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

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, 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: (323) 260-5844

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: ► www.whitememorial.com/content/giving

H and I are not applicable to section 527 organizations.

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

H (b) If 'Yes,' enter number of affiliates ►

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

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

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

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 Group Exemption Number. ►

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ► 3,249,863.

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	1,972,170.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	704,752.	
	d	Total (add lines 1a through 1c) (cash $ 2,676,922. noncash $)			1d 2,676,922.
	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			4 137,587.
	5	Dividends and interest from securities			5 2,844.
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ►)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 192,467. of contributions reported on line 1a)	9a	87,502.	
	b	Less. direct expenses other than fundraising expenses.	9b	60,399.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		Statement 1	9c 27,103.
	10a	Gross sales of inventory, less returns and allowances	10a	345,008.	
	b	Less cost of goods sold	10b	191,280.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		Statement 2	10c 153,728.
	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 2,998,184.
EXPENSES	13	Program services (from line 44, column (B))			13 1,621,975.
	14	Management and general (from line 44, column (C))			14 209,388.
	15	Fundraising (from line 44, column (D))			15 137,937.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 1,969,300.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 1,028,884.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 8,941,993.
	20	Other changes in net assets or fund balances (attach explanation)		See Statement 3	20 1,648,261.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 11,619,138.

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 $ 1621975. non-cash $)	22	1,621,975.	1,621,975.		
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				
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	23,781.		23,781.	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	73,438.		72,631.	807.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	20,627.		20,627.	
43 Other expenses not covered above (itemize):					
a Advertising	43a	3,478.		3,478.	
b Other Expenses	43b	57,225.		40,681.	16,544.
c Professional Fees	43c	53,781.		10,001.	43,780.
d Purchased Services	43d	114,995.		38,189.	76,806.
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,969,300.	1,621,975.	209,388.	137,937.

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 $ 1,621,975.)	1,621,975.
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) ►	1,621,975.

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		139,553.	45	114,781.
	46 Savings and temporary cash investments		2,498,367.	46	2,857,822.
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a 8,280,294.			
	b Less: allowance for doubtful accounts	48b 348,497.	6,057,098.	48c	7,931,797.
	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	146,533.	51c	146,533.
	52 Inventories for sale or use		48,776.	52	125,787.
	53 Prepaid expenses and deferred charges		15,637.	53	16,726.
	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)		689,459.	56	716,366.
	57a Land, buildings, and equipment: basis	57a 77,002.			
	b Less: accumulated depreciation (attach schedule) Statement 7	57b 55,302.	40,386.	57c	21,700.
	58 Other assets (describe ►)			58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)		9,635,809.	59	11,931,512.
LIABILITIES	60 Accounts payable and accrued expenses		201,476.	60	261,495.
	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)		492,340.	65	50,879.
	66 **Total liabilities** (add lines 60 through 65)		693,816.	66	312,374.
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		647,514.	67	728,077.
	68 Temporarily restricted		8,104,767.	68	10,701,349.
	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)		8,941,993.	73	11,619,138.
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)		9,635,809.	74	11,931,512.

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	3,938,888.
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..... $ 913,797.		
	(3) Recoveries of prior year grants ..... $		
	(4) Other (specify): See Stm 9 $ 26,907.		
	Add amounts on lines (1) through (4)....	b	940,704.
c	Line a minus line b..	c	2,998,184.
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	2,998,184.

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

a	Total expenses and losses per audited financial statements.	a	2,883,097.
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities..... $ 913,797.		
	(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	913,797.
c	Line a minus line b... .	c	1,969,300.
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	1,969,300.

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? See Statement 11 ► [X] 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 12 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 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, 2004 (See instructions)	90b	2	
91	The books are in care of ► White Memorial Medical Center Telephone number ► 323-260-5844 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	137,587.	
96 Dividends & interest from securities			14	2,844.	
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	26,091.	1,012.
102 Gross profit or (loss) from sales of inventory			3	153,728.	
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				320,250.	1,012.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					321,262.

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

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

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

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

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

Note: *If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)*

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

Please ► [signature] Date 11/14/05

[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

2004

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
None		
Total number of others receiving over $50 000 for professional services ►	0	

Part III Statements About Activities (See instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ N/A (Must equal amounts on line 38, Part VI-A, or line 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
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,038,821.	2,149,505.	3,254,730.	3,721,186.	11,164,242.
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	725,110.	515,501.	502,681.	579,521.	2,322,813.
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	136,492.	160,620.	218,729.	182,216.	698,057.
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	2,900,423.	2,825,626.	3,976,140.	4,482,923.	14,185,112.
24 Line 23 minus line 17	2,175,313.	2,310,125.	3,473,459.	3,903,402.	11,862,299.
25 Enter 1% of line 23	29,004.	28,256.	39,761.	44,829.	

