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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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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 ▶ 3,261,652

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	2,612,798		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	191,410		
	e	**Total** (add lines 1a through 1d) (cash $ 2,804,208 noncash $)			1e	2,804,208
	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	171,833
	5	Dividends and interest from securities			5	30,414
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	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	65,415		
	b	Less direct expenses other than fundraising expenses	9b	100,714		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	-35,299
	10a	Gross sales of inventory, less returns and allowances	10a	189,782		
	b	Less cost of goods sold	10b	112,463		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	77,319
	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	3,048,475
Expenses	13	Program services (from line 44, column (B))			13	2,330,453
	14	Management and general (from line 44, column (C))			14	169,428
	15	Fundraising (from line 44, column (D))			15	50,913
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	2,550,794
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	497,681
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	8,410,424
	20	Other changes in net assets or fund balances (attach explanation)			20	2,721,983
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	11,630,088

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 $2,052,453 noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22b	2,052,453	2,052,453		
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	49,824	38,085		11,739
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	7,720		7,720	
33	Supplies	33	25,551	15,603	7,958	1,990
34	Telephone	34	195		195	
35	Postage and shipping	35				
36	Occupancy	36	1,141		1,141	
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	31,155	2,810	22,676	5,669
40	Conferences, conventions, and meetings . .	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	3,679		3,679	
43	Other expenses not covered above (itemize)					
a	Purchased Services	43a	115,882	70,834	36,038	9,010
b	Professional Fees	43b	127,043	99,268	22,220	5,555
c	Other Expenses	43c	136,076	51,400	67,741	16,935
d	Advertising	43d	75		60	15
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	2,550,794	2,330,453	169,428	50,913

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 $) If this amount includes foreign grants, check here ▶ ☐	2,330,453
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) . . . . ▶	2,330,453

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		303,423	45	255,390
	46	Savings and temporary cash investments		3,638,836	46	4,621,421
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a	6,411,357		
	b	Less allowance for doubtful accounts	48b	270,355	48c	6,141,002
	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		85,267	52	
	53	Prepaid expenses and deferred charges		13,144	53	10,192
	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)		771,207	56	798,954
	57a	Land, buildings, and equipment basis	57a	38,710		
	b	Less accumulated depreciation (attach schedule)	57b	38,710	57c	
	58	Other assets, including program-related investments (describe ▶ _____)			58	
	59	**Total assets** (must equal line 74) Add lines 45 through 58		8,944,143	59	11,826,959
Liabilities	60	Accounts payable and accrued expenses		141,592	60	4,481
	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 ▶ _____)		392,127	65	192,390
	66	**Total liabilities** Add lines 60 through 65		533,719	66	196,871
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		130,528	67	160,834
	68	Temporarily restricted		8,090,184	68	11,279,542
	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)		8,410,424	73	11,630,088
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		8,944,143	74	11,826,959

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	3,634,976
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	543,753		
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4	42,748		
	Add lines **b1** through **b4**			b	586,501
c	Subtract line **b** from line **a**			c	3,048,475
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	586,501
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	3,048,475

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

a	Total expenses and losses per audited financial statements			a	3,109,547
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1	543,753		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4	15,000		
	Add lines **b1** through **b4**			b	558,753
c	Subtract line **b** from line **a**			c	2,550,794
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	2,550,794

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 ▶ 21			
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**	Yes	
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 931,036			
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, 2007 (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)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . .					
95	Interest on savings and temporary cash investments			14	171,833	
96	Dividends and interest from securities . . .			14	30,414	
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	-35,299	
102	Gross profit or (loss) from sales of inventory			3	77,319	
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .				244,267	
105	**Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					244,267

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
a				
b				
c				
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
a				
b				
c				
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 — 2008-11-04 — Date

Mary Anne Chern President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst W)
S CLEMENT		☑	

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 (818) 249-1065

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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

2007

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 1 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 individual 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 individual 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		1985234
Total				▶	1,985,234

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) 2006	(b) 2005	(c) 2004	(d) 2003	(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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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 9 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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(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 11 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 12 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 2007 Cash Grants Paid Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Class of Activity	Recipient's name	Address	Amount	Relationship
	St Barnabas Senior Services	675 Carondelet St Los Angeles, CA 90057	67,219	
	White Memorial Med Center	1720 Cesar E Chavez Ave Los Angeles, CA 90033	1,985,234	Affiliated Organization

