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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

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

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.

C Name of organization
White Memorial Medical Center Charitable

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1720 Cesar E Chavez Ave

City or town, state or country, and ZIP + 4
Los Angeles, CA 90033

D Employer identification number
95-3760201

E Telephone number
(323) 268-5000

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

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,055,227

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 Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	3,805,501		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	1,643,444		
	e	**Total** (add lines 1a through 1d) (cash $ 5,448,945 noncash $ _____)			1e	5,448,945
	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	170,320
	5	Dividends and interest from securities			5	58,812
	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 $ _____ of contributions reported on line 1b)	9a	72,100		
	b	Less direct expenses other than fundraising expenses	9b	94,722		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	-22,622
	10a	Gross sales of inventory, less returns and allowances	10a	305,050		
	b	Less cost of goods sold	10b	537,871		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	232,821
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	5,422,634
Expenses	13	Program services (from line 44, column (B))			13	4,301,371
	14	Management and general (from line 44, column (C))			14	128,979
	15	Fundraising (from line 44, column (D))			15	109,585
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	4,539,935
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	882,699
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	15,771,222
	20	Other changes in net assets or fund balances (attach explanation)			20	-8,243,497
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	8,410,424

Part II Statement of Functional Expenses

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

	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
22a	Grants paid from donor advised funds (attach Schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $3,670,985 noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22b	3,670,985	3,670,985		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	29,913	29,913		
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	92,860	59,847	16,411	16,602
34	Telephone	34	910		910	
35	Postage and shipping	35				
36	Occupancy	36	8,263	5,518	2,745	
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	84,902	33,600	34,582	16,720
40	Conferences, conventions, and meetings . .	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	4,762		4,762	
43	Other expenses not covered above (itemize)					
a	Purchased Services	43a	194,129	120,061	24,068	50,000
b	Professional Fees	43b	335,020	319,919		15,101
c	Other Expenses	43c	117,341	61,528	44,651	11,162
d	Advertising	43d	850		850	
e		43e				
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	4,539,935	4,301,371	128,979	109,585

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

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

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

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

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

What is the 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 pa

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

a 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

(Grants and allocations $ 3,670,985) If this amount includes foreign grants, check here ▶ ☐ 4,301,371

b _____

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c _____

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d _____

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶ 4,301,371

Part IV Balance Sheets *(See the instructions.)*

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		397,584	45	303,423
	46	Savings and temporary cash investments		3,678,345	46	3,638,836
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a	4,546,750		
	b	Less allowance for doubtful accounts	48b	418,163	48c	4,128,587
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		265,832	52	85,267
	53	Prepaid expenses and deferred charges		30,016	53	13,144
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)		744,722	56	771,207
	57a	Land, buildings, and equipment basis	57a	63,096		
	b	Less accumulated depreciation (attach schedule)	57b	59,417	8,442	57c 3,679
	58	Other assets, including program-related investments (describe ▶ _____)			58	
	59	**Total assets** (must equal line 74) Add lines 45 through 58		16,934,468	59	8,944,143
Liabilities	60	Accounts payable and accrued expenses		203,831	60	141,592
	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 ▶ _____)		959,415	65	392,127
	66	**Total liabilities** Add lines 60 through 65		1,163,246	66	533,719
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		833,110	67	130,528
	68	Temporarily restricted		14,748,400	68	8,090,184
	69	Permanently restricted		189,712	69	189,712
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		15,771,222	73	8,410,424
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		16,934,468	74	8,944,143

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

a	Total revenue, gains, and other support per audited financial statements			**a**	6,129,810
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**			
2	Donated services and use of facilities	**b2**	680,692		
3	Recoveries of prior year grants	**b3**			
4	Other (specify)	**b4**	26,484		
	Add lines **b1** through **b4**			**b**	707,176
c	Subtract line **b** from line **a**			**c**	5,422,634
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**			
	Add lines **d1** and **d2**			**d**	707,176
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	5,422,634