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 2000 through 2003 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:

(2003) 0. (2002) 0. (2001) 0. (2000) 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:

(2003) 0. (2002) 0. (2001) 0. (2000) 0.

c Add Amounts from column (e) for lines 15 11,164,242. 16 _____ 17 2,322,813. 20 _____ 21 _____ 27c 13,487,055.

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

e Public support (line 27c total minus line 27d total) ► 27e 13,487,055.

f Total support for section 509(a)(2) test· Enter amount from line 23, column (e) ► 27f 14,185,112.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► 27g 95.08 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► 27h 4.92 %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

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

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

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

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

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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	178,300.	115,050.	63,250.	40,275.	22,975.
Golf Tournament	100,657.	77,417.	23,240.	20,124.	3,116.
Opportunity Drawings	1,012.	0.	1,012.	0.	1,012.
Total	$ 279,969.	$ 192,467.	$ 87,502.	$ 60,399.	$ 27,103.

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

GIFT SHOP		$ 345,008.
Gross Sales		$ 345,008.
Less Returns & Allowances		0.
Net Sales		$ 345,008.
Less Cost Of Goods Sold		191,280.
Gross Profit From Sales Of Inventory		$ 153,728.

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

Change in Value-Split Interest Agmts	$ 26,906.
Transfer from WMMC	1,621,355.
Total	$ 1,648,261.

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:		$ 1,578,778.
Donee's Name:	Others	
Amount Given:		43,197.
	Total Grants and Allocations	$ 1,621,975.

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.	1,621,975.	1,621,975.
	$ 1,621,975.	$ 1,621,975.

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

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	$ 77,002.	$ 55,302.	$ 21,700.
Total	$ 77,002.	$ 55,302.	$ 21,700.

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

Due to WMMC	$ 14,679.
Other Liabilities	36,200.
Total	$ 50,879.

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

Change in Value-Split Interest Agmts	$ 26,907.
Total	$ 26,907.

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 1-3	$ 0.	$ 0.	$ 0.
Eduardo A. Angeles 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Enrique Arevalo, Esq. 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Jasmine Borrego 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Treasurer 1-3	0.	0.	0.
Mary Anne Chern 1720 Cesar Chavez Avenue Los Angeles, CA 90033	President 40+	0.	0.	0.
Yolanda De La Paz 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Steve Eisner 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Past Chair 1-3	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
Cynthia Endo 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	$ 0.	$ 0.	$ 0.
Lilian L. Gong 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Maria Guzman-Kennedy 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Christian Hart 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Vice Chair 1-3	0.	0.	0.
Rosalio J. Lopez 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Richard Macias, Esq. 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Christina Pappas 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
John Raffoul 1720 Cesar Chavez Avenue Los Angeles, CA 90033	CFO 1-3	0.	0.	0.
Elizabeth Rollice 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Raul F. Salinas Esq. 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Chair 1-3	0.	0.	0.
Richard Sanders 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Secretary 1-3	0.	0.	0.
Michele Schrader 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	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
John Vanore, M.D. 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	$ 0.	$ 0.	$ 0.
Beth Zachary 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Frank Beltran 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Joseph Diaz 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Jose L. Huizar, Esq. 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Deane Leavenworth 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1-3	0.	0.	0.
Miguel Martinez, MD 1720 Cesar Chavez Avenue Los Angeles, CA 90033,	Board Member 1-3	0.	0.	0.
Thomas James Murphy 1720 Cesar Chavez Avenue Los Angeles, CA 90033,	Board Member 1-3	0.	0.	0.
See Statement 13 ,	1-3	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Statement 11
Form 990, Part V, Line 75
List of Officers, Directors, Trustees, and Key Employees

Name and Related Organization	Compen-sation	Contrib-tion to EBP & DC	Expense Account\ Other
See Statement 13 See Statement 13	$ 769,690.	$ 172,244.	$ 38,657.
Total	$ 769,690.	$ 172,244.	$ 38,657.