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

TY 2007 Compensation Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

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	109,500			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	288,814			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	365,947	107,071	12,909	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 "Benefit Plan Contributions" for 2007 include nonvested deferred compensation of $53,574, which is at risk to the creditors of AHS/W
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	287,155	88,750	8,260	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 "Benefit Plan Contributions" for 2007 include nonvested deferred compensation of $39,087, which is at risk to the creditors of AHS/W

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
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	528,586	132,948	14,313	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 $71,152 for deferred compensation vesting in 2007 This amount was reported in previous years as "benefit plan contributions ""Benefit Plan Contributions" for 2007 include nonvested deferred compensation of $72,912, which is at risk to the creditors of AHS/W
Mary Anne 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	197,018	79,523	5,045	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 2007 Investments - Other Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Description	Book Value	Cost/FMV
Sanders Irrevocable Trust	609,242	C
Endowment - Invested in Cash Mgt Accts	189,712	C

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TY 2007 Land etc. Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Machinery and Equipment	38,710	38,710	

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TY 2007 Other Changes in Net Assets Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Description	Amount
Transfer to WMMC	2,694,235
Change in Value-Split Interest Agmt	27,748

Additional Data

Software ID: 07000211
Software Version: 2007v2.4
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 1.00	0		
Robin Vahoviak 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1.00	0		
John Vanore MD 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1.00	0		
Richard Sanders 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Vice Chair 1.00	0		
Blair Salisbury 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1.00	0		
Raul F Salinas Esq 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1.00	0		
Jerry Ruiz 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1.00	0		
John Raffoul 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Director 1.00	0		
Frank Quevedo 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Chairman 1.00	0		
Barbosa Polverini 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1.00	0		

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
Christina Pappas 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1 00	0		
Rosalio J Lopez 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1 00	0		
Christian Hart 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Past Chair 1 00	0		
Lilian L Gong 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1 00	0		
Cynthia Endo 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1 00	0		
Steve Eisner 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1 00	0		
Ceci De La Hoya 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1 00	0		
Mary Anne Chern 1720 Cesar Chavez Avenue Los Angeles, CA 90033	President 50 00	0		
Jasmine Borrego 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Secretary 1 00	0		
Enrique Arevalo Esq 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Board Member 1 00	0		

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
Eduardo A Angeles 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Treasurer 1 00	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	

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TY 2007 Other Expenses Included Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Description	Amount
Fundraising Exp Rptd under Sp Events	15,000

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TY 2007 Other Liabilities Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
Due to WMMC	392,127	192,390

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TY 2007 Other Revenues Included Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Description	Amount
Fundraising Exp Rptd under Sp Events	15,000
Change in Value-Split Intrst Agmts D503	27,748

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TY 2007 Relationship Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Steve Eisner				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 The contract terminated in August, 2007

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TY 2007 Sales Of Inventory Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
Gift Shop Sales	189,782	112,463	77,319

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TY 2007 Special Events Schedule

Name: White Memorial Medical Center Charitable
EIN: 95-3760201
Software ID: 07000211
Software Version: 2007v2.4

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Opportunity Drawings	1,350		1,350		1,350
Golf Tournament	82,849	69,269	13,580	17,214	-3,634
Gala	223,180	172,695	50,485	83,500	-33,015

Table of Contents

Introduction

White Memorial Medical Center (WMMC) is a not-for-profit, faith-based, teaching hospital that provides a full range of inpatient, outpatient, emergency and diagnostic services to communities in and near downtown Los Angeles. Services include behavioral medicine, cardiac and vascular care, intensive and general medical care, oncology, orthopedic care, rehabilitation, specialized and general surgery, and women's and children's services.

One of the greatest assets an organization can possess is the trust of its community—both internal and external. WMMC devotes a significant amount of financial and human resources to carry on its legacy of more than 90 years of community-centered service. Beyond our role as one of the leading providers of health care in our community, we are committed to operating as a socially responsible organization as we meet the needs of our different stakeholders—our patients, physicians, workforce, neighbors, partners and donors.

Our goal is to enable people to achieve more than just good health; it is to create opportunities for growth and development that will make a real, lasting impact on the health of our community.

White Memorial is proud to present this 2007 Community Benefits Report to fulfill the requirements of Senate Bill 697 and to demonstrate our ongoing commitment to our patients and our community. The report is based on the 2005-2007 Community Benefits Plan, which was developed in response to the hospital's 2004 Community Health Needs Assessment.