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

a	Total expenses and losses per audited financial statements			**a**	5,220,627
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**	680,692		
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify)	**b4**			
	Add lines **b1** through **b4**			**b**	680,692
c	Subtract line **b** from line **a**			**c**	4,539,935
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	4,539,935

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

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

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 25			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**	Yes	
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

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

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	**77**		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
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 2,411,692			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		No
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		No
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		No
	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 the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		No
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		No
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 86a 0			
b	Gross receipts, included on line 12, for public use of club facilities 86b 0			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders 87a 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b 0			
88a	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶ CA

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) **90b** 0

91a The books are in care of ▶ WMMC Foundation Telephone no ▶ (323) 260-5730

Located at ▶ 1720 Cesar E Chavez LOS ANGELES, CA ZIP + 4 ▶ 900332443

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶ _____

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92

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

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . .					
95	Interest on savings and temporary cash investments			14	170,320	
96	Dividends and interest from securities . . .			14	58,812	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events . .			1	-22,622	
102	Gross profit or (loss) from sales of inventory			3	-232,821	
103	Other revenue a _____					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .				-26,311	
105	**Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					-26,311

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

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

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

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

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

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

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

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

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

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please Sign Here

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

****** — Signature of officer

2007-11-15 — Date

Mary Anne Chern President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: S CLEMENT

Date:

Check if self-empolyed: ☑

Preparer's SSN or PTIN (See Gen Inst W):

Firm's name (or yours if self-employed), address, and ZIP + 4:

Clement & Associates CPA

2930 Honolulu Avenue Suite 200

La Crescenta, CA 91214

EIN:

Phone no:

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SCHEDULE A (Form 990 or 990EZ)

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 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

2006

Name of the organization
White Memorial Medical Center Charitable

Employer identification number
95-3760201

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
None				
Total number of other employees paid over $50,000 ▶				

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the 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 ▶		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

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

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1			No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*				
a	Sale, exchange, or leasing property?	2a			No
b	Lending of money or other extension of credit?	2b			No
c	Furnishing of goods, services, or facilities?	2c			No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		Yes	
e	Transfer of any part of its income or assets?	2e			No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a			No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b			No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c			No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d			No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a			No
b	Did the organization make any taxable distributions under section 4966?	4b			No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c			No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶_____				
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶_____				
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶_____				
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶_____				

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 331/3%** 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 331/3%** 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☑ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support?
White Memorial Medical Center	952282647	7	X		3371265
Total ▶					3,371,265

- **14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					0
16 Membership fees received					0
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					0
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22					0
24 Line 23 minus line 17					0
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 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** 0

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

(2005) _____ (2004) _____ (2003) _____ (2002) _____

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 11b, 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

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c** 0

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

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

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

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

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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 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 page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**	0	
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 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			0
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 page 13 of the instructions.)

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

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

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

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

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

b If "Yes," complete the following schedule

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

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TY 2006 Cash Grants Paid Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Class of Activity	Recipient's name	Address	Amount	Relationship
	TELACU	5400 E Olympic Blvd 300 Los Angeles, CA 90022	299,720	
	White Memorial Med Center	1720 Cesar E Chavez Ave Los Angeles, CA 90033	3,371,265	Affiliated Organization