Statement 12
Form 990, Part VI, Line 80b
Related Organizations

Name of Organization	Exempt	Nonexempt
Adventist Health System-West	X	
Western Health Resources	X	
White Memorial Medical Center	X	

White Memorial Medical Center Charitable Foundation
Form 990 - Statement 14
2004

NOTE - GRANT REVENUE

In 2004, the Foundation was instrumental in securing a federal grant for the Medical Center in the amount of $1,488,000. Because the grant was written in the name of the Medical Center, this revenue is not included in the Foundation's financial statements. However, the Foundation's financial statements include the expenses for procuring this grant.

Statement 13 White Memorial Medical Center Charitable Foundation 95-3760201
Form 990, Part V, Line 75
List of Officers, Directors, Trustees, and Key Employees

NAME		Avg Hrs per Week	Title	Compensation	Deferred Compensation Vesting in 2004 [1]	Contributions to Employee Benefit Plans & Deferred Compensation: Pension Plan and Other Benefits	Contributions to Employee Benefit Plans & Deferred Compensation: Nonvested Deferred Compensation	Expense Account and Other Allowances
ZACHARY, BETH	[A]	0-5	Board Member	360,271	0	52,029	53,188	17,718
RAFFOUL, JOHN	[A]	0-5	Board Member	211,404	0	37,175	0	7,140
CHERN, MARY ANNE		40+	President	198,015	0	29,852	0	13,799

Beth Zachary and John Raffoul receive their compensation from Adventist Health System/West, FEIN 95-3484589.
Mary Anne Chern receives her compensation from White Memorial Medical Center, FEIN 95-2282647.

[A] The executive compensation plan is designed to recruit and retain qualified executives. Base pay is established for all executive positions at the median level of comparable market compensation Salary ranges are narrow with a maximum that is 12% above the midpoint In contrast, competitive ranges normally go to 25% above midpoint. In addition, the at-risk component of total compensation is designed to be no higher than the market median and to focus executives on individual and team performance objectives

[1] Amounts shown as compensation in the current year were reported in previous years as nonvested deferred compensation

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

FINANCIAL ASSISTANCE FOR PATIENTS IN NEED

AN EXAMPLE OF NON-QUANTIFIABLE COMMUNITY BENEFITS FOR 2004

When Enriqueta, 56, came to White Memorial Medical Center's emergency room, her greatest fear was not related to her chest pains and shortness of breath, but to her inability to pay. Queta's long-term employer had recently laid her off, and her husband earned minimum wage with no benefits. In the emergency room, Queta learned her condition was serious. Doctors diagnosed her with cardiac disease and performed coronary bypass surgery and other procedures to save her life.

During her recovery, Queta appreciated the personalized attention she received from the nurses who cared for her, the chaplain who prayed with her, and Bermudez, the financial counselor who educated her and her husband about White Memorial Medical Center's charity care policy. After completing the application process, Queta qualified for charity care. Based on this, White Memorial did not charge her for the hospital bill, which was almost $140,000. "First, I thank God, and then White Memorial for saving my life," said Queta, "I wish I could repay you."

As a non-profit hospital whose mission is to serve the community, White Memorial is committed to helping patients find ways to meet their financial commitments. We have had billing and financial assistance policies in place for many years. We are committed to assisting patients who cannot pay for part or all of the care they receive by providing them with various payment plans and options. If they meet established income and other qualifications, they may not have to pay their hospital bill.

In fact, charity care is one of the many community benefits we provide. And while White Memorial receives no direct reimbursement that we can apply to patient accounts for charity care, since the cost is deducted directly from operating revenue and decreases our net income each year, it represents part of our mission to serve the community.

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 (2004 figures):

- Estimated population: 431,046
- 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 $41,063

Health Insurance Status *(2004 figures)*

- Medi-Cal eligible: 184,172
- Speak Spanish as predominant language 67.8%
- Speak English as predominant language 25 2%
- Medi-Cal eligible ethnicity: 85.2% Hispanic; 3.0% White; 2.3% Asian

Hospital Quality

For 92 years White Memorial has provided quality medical care regardless of race, creed, sex, national origin, handicap, age or ability to pay. The hospital has three times been awarded a Eureka Award for Performance Excellence from the California Council for Excellence. The hospital has also adopted the Malcolm Baldrige National Quality Award criteria to continue improving performance. Additionally, White Memorial uses the Centers for Medicare and Medicaid Services (CMS) Core Measures, the American College of Cardiology, the Society for Thoracic Surgery and Project Impact to benchmark clinical best practices and patient outcomes.