Executive Summary

White Memorial fulfills its mission and responsibility to stakeholders through a variety of hospital- and community-based programs and services. The hospital's mission and commitment to social responsibility drive the organization's strategic and community benefits planning process.

Specifically, the social responsibility program, overseen by the Organizational Performance Council, pairs the hospital's ongoing community health initiatives with broader community and hospital improvement goals. The purpose is to identify the broader operational and social issues that must be addressed simultaneously so WMMC's health improvement efforts can have the maximum impact. Initiatives to achieve those goals are based on community demographics and the expressed and implied health care needs of area residents, communicated through the triennial community needs assessment and other vehicles.

The social responsibility approach covers the concerns and needs of four major stakeholder groups:

- Patients — Providing excellent, compassionate care to patients is our reason for being. In doing this, we must treat patients with respect, ensure their safety and protect their rights. We focus on people's physical, mental and spiritual wellness.
- Physicians — Physicians are our partners in providing patient care. They are not employees of WMMC—they choose to practice here. We are responsible to provide our physicians with a supportive, rewarding environment and the best staff and equipment available to assist them in providing quality care.
- Employees — We have a responsibility to ensure that our employees have the opportunity to learn and grow, receive competitive compensation, and work in a safe, respectful environment that supports their professional and spiritual needs.
- Community — Our responsibility to community goes beyond providing quality care. We are also a major employer and economic force in our community. We collaborate with other organizations to assess community needs and make decisions to invest in our community accordingly.

The specific focus of this report is our responsibility to community. To meet the needs of this stakeholder group, WMMC works closely with community leaders and residents through formal and collaborative partnerships.

Every three years, WMMC conducts a community needs assessment that helps to characterize the health care gaps that exist within the hospital's service areas. That data and other key sources of information—such as the hospital's situation assessment, discharge data and pertinent healthcare trends—play a prominent role in the hospital's annual strategic planning.

With valuable input from our community, the administrative team (see appendix 3 for member list) and governing board determine the strategic direction for the hospital and provide guidance and support for community benefits activities. The Organizational Performance Council formulates goals, objectives and key measures to address the service gaps identified.

Because the purpose of this document is to meet OSHPD requirements for community benefits reporting, the focus will be on the community benefits aspects of the social responsibility approach.

Mission, Vision and Guiding Principles

Our Mission

As a Seventh-day Adventist medical center, we are a family of caring professionals serving our community with:

- A passion for excellence
- A spirit of Christian service
- A commitment to medical education

Our Vision

Building on our legacy of primary care and medical education, White Memorial Medical Center will become regionally respected for specialty and tertiary health care in Los Angeles.

We will be known for our unwavering pursuit of excellence in quality, innovation and service.

Our Guiding Principles

As a White Memorial employee, I pledge to uphold the hospital's values as a Christian organization by living these six guiding principles as I do my job every day. I will:

- Take personal responsibility to ensure the safety of patients, co-workers and all others I come into contact with while at work
- Reach for the highest standards in my work
- Be honest in all things
- Provide services that my customers say are excellent
- Use all resources responsibly and efficiently
- Treat others with the same compassion and respect I would want my family to experience.

Community Overview

WMMC is located in the Boyle Heights neighborhood of Los Angeles. Our vibrant urban setting offers many opportunities to provide valuable health care services—both within the hospital and in the community at large—and to partner with community based-organizations in a wide variety of projects that benefit the individuals and families who live in our neighborhood.