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

TY 2006 Compensation Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
John Vanore MD	White Memorial Medical Center	95-2282647	The White Memorial Medical Center Charitable Foundation is a 509(a)(3) supporting organization of the White Memorial Medical Center	103,265			The White Memorial Medical Center contracts with Dr Vanore, for emergency room on-call services
Lillian Gong	White Memorial Medical Center	95-2282647	The White Memorial Medical Center Charitable Foundation is a 509(a)(3) supporting organization of the White Memorial Medical Center	67,488			The White Memorial Medical Center contracts with Lillian Gong to review the contractual adjustments and prepare settlement appeals for Medicare and Medical reimbursements
Rosalio Lopez	Adventist Health SystemWest	95-3484589	White Memorial Medical Center Charitable Foundation (WMMCF) is a 509(a)(3) supporting organization of White Memorial Medical Center (GAMC) and Western Health Resources (WHR) both 501(c)(3) nonprofit religious organizations The sole corporate member of WMMCF is WHR The Board of Directors of WHR is composed solely of nine individuals from the senior leadership team of Adventist Health System/West (AHS/W) as are three of seven of the single class of members of WHR The sole corporate member of WMMC is AHS/W and the two organizations share a common Board of Directors composed of 13 individuals, two of whom are officers of AHS/W	355,468	48,621	12,931	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
John Raffoul	Adventist Health SystemWest	95-3484589	White Memorial Medical Center Charitable Foundation (WMMCF) is a 509(a)(3) supporting organization of White Memorial Medical Center (GAMC) and Western Health Resources (WHR) both 501(c)(3) nonprofit religious organizations The sole corporate member of WMMCF is WHR The Board of Directors of WHR is composed solely of nine individuals from the senior leadership team of Adventist Health System/West (AHS/W) as are three of seven of the single class of members of WHR The sole corporate member of WMMC is AHS/W and the two organizations share a common Board of Directors composed of 13 individuals, two of whom are officers of AHS/W	288,064	57,608	27,397	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
Beth Zachary	Adventist Health SystemWest	95-3484589	White Memorial Medical Center Charitable Foundation (WMMCF) is a 509(a)(3) supporting organization of White Memorial Medical Center (GAMC) and Western Health Resources (WHR) both 501(c)(3) nonprofit religious organizations The sole corporate member of WMMCF is WHR The Board of Directors of WHR is composed solely of nine individuals from the senior leadership team of Adventist Health System/West (AHS/W) as are three of seven of the single class of members of WHR The sole corporate member of WMMC is AHS/W and the two organizations share a common Board of Directors composed of 13 individuals, two of whom are officers of AHS/W	565,880	722,844	14,274	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 Amounts shown as "compensation paid" include $112,684 for deferred compensation vesting in 2006 This amount was reported in previous years as "benefit plan contributions ""Benefit Plan Contributions" for 2006 include nonvested deferred compensation of $62,274 and a benefit of $606,809 earned as a participant in the Supplemental Executive Retirement Plan (SERP) The SERP benefit distribution will occur when the executive achieves 30 years of Adventist healthcare service and reaches age 60 Until that time, the SERP benefit is at risk to the creditors of Adventist Health, as is the nonvested deferred compensation The SERP benefit is designed to help the executive receive employer-provided retirement benefit income equal to 60% of pre-retirement income This goal is below the market median for executive retirement plans in the not-for-profit healthcare industry
Mary Anne Bendixen-Chern	Adventist Health SystemWest	95-3484589	White Memorial Medical Center Charitable Foundation (WMMCF) is a 509(a)(3) supporting organization of White Memorial Medical Center (GAMC) and Western Health Resources (WHR) both 501(c)(3) nonprofit religious organizations The sole corporate member of WMMCF is WHR The Board of Directors of WHR is composed solely of nine individuals from the senior leadership team of Adventist Health System/West (AHS/W) as are three of seven of the single class of members of WHR The sole corporate member of WMMC is AHS/W and the two organizations share a common Board of Directors composed of 13 individuals, two of whom are officers of AHS/W	155,692	22,188	3,301	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

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TY 2006 Investments - Other Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Description	Book Value	Cost/FMV
Sanders Irrevocable Trust	581,495	C
Endowment - Invested in Cash Mgt Accts	189,712	C

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TY 2006 Land etc. Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Machinery and Equipment	63,096	59,417	3,679

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TY 2006 Other Changes in Net Assets Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Description	Amount
Transfer to WMMC	-8,269,982
Change in Value-Split Interest Agmts	26,485

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TY 2006 Other Liabilities Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Description	Beginning of Year Amount	End of Year Amount
Other Liabilities	3,246	
Due to WMMC	956,169	392,127

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TY 2006 Other Revenues Included Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Description	Amount
Change in value of split interest agmts	26,484