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, 2004, White Memorial provided inpatient care for 96,923 patients and outpatient care for 111,444 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 $37 million in unsponsored community benefit costs in 2004 (excluding Medicare).

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 2004 Community Benefits Report. The greatest identified health needs are listed below, together with services established to address them, and specific accomplishments.

A. ACCESS TO HEALTH CARE SERVICES

Objectives

1. To maintain and expand programs that provide the community with clear and direct access to the hospital, a physician or information about low- or no-cost health care programs.

2. To continue to develop and participate in effective strategies to respond to the needs to the service area's Medi-Cal, Medicare and uninsured population, within the hospital's mission and financial capacity.

3. To expand monitoring and quality of customer service.

Community Needs Assessment Results and Key Identified Challenges

Access to Health Care Services	Total Area	US	HP2010	Significance vs. US	WMMC Service to Meet Challenge
% Cost Prevented Getting Child's Rx in Past Yr	11.3	4.4		WORSE	Yes
% Difficulty finding Dr. for Child in Past Yr	13.6	5.3		WORSE	Yes
% Lack of Health Insurance (18-64)	31.3	15.6		WORSE	Yes
% Cost Prevented Physician visit in Past Yr	20 8	10.4		WORSE	Yes
% Cost Prevented Child's Care in Past Yr	14.6	7.3		WORSE	Yes
% Inconvenient Hrs. Prevented Dr. Visit in Past Yr	25 3	12.7		WORSE	Yes
% Transportation Prevented Child's Care in Past Yr	7.8	4.1		WORSE	Yes
% Transportation Prevented Dr. Visit in Past Yr	9.7	5.2		WORSE	Yes
% Cost Prevented Getting Rx in Past Yr	17.6	9.5		WORSE	Yes
% Difficulty Finding Physician in Past Yr	13.7	7.8		WORSE	Yes
% Difficulty Getting Appointment in Past Yr	20.5	13.3	7	WORSE	Yes
% Rate Local Health Care "Excellent/Very Good"	40.1	53.1		WORSE	Yes
% Have a Regular Clinic or Physician	76.3	85	96	WORSE	Yes

Services Established to meet Challenges

Challenge	Service
Access to Primary Care	WMMC works with Primary Care Physicians to develop new primary care practices providing high quality treatment in areas of significant need within the WMMC service area.
Access to Specialty Care	WMMC works with Specialist Physicians to develop new practices providing high quality specialty care in areas of significant need within the WMMC service area.
Access to Emergency Care	WMMC provides 24 hour high quality emergency care

Challenge	Service
Transportation	WMMC provides a van shuttle service for those who cannot obtain needed transportation to and from the hospital. Additionally, WMMC will expand service area and capacity of van shuttle service.
High cost of medical care and prescriptions	WMMC participates in Medi-Cal and Medicare programs and absorb the dollar difference between what Medi-Cal and Medicare pay and what services and treatments actually cost.
Understanding of health programs and 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 provides outreach to local schools 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.
Access by children and youth	**Primary School** WMMC provides 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** WMMC provides a medical director and nurse practitioner for the Roosevelt High School Health Center. The student health services provided include non-emergency medical care, immunizations, and 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 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.
Customer Care and Service	WMMC will participate in the Malcolm Baldridge Service Excellence program. WMMC assigns qualified directors and managers to be Service Excellence Advisors or Service Excellence Advocates to champion service improvement. Additionally, WMMC works with associated physicians to improve customer service and access issues.

Indicators of Progress

Challenge	Service Provided	Indicator of Progress
Access to primary care	Assist development of new primary care practices	3 new Primary Care Physicians
Access to specialty care	Assist development of new specialty care practices	3 new Specialty Care physicians
Access to emergency care	24 hour high quality emergency care	39,641 individuals served
Transportation	Van shuttle service	29,010 riders
Cost of medical care	Participate in Medi-Cal and Medicare programs	28,767 Medicare patient days 43,975 Medi-Cal patient days
	Charity care	5,761 individuals served
Understanding of health programs and insurance options	Community Information Center	20,430 individuals served
	Community Education Team	3,574 individuals served
Access by children and youth	Second Street Elementary School Health Center & Roosevelt High School Health Center	986 encounters
	Four community college student health centers	9,299 encounters
Customer care and service	Service Excellence program	597 complaints