Primary Service Area

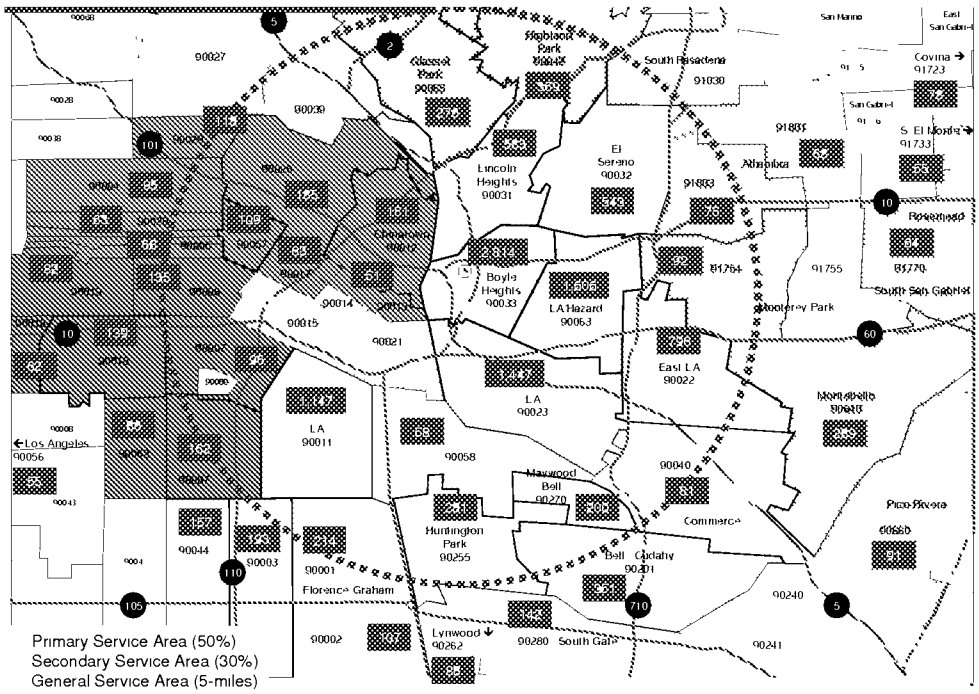
WMMC's primary service area comprises all or part of the following incorporated cities or communities: Boyle Heights, East Los Angeles, El Sereno, Lincoln Heights, Los Angeles, and Los Angeles/Hazard.

Secondary Service Area

WMMC's secondary service area comprises all or part of the following incorporated cities or communities: Alhambra, Bell, Chinatown, Commerce, Covina, Cudahy, Echo Park, Glassel Park, Highland Park, Huntington Park, Los Angeles, Lynwood, Maywood, Montebello, Monterey Park, Oakwood, Pico Rivera, Silver Lake, South El Monte, South Gate and South San Gabriel.

General Service Area

WMMC's general service area comprises parts of the following incorporated cities or communities: Los Angeles, Silver Lake, and South Pasadena.



The yellow highlighted areas on the map represent WMMC's primary service area, and the other colored areas (except for blue-gray) show our secondary service area. The blue-gray areas are considered general service areas because some part of their ZIP code touches a five-mile radius of WMMC (represented by the blue dotted circle). The dark red and blue boxes on the map above represent the number of approximate discharges from WMMC that originate in that ZIP code. Dark red boxes are primary service area discharges, and blue boxes are secondary service area discharges.

Community Demographics for White Memorial Medical Center's Primary Service Area

Population Characteristics (Source: WMMC 2005 Situation Assessment by the Camden Group)

- Total population is estimated at 431,046
- The median age of individuals is 26 years
- 7.3% of residents are 65 years and older
- The largest ethnic group is Hispanic at 87%
- The second largest is Asian at 7%
- Average household income is $30,091

Health Insurance Status (Source: California Department of Health Services 2005 Figures)

Levels of Medi-Cal eligibles are declining slightly from year to year. However, of the 2.3 million eligibles living in Los Angeles County, 31 percent live within five miles of WMMC, and 8 percent live in WMMC's primary service area.

- There are approximately 178,478 Medi-Cal eligibles
- 64.4% of Medi-Cal eligibles speak Spanish as the predominant language in their households; 25.7% of Medi-Cal eligibles speak English as the predominant language in their households
- 86.1% of the Medi-Cal eligibles reported their ethnicity as Hispanic; 3.8% White and 1.2% Asian/Pacific Islander
- Only 24.7% of Medi-Cal enrollees are between the ages of 21 and 35

Additional Demographics for WMMC's Primary Service Area, Secondary Service Area and Outlying Zip Codes

The following information takes into account White Memorial's entire extended service area.