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TY 2006 Sales Of Inventory Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
GIFT SHOP U121	305,050	537,871	-232,821

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TY 2006 Special Events Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Opportunity Drawings	750		750		750
Golf Tournament	83,674	68,674	15,000	17,018	-2,018
Gala	150,050	93,700	56,350	77,704	-21,354

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TY 2006 Self Dealing Statement

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 06000146
Software Version: 2006v3.1

Line Number	Explanation
	The White Memorial Medical Center Gift Shop, operated by the White Memorial Medical Center Charitable Foundation engaged the services of Integrated Support Services, Inc., whose president is Steve Eisner, one of the Foundation Board Members, as a purchasing agent for selected merchandise. The products are purchased at cost and a service fee of $500 per month is paid to ISSI.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

MEETING THE COMMUNITY'S UNIQUE HEALTH CARE NEEDS

Diana Avina was diagnosed with Type I diabetes at age 7. Diana had always been an active girl, something her mother, Paula, was afraid would be impacted by her diabetes. Not wanting to be brought down by her disease, Diana resolved that she would remain active, and began participating in a local running program for children in Los Angeles.

Diana's dream was to someday run marathons in different places around the world. But the high blood sugar caused by diabetes can damage blood vessels and nerves throughout the body and increase risk of eye, heart, blood vessel, nerve and kidney diseases. While other diabetic children might avoid strenuous activities for fear of depleting their blood sugar, Diana and her mother began meeting twice a week with diabetes educator Ruth Pupo at White Memorial Medical Center's East Los Angeles Center for Diabetes..

The East Los Angeles Center for Diabetes at White Memorial was established in 2001, in collaboration with several community organizations. The program provides full-service diabetes testing, education, peer counseling and follow-up care to help people in the predominantly Latino communities surrounding White Memorial diagnose and control their diabetes.

According to the American Diabetes Association, 20.8 million children and adults -- 7 percent of the U.S. population -- have diabetes. In California, 6 percent of California Latinos reported that they had diabetes in 2001, according to the UCLA Center for Health Policy Research – the highest rate for all ethnic groups.

Working with White Memorial, Diana and her mother have been able to keep Diana's diet and blood sugar levels under control. Diana carries a thermal backpack full of Gatorade when she runs, so she can raise her blood sugar at the first sign of dizziness.

This year, at the age of 11, Diana was able to finish the L.A. Marathon in eight hours. Diana saw this not as a huge success, but as an opportunity to get better. Her goal is to run the marathon next year in six hours. Diana hopes to be an example to other children with diabetes. She encourages them to stay active and to eat a good diet. She wants them to know that diabetes is no reason to give up their dreams. White Memorial is pleased to support Diana and others in their efforts to improve their health.

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. The hospital contains 354 staffed beds and was founded by the Seventh-Day Adventist Church in 1913. Throughout its long history, the mission of White Memorial has always been to improve the quality of life and health in the communities it serves.

Our commitment to our mission has been alive from the first day we opened our doors. We believe in setting goals, measuring our progress, and challenging ourselves to improve when we fall short. These are the qualities that define White Memorial Medical Center.

We believe that fostering hope in each patient is powerful medicine and done best when each patient's physical, emotional and spiritual wellness are considered. To ensure that every patient feels safe, secure and informed, we strive to create a culture of communication, compassion and comfort. In doing so, we seek to earn the trust of the patients we care for today and those we will care for tomorrow.

The physicians who practice at WMMC are vital partners in fulfilling our mission, and they provide the skill and experience needed to offer excellent, compassionate care to our patients and a sound medical education to our residents. By communicating openly and involving physicians in the management of the hospital, we strive to earn the trust needed for a successful partnership.

White Memorial plays a vital role in our neighborhood. WMMC is the largest employer in our community, and the only not-for-profit, faith-based hospital remaining in our service area. We recognize that our success is due in great part to the hard work of our staff. In return, we strive to provide a safe, caring and respectful work environment that recognizes people's contributions, provides opportunities for career growth and enriches the human spirit. By fulfilling this responsibility, we seek to earn the trust of our workforce.