B. CANCER SERVICES

Objectives

1. To continue to develop programs and services that address cancer education, prevention and early detection.

2. Expand outreach to the higher risk and/or lower income communities.

Assessment Results and Key Identified Challenges

Cancer	Total Area	US	HP2010	Significance vs. US	WMMC Service to Meet Challenge
% Don't Know Breast Self-Exam (W)	16 8	4 2		WORSE	Yes
% Perform Testicular Self-Exam Monthly (M)	8.2	12 5		WORSE	Yes
% Digital Rectal Exam in Past Yr (50+)	42 8	57 1		WORSE	Yes
% Blood Stool Test in Past 2 Yrs (50+)	37 9	47 1	50	WORSE	Yes
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	56.9	69 9		WORSE	Yes
% Testicular Exam Ever (M)	54 2	62 4		WORSE	Yes
% Don't Know Testicular Self-Exam (M)	70 1	63 5		WORSE	Yes

Services Established to Meet Challenges

Challenges	Service
Cancer detection	The Cecilia Gonzalez de la Hoya Cancer Center promotes and offers free breast, cervical, prostate and colorectal cancer screenings. The Cancer Center is also increasing community physician participation in early detection and prevention education.
Testicular cancer awareness	The Cancer Center performs focused education with young male Latinos regarding the risk detection and treatment of testicular cancer.
Cancer education and prevention for high risk/low income community	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 want access to cancer screenings or treatment.
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.

Indicators of Progress

Challenges	Service Provided	Indicator of Progress
Cancer detection	Cancer screenings	8 screenings 995 individuals screened
Testicular cancer awareness	Targeted education programs	1 targeted program
Cancer education and prevention	Community health care educators	2 events
Navigation of health care system	Hospital health care educators	19 individuals assisted

C. Diabetes and Chronic Disabling Conditions

Objectives

1. To work with community partners to provide outreach, awareness training, lifestyle education, wellness programs and screenings.

2. To maintain and expand a seamless referral system of care for patients with diabetes.

3. To continue to improve patient self-management skills, consumerism and personal responsibility.

Assessment Results and Key Identified Challenges

Chronic Disabling Conditions	Total Area	US	HP2010	Significance vs. US	WMMC Service to Meet Challenge
% "Fair" or "Poor" Physical Health	21.3	12.3		WORSE	Yes
% Diabetes/High Blood Sugar	8.1	5.4		WORSE	Yes
%>1 Day/Month Poor Physical Health	41.1	28.5		WORSE	Yes
% No Leisure-Time Physical Health	25.7	20.2		WORSE	Partial

Services Established to Meet Challenges

Challenges	Service
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 a variety of free or low-cost wellness screenings, classes and physical examinations. 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.
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 patients in applying for funding programs. Physicians on the referral panel provide information through a web-based system. Information assists WMMC's East Los Angeles Center for Diabetes in monitoring patient status and compliance with the medical follow-up care.
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.
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. Additionally through its Physician Referral program, WMMC directs community members to appropriate physicians and for education, prevention and diagnosis of chronic disabling conditions.

Indicators of Progress

Challenge	Service Provided	Indicator of Progress
Lifestyle education	Senior Lifestyle Management	38,033 seniors served
	Parish Nurse counseling	8,760 individuals served
High incidence rate of diabetes	Diabetes screenings	1,248 individuals screened
	Physician referral panel	330 individuals referred
	Diabetes support groups	38 participants
Self-management of diabetes	Diabetes Center's Self-Management program	232 individuals serve
Prevention and/or maintenance of chronic disabling condition	Senior Lifestyle Management program	38,033 seniors served
	Physician Referral program	1,031 referrals

D. HEALTH EDUCATION

Objectives

1. To continue the development, distribution and communication of health care information.

2. To continue and expand community outreach through grass-roots efforts.

3. Maintain and develop partnerships with community-based organizations.

Community Health Panel Results – Key Identified Challenges

Health Education	WMMC Service to Meet Challenge
Education about available services	Yes
Education about how to access health care/insurance, navigate the system	Yes
Community outreach/satellite clinics	Yes
Partnering with community-based organizations	Yes
Supporting grass-roots efforts	Yes

Services Established to Meet Challenges

Challenge	Service
Health education for lower income communities	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 will be 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. **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 receive screenings that included blood pressure, cholesterol, glucose, height and weight, pulmonary function, spinal, grip strength, and hearing. **Women** WMMC offers classes for expectant mothers and their families to include prenatal care, gestational diabetes, childbirth preparation, Lamaze, breast-feeding, baby care and infant CPR. **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.
Education about available services	WMMC develops, prints and distributes a quarterly publication "Our Health" to residents in East Los Angeles and surrounding communities. It contains articles in English and Spanish and will feature information on healthy eating, healthy lifestyles, and resources available at the hospital.
Partnering with community-based organizations	WMMC provides financial and other support to local Chambers of Commerce, schools and other community agencies.