Population Characteristics (Source: WMMC 2005 Situation Assessment by the Camden Group)

- The total service area population is growing at a rate of 1.1% per year
- Average household size is 4.27 people
- 8.5% of residents are 65 years old or older

Race (Source: WMMC 2005 Situation Assessment by the Camden Group)

- The majority of residents—69.1%—indicate they are of Hispanic origin
- 13% of residents indicate they are Asian
- Approximately 8% say they are Black non-Hispanic
- 8% report they are White non-Hispanic

Income (WMMC 2005 Situation Assessment by the Camden Group)

- Between 37% and 42% of residents have an annual household income of less than $25,000
- The median household income for the secondary service area is $31,408, with $34,628 the

median for the outlying zip codes; this is a little more than half the statewide median household income in California ($54,146)

Education (Source: US Census Bureau 2000 Figures)

- 45.4% of individuals 18 years and older have completed high school or have obtained a GED
- 20.4% have attended college or a technical school
- 12.4% have received a bachelor's degree
- 5.4% have less than a ninth-grade education

2004 Community Needs Assessment

Compiled every three years, the Community Needs Assessment is WMMC's primary research tool for developing the organization's strategic plan, community benefits plan and other planning documents. There are three sources of data for the most recent Community Needs Assessment, which was generated in 2004:

- Community Needs Survey—Conducted by Omaha-based PRC (Professional Research Consultants, Inc.), this survey provides a comprehensive view of the health status and behaviors of service-area residents through a randomized telephone survey (See Appendix 1 for instructions to access the full assessment online.)
- Existing Data—Public health data and statewide and nationwide risk assessments, especially, complement the survey process and, in some cases, provide a benchmark against which the results of the community needs survey may be compared. (For a list of secondary sources used for the survey, access the full assessment online using the instructions in Appendix 1).
- Community Health Panels—Community leaders and others who have insight into various segments of WMMC's service-area population offered their unique perspectives in a focus-group setting. (For details of the methodology used for these panels, access the full assessment online using the instructions in Appendix 1).

As a result of the community needs assessment, our community has identified the following high-priority areas:

- Access to health care services, including
    - Barriers to access
    - Health insurance coverage
    - Rating of local health care
- Death and disability, including
    - Cancer
    - Cardiovascular disease
    - Diabetes
    - Injury and violence
- Immunization and infectious disease
- Modifiable health risks, including
    - Nutrition and weight
    - Physical activity and fitness
    - Substance abuse
    - Tobacco use
- Self-reported health status, including
    - Physical health
    - Mental health

To view the 2004 Community Needs Assessment in its entirety, see instructions in Appendix 1.

Integration of the Strategic and Community Benefits Planning Processes

WMMC's strategic planning process is strongly influenced by the same factors that guide the community benefits planning process: the hospital's mission and guiding principles, and the health concerns and broader societal needs expressed by our community. With the strategic plan, the hospital leadership team strives to keep the organization financially viable in order to successfully and completely realize the goals of the community benefits plan and other community initiatives.

Strategic Planning Process

The Strategy Cabinet—the hospital's primary planning body—reviews the previous year's data, manages the planning process and develops long and short-range goals and targets for the year ahead. (See Appendix 3 for a list of Strategy Cabinet members.) The cabinet works in a matrix relationship with various organizational performance councils, the groups that further develop the strategic plan and deploy the resulting action plans.

The hospital's triennial community needs assessment plays a key role in shaping each year's strategic plan. This data is enhanced by interviews with and feedback from patients, community leaders, service-area residents, hospital leadership and staff, physicians, the Adventist Health corporate office and other key stakeholders. This information is merged with other planning tools (e.g. market share data, competitor research, SWOT analysis, etc.) to create the strategic plan.

The hospital's governing board is involved in the hospital's planning process. The board is composed of local business and civic leaders, as well as leaders from Adventist Health, the Seventh-day Adventist Church and WMMC.

Organizational Performance Council

Towards the end of 2006, White Memorial shifted accountability for oversight of the community benefits plan to the broader and further-reaching Organizational Performance Council. At that time, development and implementation of this plan was also shifted to a core group of hospital departments. This broadened approach is built on a realization by hospital leadership that the community's deeply entrenched societal needs (such as gainful employment and physical safety) and the hospital's operational capacity must be addressed in conjunction with efforts to improve individual health.

Acknowledging that WMMC cannot meet all these needs alone, the Organizational Performance Council places great value on the hospital's relationships within the community. We work in creative ways with long-standing partners to serve identified needs in the community and form new relationships to increase the effectiveness of both our efforts and those of other organizations with similar goals. Many of our partners also provide much-needed funding to make particular community-based programs a reality.