Hospital Quality

For 94 years White Memorial has provided quality medical care regardless of race, creed, sex, national origin, handicap, age or ability to pay. The hospital has four 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, 2006, White Memorial provided care for 20, 929 inpatient visits, 75,275 outpatient visits, and 31,828 emergency visits 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 $28.1 million in unsponsored community benefit costs in 2005 (excluding Medicare).

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 (2005 figures):

- Estimated population: 431,046
- Median age: 26
- Percentage of residents 65 and older: 7.3%
- Largest ethnic group: Hispanic 87%
- Second-largest ethnic group: Asian 7 %
- Average household income: $30,091

Additional Data

Software ID: 06000146
Software Version: 2006v3.1
EIN: 95-3760201
Name: White Memorial Medical Center Charitable

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Beth Zachary 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Director 1	0		
Robin Vahoviak 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
John Vanore MD 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Michele Schrader 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Richard Sanders 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Secretary 1	0		
Blair Salisbury 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Raul F Salinas Esq 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Past Chair 1	0		
Jerry Ruiz 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Elizabeth Rollice 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
John Raffoul 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Director 1	0		

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Frank Quevedo 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Vice Chair 1	0		
Barbosa Polverini 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Christina Pappas 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Rosalio J Lopez 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Director 1	0		
Christian Hart 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Chairman 1	0		
Maria Guzman-Kennedy 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Lilian L Gong 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Cynthia Endo 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Steve Eisner 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Yolanda De La Paz 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		

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Ceci De La Hoya 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Mary Anne Chern 1720 Cesar Chavez Avenue Los Angeles, CA 90033	President 50	0		
Jasmine Borrego 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Treasurer 1	0		
Enrique Arevalo Esq 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		
Eduardo A Angeles 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1	0		

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

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

Health Insurance Status *(2005 figures)*

- Medi-Cal eligible: 126,740
- Speak Spanish as predominant language 64.4%
- Speak English as predominant language 25.7%
- Medi-Cal eligible ethnicity: 86.1% Hispanic, 3.8% White, 1.2% Asian/Pacific Islander

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 serving federally designated Medically Underserved Areas – White Memorial Medical Center provides numerous benefits to communities in and near 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 healthier communities.

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 2006 Community Benefits Report. The greatest identified health needs are listed below, together with services established to address them, and specific accomplishments.

Identified Need: Access to Health Care Services

Objectives:

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

- Continue to develop and participate in effective strategies to respond to the needs of the local Medi-Cal, Medicare and uninsured population, within the hospital's mission and financial capacity.

- Expand monitoring and quality of customer service.

Challenge	Service	Indicator of Progress
Access to primary care	Assist in developing new primary care practices to provide high-quality services in local under-served neighborhoods	10 new primary care physicians

Access to specialty care	Assist in developing new specialty care practices to provide high-quality services in local under-served neighborhoods	19 new specialty care physicians
Access to emergency care	Provide 24-hour emergency care	41,741 patient visits to Emergency Department
Transportation	Van shuttle for those who need a ride to and/or from the hospital	20,050 riders
Access to hospital services	Free parking for low-cost and free hospital services 30 employee volunteers helped give community members tours of the new specialty tower	$123,043 in free parking for 36,752 vehicles 450 volunteer hours
Access to health information	Provide an on-site Community Information Center to inform patients & visitors about community programs and services and enrollment assistance for state-funded insurance plans, and referrals to primary care physicians and specialists offering low-cost care. Share health resource information with seniors reached through senior services program.	25,939 individuals served 44,397
Access by children	Provide on-site health services for the approximately 900 students at Second Street Elementary School Health Center & Roosevelt High School Health Center	443 encounters
Access to care by young adults	Provide on-site student health centers for approximately 40,000 college students	14,208 total encounters among four campuses
Access by seniors	Annual senior health fair provides free basic services and multiple free health screenings and education materials	1,000 attendees 2,400 screenings
Assist new parents	For parents who do have a car seat, they are given the option to choose another newborn care item	1,033 cartons of newborn diapers 794 strollers

Identified Need: Reduce Death and Disability from Cancer

Objectives:

- Continue to develop programs and services that address cancer education, prevention and early detection.

