



**2016 S.L. Gimbel
Foundation Fund
Grant Application
Riverside & San Bernardino**

Internal Use Only:
Grant: 20160612
COMMITTEE I.D.: 19262
\$74,750

Organization / Agency Information

Organization/Agency Name: Loma Linda University Medical Center		
Physical Address: 111234 Anderson Street		City/State/Zip: Loma Linda, CA 92354
Mailing Address: 11160 Anderson Street, Magan Hall Suite B		City/State/Zip: Loma Linda, CA 92350
CEO or Director: Jeffrey Rosenfeld, M.D. PhD		Title: Director, Neuromuscular ALS/NMD Program Professor & Assoc Chairman Dept Neurology
Phone: 909-558-2558	Fax:	Email: jrosenfeld@llu.edu
Contact Person: Michael Bautista		Title: Grants Officer
Phone: 909-651-5023	Fax: 909-558-0497	Email: mdbautista@llu.edu
Web Site Address: www.lomalindahealth.org		Tax ID: 95-3522679

Handwritten initials and number: 4/25

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

Program/Project Name: Neuromuscular ALS/NMD Program			Amount of Grant Requested: \$75,000
Total Organization Budget: \$1,095,214,074	Per 990, Percentage of Program Service Expenses (Column B / Column A x 100): 82%	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 18%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 18%
Purpose of Grant Request (one sentence): Grant funding to provide services for patients with Neurodegenerative Diseases.			
Program Start Date (Month and Year): October 2016		Program End Date (Month and Year): October 2017	
Gimbel Grants Received: List Year(s) and Award Amount(s) N/A			

Signatures

Director: (Print name and Title) Jeffrey Rosenfeld, M.D., PhD, Professor and Assoc. Chairman, Dept Neurology Director Neuromuscular ALS/NMD Program	Signature: 	Date: 7/13/2016
Advancement: (Print name and Title) Michael Bautista, Grants Officer	Signature: 	Date: 7/18/2016

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Narrative

Please provide the following information by answering **ALL** questions (I to IV) in **Eight (8)** typed pages **maximum, 12 Font, One Inch Margins**. Use the format below (I to IV). Type the questions. Answer the questions accordingly. Please be thorough, clear, specific, and concise.

Organization Background

A. On August 26, 1905, Loma Linda Sanitarium was incorporated; six weeks later on October 13 the first two patients were admitted. An outgrowth of the original Sanitarium on the hill in 1905, the present 11-story Loma Linda University Medical Center (LLUMC) opened on July 9, 1967. With the completion of the Loma Linda University Children's Hospital (LLUCH) in late 1993, nearly 900 beds are available for patient care. Loma Linda University Health Care (LLUHC), a management service organization, supports the many programs and services provided by our 400+ faculty physicians. LLUMC operates some of the largest clinical programs in the United States in areas such as neonatal care and outpatient surgery and is recognized as the international leader in infant heart transplantation and proton treatments for cancer. Each year, the institution admits more than 33,000 inpatients and serves roughly half a million outpatients. LLUMC is the only level one regional trauma center for Inyo, Mono, Riverside, and San Bernardino counties. In December, 1905, Loma Linda accepted its first nursing students. Today, more than 3,000 students study in seven schools and the Faculty of Religion and Faculty of Graduate Studies. More than 55 programs are offered by the schools of Allied Health Professions, Dentistry, Medicine, Nursing, Pharmacy, Public Health, and Behavioral Health.

B. Over the past three years the major accomplishments for Loma Linda University Medical Center (LLUMC) include:

- 1) 2014: Launching of Vision 2020- a \$1.4 billion strategy to transform healthcare throughout the Inland Empire and beyond. The initiative supports research, education and wholeness for the organization.
- 2) 2015- Research- Researchers at Loma Linda University publish their findings in the Journal of American Medical Association that eating a vegetarian diet was connected with lower risk of colorectal cancers when compare to non-vegetarians.
- 3) 2016: Loma Linda University Health- San Bernardino San Manuel Gateway College- The first of its kind in the United States, a college that integrates training programs in health careers with clinical experience, allowing students to benefit from hands-on training. The college offers a number of health career certificate programs that provides job entry skills, employment and college credit for students who elect to further their education.

C. LLUMC serves an area, defined using methodology from the Center for Disease Control as a Medically Under Served Area (MUA). Statistically 33.2% are non-English speaking, 29% live in poverty, 22% do not have a high school diploma. With some of the highest unemployment rates in the country these economic struggles have contributed to deteriorating social conditions including escalating gang violence, low college entrance rates, some of the poorest health indices in the nation, and social conditions that rival developing countries. Ranking as one of the lowest

recipients of philanthropic grant dollars in the state the region receives less than \$10 per capita in foundation giving.

II. Project Information:

A) Statement of Need

1. Specify the community need you want to address and are seeking funds for.

Providing care for patients with progressive neurodegenerative disease is complex and requires collaborative efforts of multiple specialists from diverse areas of our medical community. Easy access is challenged by patient's financial constraints, logistic issues of transportation and patient mobility. Once care is provided, the challenge is compounded by patient's efforts at trying to obtain the recommended equipment, services and therapies. Often the stress in obtaining care, for patients and their families, can rival or surpass the stress of having the disease.

