestic violence	Support groups	49 participants
Gang-related violence	Gang relations program	257 participants
	Partnership with "Jobs for a Future" program	$5,000 in financial support

IX: General Outreach

Challenge	Service Provided	2003 Accomplishments
Lack of affordable, licensed child care facilities in the community for parents who work.	MAOF/White Memorial Rainbow Children's Center provides child care to children 6 weeks 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 child care.
Poverty creates a shortage of basic needs (food, clothing, etc). as well as the ability to provide gifts to children at Christmas.	WMMC provides Christmas Outreach activities to the homeless, needy, local schools and churches and children who are WMMC patients.	
	Homeless	Blankets, jackets, food, hats, gloves, toothbrushes soap and other toiletries provided to 70 homeless not living in shelters.
	Local Head Start Schools	Coloring books, toothbrushes, crayons, gloves and stuffed animals provided to 295 students at eight local Head Start schools.
	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 Maternity, and families of infants in Neonatal Intensive Care at WMMC	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, food and clothing were given to 74 special needs families and White Memorial employees.

General Outreach, cont'd

Challenge	Service Provided	2003 Accomplishments
To empower Hispanic women from low income barrio lives to embark on a professional career in health care nursing. Studies have shown that only 22 percent of Latino high school graduates in LA County go on to higher education; and only 2 percent of nurses in the nation are Spanish-speaking. Not only will this effort provide career opportunities for these women, but also help address the nation's shortage of nurses, particularly Spanish-speaking nurses.	In collaboration with Rio Hondo College, the TELACU Education Foundation and the UniHealth Foundation, White Memorial Medical Center has provided scholarships, stipends, book grants, emotional support and educational support to low-income women from our community, many of them single mothers.	28 women were provided support in 2003 Since the program began in 2001, 39 women have become nurses through this program.

- 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

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 04.

5 For calendar year 2003 , 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 8-10-04

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: _____

EXTENSION APPROVED
SEP 01 2004

Director By. _____ Date

RECEIVED BY SUBMISSION PROCESSING

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension sent 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

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 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ► [X] calendar year 20 03 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.P.A. Date ► 5-16-2004

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2000)