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

Challenge	Service	Indicator of Progress
Cancer detection	Promote and offer free cancer screenings for breast, cervical, prostate and/or colorectal cancer.	13 screening events 1,121 people screened
Cancer education and prevention for high-risk/low-income community	Provide trained health care educators to carry out grass-roots education and prevention activities for specific types of cancer. Educators will assist under-insured, low-income residents to gain access to cancer screenings or treatment.	Approximately 1,900 people reached through 15 cancer education lectures Four cancer support groups attended by approximately 40 people per week, totaling 2,080 encounters for the year

Identified Need: Reduce Death and Disability from Heart Disease and Stroke

Objective:

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

Challenge	Service	Indicator of Progress
Access to health education and information	Parish Nurse health counseling	2,371 people served
Lifestyle education for seniors	Senior Services program helps seniors develop resources for improved health care, nutrition, transportation, social activity, exercise and other lifestyle issues. Low-cost wellness screenings, classes and physical examinations further enhance this assistance.	44,397 Senior Services encounters
At-risk screenings	Through health fairs, the Parish Nurse Partnership provide free cholesterol, blood pressure and glucose screenings	2,063 health fair screenings

Identified Need: Reduce Death and Disability from Diabetes and Other Chronic Disabling Conditions

Objectives:

- Work with community partners to provide outreach, awareness training, lifestyle education, wellness programs and screenings.

- Maintain and expand a seamless referral system of care for patients with diabetes.

- Continue to improve patient self-management skills, consumerism and personal responsibility.

Challenge	Service	Indicator of Progress
Access to health and lifestyle education	Senior Services program helps seniors develop resources for improved health care, nutrition, transportation, social activity, exercise and other lifestyle issues. Low-cost wellness screenings, classes and physical examinations further enhance this assistance. WMMC's Parish Nurse Partnership supports lifestyle education in area schools and churches—classes, screenings, counseling, support and health information for students and adults.	42,489 Senior Services encounters 2,371 people served
High incidence of diabetes	WMMC-sponsored screening participants at risk for diabetes will be referred to their physician or a panel physician. If needed, WMMC will assist with health care funding application. WMMC's East Los Angeles Center for Diabetes monitors patient status and compliance with follow-up care.	753 people screened 130 people referred to WMMC program 33 participants in WMMC diabetes support groups
Self-management of diabetes	Type II diabetes patients are referred to the self-management component of WMMC's Diabetes Center, where they received 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.	73 people served
Prevention and/or maintenance of chronic disabling conditions	Through Senior Services and health fairs, WMMC will provide screenings for diabetes, cholesterol, blood pressure, glucose, glaucoma, oral cancer and skin cancer. WMMC's physician referral program will direct community	2,311 health fair screenings 1,531 people screened through Senior Services 1,149 referrals

	members to appropriate physicians and others for education, prevention and diagnosis.	

Identified Need: Reduce Death and Disability from Unintentional Injuries

Objective:
Develop programs that educate families and children about accident prevention.

Challenge	Service	Indicator of Progress
Increase utilization of child restraints in autos	WMMC will provide a car seat to new parents who do not have one	1,388 car seats distributed

Identified Need: Reduce Death and Disability from Violent and Abusive Behavior

Objectives:
- Continue and expand outreach and communication regarding violent and abusive behavior.
- Maintain and develop partnerships with community programs focused on prevention of violence and abuse.
- Provide support for victims of violence.