For example, the MAOF/WMMC Rainbow Children's Center is a joint venture between WMMC and the Mexican American Opportunity Foundation, one of the hospital's many partners in East Los Angeles. Children from the community, as well as children of White Memorial employees, learn

and play in a safe and educationally stimulating environment. Parents pay for care on a sliding scale, which reduces the financial burden that low-income families often face when looking for quality child care. And as a testament to the quality of the program, the California Commission on Teacher Credentialing (CCTC) has certified all of center's teachers, and the National Association for the Education of Young Children (NAEYC) has accredited the center, making it the only East L.A. child care facility with this certification.

Additionally, the hospital broadened its collaboration with community-based organizations by leading an on-going taskforce of 25 community, government and religious leaders to address community needs and create a healthier community.

Community Benefits Planning Process

The Organizational Performance Council begins each planning cycle with a review of the triennial community needs assessment, the current year's strategic plan, the previous year's community benefits plan, community benefits report and the results of these efforts. In addition, the council engages the community through different forums, including individual and group meetings and sponsorship and/or participation in community events and activities. As always, the hospital's mission, vision and guiding principles provide the framework for these activities.

The result of this work forms the basis for the Community Benefits Plan, which includes specific goals, benchmarked objectives, strategies to reach those objectives and key measures.

After review and approval from the Organizational Performance Council and the hospital's executive leadership, the community benefits plan is presented to the hospital's governing board for final approval.

Community Benefits Budget for Fiscal Year 2007

Program/Activity	2007 Budget
Community Needs Assessment	(Reported in 2004)
Salary Allocation	
Finance	$9,000
Marketing and Communication	$4,000
TOTAL	$13,000

Objectives, Services and Measurements of Community Benefits

A number of community health priorities have been formulated on the basis of the 2004 community needs assessment and guidelines from Healthy People 2010. Those high-priority health care challenges are outlined in the following section, in no particular order, along with a listing of WMMC services to meet the needs and indicators of progress based on 2007 data.

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	Expand access to medical care by bringing new physicians onto our medical staff in response to our designation by the federal government as serving Medically Underserved Areas	22 new primary care physicians
Access to specialty care	Expand access to medical care by bringing new physicians onto our medical staff in response to our designation by the federal government as serving Medically Underserved Areas	36 new specialty care physicians
Access to emergency care	Provide 24-hour emergency care	32,236 visits
Transportation	Van shuttle for those who need a ride to and/or from the hospital	17,940 encounters
Access to free or low-cost parking for hospital services	Free parking for low-cost and free hospital services	18,782 encounters
Access to health insurance information	Provide on-site enrollment assistance for state-funded insurance plans	1,320 individuals served

Challenge	Service	Indicator of Progress
Access to care by young adults	Provide on-site student health centers for approximately 40,000 college students at East Los Angeles College, Los Angeles Trade-Technical College, Los Angeles Southwest College and Los Angeles City College. Services include non-emergency care, health education and counseling, mental health counseling, health screenings and laboratory services	12,162 total encounters among four campuses, including (but not limited to): • 983 mental health visits • 255 vaccinations • 111 TB skin tests • 1,109 visits with a physician
Access by broader community	Provide sports physicals for young adults and routine health check-ups for seniors and homeless in the community. Service provided by our Family Medicine residents	1,078 encounters
Access by seniors	In March of 2007, the Senior Services program was eliminated and development of new provider partnerships began	1,392 encounters
Access to care by children	Provided services to five elementary schools at the beginning of the year and then transitioned the program to another provide	2,396 encounters
Access by women	Provide free educational classes on parenting, child safety and nutrition and educational tours through the medical facility	1,717 encounters

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 education and prevention for high-risk/low-income community	Promote and offer free cancer screenings for breast, cervical, prostate and/or colorectal cancer Provide trained health care educators to carry out grass-roots education and prevention activities for specific types of cancer. Provide support groups for cancer patients battling the disease	2,767 people served

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
Cardiovascular education and prevention	Provide low-income community and seniors with various screenings, lectures on cardiovascular health and educational classes on nutrition, heart attack and risk factors. Screenings for community include carotid artery screenings	1,501 encounters

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
Diabetes education and glucose screenings	Educate on diabetes prevention, also includes gestational diabetes educations and prevention for moms to be Provide glucose screenings to at risk populations	950 people served 609 screenings provided
Community wellness classes and exercise program	Provide free or low-cost wellness classes to community which include water aerobics, access to exercise equipment and classes geared toward strengthening and conditioning	2,016 participants

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
Educational classes for parents of children with special needs	Classes provide information to parents on how to better care and safeguard their children	1,146 encounters
Injury prevention	Classes provided in ergonomics, back and knee injury prevention	61 encounters

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.