Indicators of Progress

Challenge	Service Provided	Indicator of Progress
Health education for lower income families	Parish Nurse Program related classes, screenings, counseling sessions and other support	8,760 individuals served
Community Outreach	Health fairs	2,545 individual served
	Senior Health Fair	857 seniors served
	Health education classes for pregnant women	867 participants
	Immunization clinics	316 individuals served
Education about available services	Community newsletter "Your Health"	44,861distributed
Challenge	**Service Provided**	**Indicator of Progress**

Partnering with community based organizations	Financial and educational support	$98,861 provided 22 WMMC staff members and 15 Board Members participating

E. Heart Disease and Stroke Risk

Objectives

1. To continue developing and improving education and outreach to the community regarding lifestyle improvement, healthy diet and heart disease and stroke risk factors.

Assessment Results and Key Identified Challenges

Heart Disease & Stroke	Total Area	US	HP2010	Significance vs. US	WMMC Service to Meet Challenge
% No Leisure-Time Physical Activity	25.7	20.2		WORSE	Partial
% Taking Action to Control High Cholesterol	59.1	70		WORSE	Yes
% 1+ Cardiovascular Risk Factor	91.1	84 7		WORSE	Yes
Age-Adjusted Stroke Deaths/100,000	59.9	59 6	48	WORSE	Yes

Services Established to Meet Challenges

Challenge	Service
Heart disease and stroke education	**General Community** WMMC will develop marketing materials and campaigns to increase awareness of cardiovascular services to the community and local physicians. Additionally, WMMC is identifying and recruiting new and active cardiologists. **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.
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. 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.
At-risk screenings	Through health fairs, its Parish Nurse Partnership and its Senior program, WMMC provides free cholesterol, blood pressure and glucose screenings.

Indicators of Progress

Challenge	Service Provided	Indicator of Progress
Heart disease and stroke education	Education and marketing campaigns	307 individuals served
	Recruit new cardiologists	11 cardiologists added to Medical Staff
	Senior Lifestyle Management Program	38,033 seniors served
Lifestyle education	Senior Lifestyle Management Parish Nurse counseling	38,033 seniors served 8,760 individuals served
At-risk screenings	Health fair screenings	4,723 individuals screened
	Parish Nurse Partnership	3,660 individuals screened
	Senior screenings	716 individuals screened

F. MENTAL HEALTH

Objectives

1. To continue and expand outreach and communication about the avenues available for minimizing stress, anxiety and depression.

Assessment Results and Key Identified Challenges

Mental Health & Mental Disorders	Total Area	US	HP2010	Significance vs. US	WMMC Service to Meet Challenge
% Depressed Persons Seeking Help	23.5	42.5	50	WORSE	Yes
% Prolonged Depression (2+ Yrs)	31	23.9		WORSE	Partial

Services Established to Meet Challenges

Challenge	Service
Seeking help for depression	WMMC provides ongoing presentations about mental illness and depression to the Los Angeles School District and local schools within the hospitals service area. Additionally, WMMC gives educational presentations to the community on National Depression Day that will include referral sources and free screenings for depression.

Indicators of Progress

Challenge	Service Provided	Indicator of Progress
Seeking help for depression	Depression screenings at community events and presentations	438 individuals screened

G. SUBSTANCE ABUSE

Objectives

1. To continue and expand outreach and communication regarding the high health and social risks involved with alcohol and drug abuse.