Challenge	Service	Indicator of Progress
High percentage of robberies and other violent crimes in community	WMMC's Parish Nurse Partnership will work with seven churches and six schools. WMMC will also provide counseling to help affected family members and friends deal with violence-related deaths.	2,371 people served through Parish Nurse classes and counseling 60 students mentored
Gang-related violence	WMMC will collaborate with local employment referral program Jobs for a Future to train at-risk youth.	80 referrals to WMMC's Gang Relations Program

Identified Need: Health Education Regarding Infectious and Chronic Disease

Objectives:
- Continue development, distribution and communication of health care information.
- Continue and expand community outreach through grassroots efforts.

- Maintain and develop partnerships with community-based organizations.

Challenge	Service	Indicator of Progress
Health education for lower-income communities	Community-based educational classes, health screenings, counseling, support and health information.	2,371 people served
Community outreach	**For the broader community**—In collaboration with local community organizations and other agencies, WMMC will provide prevention and health education through health fairs and other venues. **For seniors**—WMMC's annual Senior Fair will offer free "head-to-toe" health screenings and flu shots **For women—**WMMC will offer classes for expectant mothers and their families on topics including prenatal care, gestational diabetes, childbirth preparation, Lamaze, breastfeeding, baby care and infant CPR.	Multiple events 2,400 seniors served 1,794 participants
Education about health topics and available services	A quarterly publication, *Your Health*, is provided free to senior residents.	38,961 issues of *Your Health* distributed

Identified Need: Address Substance Abuse and Tobacco Use

Objective:
Continue and expand outreach and communication regarding the health risks and social stigma involved with alcohol and drug abuse.

Challenge	Service	Indicator of Progress
High percentage of binge drinking	Health education classes address substance abuse.	31 participants in substance abuse education classes
High percentage of drinking and driving	WMMC hosts the Hospital and Morgue program (previously known as Straight Talk), in which local judges send individuals convicted of drunk driving, minor in possession and other high-risk behaviors for a lecture and morgue tour	1,585 participants

Identified Need: Mental Health Services

Objective:
Continue and expand outreach and communication regarding options for minimizing stress, anxiety and depression and improving mental health.

Challenge	Service	Indicator of Progress
Mental health services access	Mental health services available at student health centers on the campuses of East Los Angeles College, Los Angeles Trade Tech, Los Angeles Southwest College and Los Angeles City College	660 visits
Help for depression	Depression screenings at community events and presentations	70 people screened

Beyond Medical Intervention

Augmenting its medically advanced, compassionate health care, WMMC's Cancer Services participates in community outreach events; provides support groups for patients; maintains a resource library full of information about various types of cancer, diagnosis, treatment, outcomes and so forth; and offers the services of a dedicated oncology social worker, who assesses patients' unique needs and provides referrals for additional help.

"The Cancer Center is doing a lot for the community," Marquez said. "It is a blessing for a lot of people around here. I used to be picked up by the shuttle and taken to my appointments. It is very convenient to get to, and it is so wonderful for the community."

Another service that has had a significant impact on Marquez's life is the hospital's free support groups.

"The ladies in the support group are very close," she said. "We share our struggles and pain, but we always try to help and encourage each other. I attend a support group once a week, and it keeps me active." Available support groups include two conducted in Spanish for breast cancer patients and family members. A bi-weekly Art & Expression Group is open to all patients, family members and friends. A yoga relaxation class is offered on an individual basis or in groups.

Being a Good Neighbor to the Environment

A clean and healthy environment benefits everyone. White Memorial recognizes that environmental stewardship is a shared responsibility among the public, private and not-for-profit sectors and individual citizens. Hospital leaders not only follow government regulations for environmental protection, but also strive to go beyond what is expected.

The design of WMMC's new specialty care tower incorporates a number of "green" elements, including:

- Sustainable site planning, such as a water-efficient landscaping and irrigation systems, preferred parking for carpools to encourage commuting and a healing garden for relaxation

- Energy-efficient medical equipment, lighting and HVAC system, as well as high-performance insulation
- Environmentally preferred paints, carpet and wood materials
- Efficient utilization of space for staff and patients.