Note: WMMC currently provides no specific program or service that directly addresses the challenges of violent and abusive behavior. Related causes of these behaviors—such as low self-esteem, domestic violence and unemployment—are addressed, however, and are noted in the table below.

Challenge	Service	Indicator of Progress
High percentage of drinking and driving	WMMC will continue to host 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	985 people served
Victims of violence or torture	Provide counseling sessions for individuals that have been victims of violent crimes	19 people served

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	WMMC will support area schools and churches through its Parish Nurse Partnership (Faith Community Nursing). Services include immunizations and mental health screenings	4,450 people served
Education about health topics and available services	WMMC will develop, print and distribute a quarterly publication, *Your Health*, to senior residents in the hospital's primary and secondary service areas. It contains articles in English and Spanish, with information on healthy eating and lifestyles, as well as resources available at the hospital	58,868 issues of *Your Health* distributed

	WMMC developed a wellness calendar to keep the community informed of health related classes being offered	59,000 copies distributed
Access to information about hospital services by broader community	WMMC will provide support to local chambers of commerce, schools and other community agencies to support community development and community health education	363 encounters with community constituents

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 drinking and driving	WMMC will continue to host 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	985 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
Access to mental health services	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	983 visits
Access to Emotional/Spiritual Support	Provide patients with visits during their hospital stay, participate in speaking engagements and provide devotionals to community	4,325 visits

Non-quantifiable Community Benefits

A significant portion of the mission-driven benefits that WMMC provides to its community is intangible or otherwise difficult to quantify. The following brief reports illustrate this reality.

Community Partnerships: Collaborating with Our Neighbors

White Memorial Partners with Mexican Consulate

Early in 2007, Rosa Minerva Gil's identification card had expired, making it difficult for her to do simple transactions like cashing checks. So on February 25, 2007, Mrs. Gil invited her husband and daughter for a short walk to White Memorial Medical Center, where she and other Mexican nationals registered for a matricula consular, a special identification card issued by representatives of Mexican Consulate offices across the United States.

Families started to show up at the White Memorial campus almost an hour before the event to make sure they were among the first people to receive legal services and free health screenings.

"More than 300 Mexican nationals benefited from this joint, collaborative effort," said Consul General Ruben Beltran. "This was a wonderful experience. We're compelled to continue working with White Memorial in favor of our community."

White Memorial not only hosted and co-sponsored the event, but also offered cancer, diabetes, vascular, and other medical screenings at no charge to the community. Also, a team of nurses from the Oscar De La Hoya Labor and Delivery Center at White Memorial were on-hand to offer free nutrition and health information to pregnant women.

"We are passionate about our mission to serve and our responsibility to be the best neighbor possible," said Gabriela Barbarena, governing board member at White Memorial and President/CEO of ARAS Enterprises. "We thank the Mexican Consulate for partnering with us to offer these vital and much needed services in our community."

Appendices

Appendix 1: Accessing the WMMC 2004 Community Needs Assessment and Survey Online

1. Navigate to www.prceasyview.com
2. Under "Login Now," type *WMMC* as the user name and *survey* as the password
3. Select "2004 Community Needs Assessment" from the dropdown menu under "Reports and Presentations," then click on "Go"
4. Follow the instructions on the page to view the report

Appendix 2: Community Collaboration

WMMC continually invests in partnerships with community organizations that share our vision for the community. In 2007, the hospital collaborated with the following organizations:

Abuelitos de Boyle Heights
American Diabetes Association
American Heart Association
Archdioceses of Los Angeles Youth Program
Art Share Los Angeles
Bishop Mora Salesian High School
Boyle Heights Chamber of Commerce
Boyle Heights College Institute
Boyle Heights Lions Club
Central City Association
Congressional Student Art Contest
East Los Angeles Chamber of Commerce
East Los Angeles Community Youth Center
East Los Angeles YMCA
Familia Unida Living With Multiple Sclerosis
FIS Feria del Libro
Girls Today Women Tomorrow
Glendale Adventist Medical Center Healthcare Foundation
Greater El Sereno Chamber of Commerce
Heart & Soul Christian Education Fund
Hollenbeck Police & Youth Center
Homeboy Industries
Lincoln Heights Chamber of Commerce
Los Angeles Music & Art School
Neighborhood Music School
Mexican American Opportunity Foundation
Mexican Consulate
Oscar de la Hoya/Golden Boy Foundation
Police and Business Association of Hollenbeck
Pepperdine University Hispanic Council
Project Amiga
Proyecto Pastoral at Dolores Mission
Salesian Boys & Girls Club
TELACU Educational Foundation
USC/MAAA
Variety Boys & Girls Club
White Memorial School

Appendix 3: Key Leadership in WMMC Community Benefits Activities

WMMC ADMINISTRATIVE TEAM

Beth Zachary President & CEO	Mary Anne Chern Vice President, Fund Development and External Relations	Al Deininger Vice President, Construction
Stephen Engle Associate Vice President	Rosalio J. Lopez, MD Vice President, Medical Affairs	Mark Newmyer Vice President, Business Development
John Raffoul Senior Vice President, Finance	Lynne Whaley Senior Vice President, Clinical Operations/Chief Nurse Executive	

STRATEGY CABINET

Mark Newmyer, Chairperson Vice President, Business Development	Beth Zachary President & Chief Executive Officer	Mara Bryant Director, Organizational Excellence
Al Deininger Vice President, Construction	Steve Engle Associate Vice President	Rosalio J. Lopez, MD Vice President, Medical Affairs
John Raffoul Senior Vice President, Finance	Lynne Whaley Vice President, Clinical Operations/Chief Nurse Executive	Juan Perla Director, Marketing & Communication
Tracy Todorovich Strategic Planning Specialist	Virginia Pellegrino Director, Business Development	Peter Baker Administrative Resident

ORGANIZATIONAL PERFORMANCE COUNCIL

The Organizational Performance Council oversees development and implementation of the hospital's social responsibility program, including the community benefits plan. The interdisciplinary approach of this council supports the hospital's commitment to address the deeply entrenched societal needs (such as gainful employment and physical safety) and the hospital's operational capacity in conjunction with efforts to improve individual.

Mara Bryant, Chairperson Director, Organizational Excellence	Beth Zachary President & Chief Executive Officer	Al Deininger Vice President, Construction
Steve Engle Associate Vice President	Rosalio J. Lopez, MD Vice President, Medical Affairs	Mark Newmyer Vice President, Business Development
John Raffoul Senior Vice President, Finance	Lynne Whaley, RN Vice President, Clinical Operations/Chief Nurse Executive	Peter Baker Administrative Resident
Angie Lopez, RN Director, Medical Surgical and Telemetry	Natasha Milatovich Director, Human Resources	Tracy Todorovich Strategic Planning Specialist

Appendix 4: WMMC Communication and Financial Managers of Community Benefits Planning and Reporting

Mark Newmyer
Vice President, Business Development
Phone: 323-881-8888

John Raffoul
Senior Vice President of Finance and CFO
Phone: 323-260-5847

Appendix 6: Adventist Health Policy, "Community Benefit Coordination"

Adventist Health

☐ Facility

☒ System-wide Corporate Policy
☒ Standard Policy
☐ Model Policy

Policy No.	AD-04-002-S
Page	1 of 1
Department:	Administrative Services
Category/Section	Planning
Manual:	Policy/Procedure Manual

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT

The following community benefit coordination plan was approved by the Adventist Health Corporate Presidents Council on November 1, 1996 to clarify community benefit management roles, to enable a plan-wide reporting procedure, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY, COMPLIANCE – KEY ELEMENTS

1. The Adventist Health OSHPD Community Benefit Planning & Reporting Guidelines will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.

2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by adaptation of the process identified in the Adventist Health OSHPD Community Benefit Planning & Reporting Guidelines.

3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessments, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' planning and benefit managers, with copies of such materials sent to hospital CEOs to ensure effective communication. In addition, special communications will occur with individual hospitals as required.

4. The Adventist Health Support & Development Department will monitor community benefit plan planning and reporting in Adventist Health hospitals.

5. California Adventist Health hospitals' final and community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.

6. The Corporate Office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.

AUTHOR	Administration
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