Assessment Results and Key Identified Challenges

Substance Abuse	Total Area	US	HP2010	Significance vs. US	WMMC Service to Meet Challenge
% Binge Drinker	21	16.4	6	WORSE	Partial
% Drinking & Driving in Past Month	5 4	3.7		Similar	Yes

Services Established to Meet Challenges

Challenge	Service
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.
High percentage of drinking and driving	WMMC participates in the Straight Talk program, a community benefit program focused on teaching participants and at-risk individuals about the consequences of drinking and driving

Indicators of Progress

Challenge	Service Provided	Indicator of Progress
High percentage of binge drinking	Parish Nurse Partnership substance abuse education classes	431 participants
High percentage of drinking and driving	Straight Talk program	1,252 participants

H. UNINTENTIONAL INJURIES

Objectives

1. Develop programs that educate families and children about areas and sources of accidents.

Assessment Results and Key Identified Challenges

Unintentional Injuries	Total Area	US	HP2010	Significance vs. US	WMMC Service to Meet Challenge
% Child Has Had Swimming/Water Safety Class	45.1	71 5		WORSE	No
% Discussed Fire Escape Plan with Child (1-17)	56 6	75 5		WORSE	No
% Child (<5) "Always" Uses Auto Child Restraint	87 7	98 9	100	WORSE	Partial

Services Established to Meet Challenges

Challenge	Service
Water and fire safety	WMMC will explore developing a safety education program and classes that emphasize general safety, fire escape plans and water safety.
Utilization of auto child restraints	WMMC educates mothers of newborn infants on the proper use of auto child restraints. WMMC will explore developing a education program to train mothers and families about the proper use of auto child restraints for the general public.

Indicators of Progress

Challenge	Service Provided	Indicator of Progress
Water and fire safety	Safety education program and classes	No current program
Utilization of auto child restraints	In-hospital training sessions	3,537 individuals served

I. VIOLENT AND ABUSIVE BEHAVIOR

Objectives

1. To continue and expand outreach and communication regarding violent and abusive behavior.

2. To maintain and develop partnerships with community programs focused on violence and abuse prevention.

3. Provide forums of support for victims of violence.

Assessment Results and Key Identified Challenges

Violent and Abusive Behavior	Total Area	US	HP2010	Significance vs. US	WMMC Service to Meet Challenge
Robbery Rate/100,000	299.5	153.5		WORSE	Partial
% Victim of Violent Crime in Past 5 Yrs	7.3	3.8		WORSE	Partial
Aggravated Assault/Battery Rate/100,000	591	339.8		WORSE	Partial
% Victim of Domestic Violence in Past 5 Yrs	4.9	3.1		WORSE	Partial
Murder Rate/100,000	9 8	6.8		WORSE	Partial

Services Established to Meet Challenges

WMMC currently provides no specific programs or services that directly address the challenges of violent and abuse behavior above. Related causes of these behaviors, such as low self-esteem, domestic violence and unemployment are given appropriate forums focused on education and prevention and reduction of repeat occurrences. These services are noted in the following tables.

Challenge	Service
High percentage of robberies and violent crimes	Through its Parish Nurse Partnership, WMMC works with seven churches and six schools to address the high level of despair among youth in the community. Selected youth are trained to provide peer-counseling services and to promote healthier coping skills and alternatives to self-destructive behavior. In addition, WMMC provides counseling to affected family members and friends on dealing with deaths due to violence. As a means of improving self-esteem of youth and encouraging students to stay in school and out of gangs, various executives, directors and other employees at WMMC mentor students from local schools.
Domestic violence	WMMC will sponsor and host free domestic violence support groups.
Gang-related violence	WMMC collaborates with a local employment referral program, "Jobs for a Future," to train at-risk youth and offer a future beyond the streets and gang violence.

Indicators of Progress

Challenge	Service	Indicator of Progress
High percentage of robberies and violent crimes	Parish Nurse Program classes and counseling sessions	276 individuals served
	Mentoring of students	320 individuals served
Domestic violence	Support groups	No current program
Gang-related violence	Partnership with "Jobs for a Future" program	$3,000 in financial support
	Gang Relations Program	383 participants

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

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

• The books are in care of ► White Memorial Medical Center

Telephone No ► 323-268-5000 FAX No. ►

• 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 05.

5 For calendar year 2004 , 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 ► 8-15-2005

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 extended due date of the return for which an extension was requested

[ ] Other _____

By _____

Director Date

EXTENSION APPROVED
SEP 18 2005
FIELD DIRECTOR, SUBMISSION PROCESSING OGDEN

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

Form **8868**
(Rev December 2004)

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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile*.

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

- The books are in the care of . ► White Memorial Medical Center

  Telephone No. ► 323-268-5000 . FAX No ► .
- 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-months for a **Form 990-T corporation**) extension of time until 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
   ► [X] calendar year 20 04 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.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.