Loma Linda University Health, Department of Neurology, in collaboration with the Medical Center is creating a novel and aggressive multidisciplinary program to address this expanding and underserved patient population. This Program is designed to facilitate easy access to care, equipment and aggressive treatment alternatives for patients with disabling neurodegenerative disease such as ALS, Parkinson's, Huntington's, Alzheimer's and multiple other neuromuscular conditions.

The funds requested in this proposal are targeted to:

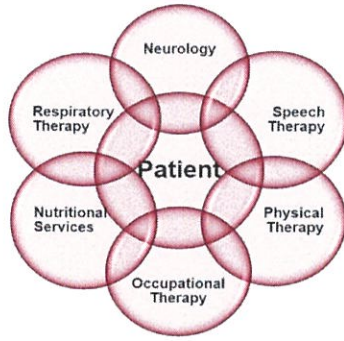
- Obtaining equipment available to patients at the time of their visit,
- Funding assistance to address access barriers (transportation, logistics, insurance constraints) to this novel resource
 - Ensuring equal access to all appropriate research trials for all patients, regardless of insurance coverage
 - Ensuring transportation assistance for access to the clinic
 - Providing a source of funds, available to eligible patients, when their insurance company prohibits necessary diagnostic testing or clinical evaluations
- Outreach efforts to extend the resources of the program (via tele-health and periodic site visits) to remote underserved regions where patients are not able to travel

B) Project Description

1. Describe your project. How does your project meet the community need? What is unique and innovative about this project?

Establishing the Center for Restorative Neurology

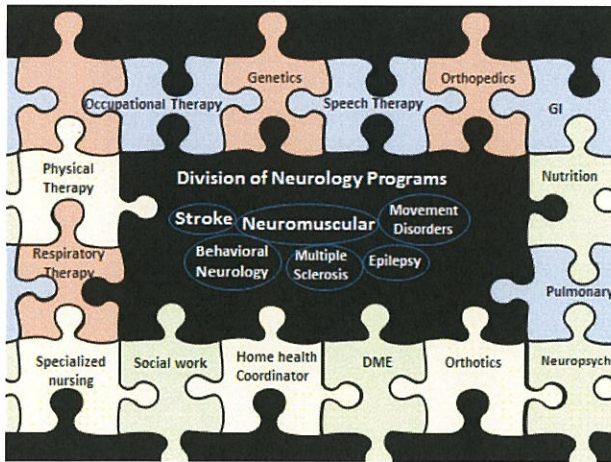
Currently, there is a significant unmet need for specialty multidisciplinary Neurology care. Very few disease centered specialty clinics are available in the country and many patients continue to travel out of the region for care or remain untreated.



Multidisciplinary care for neurodegenerative disease patients is currently regarded as the most effective, sought after and appropriate treatment available due to the multitude of needs that our patients experience.

Progressive degenerative neuromuscular conditions almost exclusively require the concurrent attention of physical therapy, occupational therapy, nutrition, respiratory, and speech pathology. Additionally, services of a genetic counselor and social worker are often invaluable. The potential synergy emerging from a team of focused allied health professionals is quickly embraced by affected patients and their families. The ‘one center’ care model for a patient and family living with a progressive neuromuscular disorder results in a higher level of care and more importantly a greater sense of confidence and hope for patients experiencing and coping with progressive disability

The standard of care for patients with neurodegenerative disease receiving treatment within tertiary care facilities includes multiple independent referrals to allied health providers (PT, OT, SLP, nutrition, counseling..) and medical specialists (GI, pulmonary). The logistics of repeated travel, caregiver burden and cost are representative of the barriers and challenges our patient’s confront that negatively impact their care.



The Center for Restorative Neurology is a novel initiative being established at Loma Linda University Health to remove those barriers and enable patients to more readily realize the benefits of hopeful alternatives in confronting treatment options for their neurodegenerative condition.

The benefits of multidisciplinary, integrated care has been well established. This current initiative is unique in that the treatment Team will consist of full-time dedicated physicians and allied health providers whose sole focus will be providing hopeful alternatives for affected patients at all stages of their disease progression.

Currently, there are no similar programs in the region and very few nationwide. This initiative is consistent and synergistic with our institutional mission of *whole person care*.

Availability of appropriate specialized equipment for patients is often a barrier to effective treatment and improved quality of life. Patients may lose the intended of adaptive equipment and perceive the challenge of obtaining the equipment as synonymous with the disease

progression. Integral to the mission of the Program is patient's ongoing access to necessary equipment, enhancing it's benefit while reducing the challenge of obtaining it.

C) Project Goal, Objectives, Activities and Expected Outcomes

1. State **ONE** project goal. The **Goal** should be an aspirational statement, a broad statement of purpose for the project.

Goal: To provide the most advanced and aggressive multidisciplinary care in the state for patients with chronic neurodegenerative disease

2. State **One to Three objectives**. Objectives should be specific, measurable, action-oriented, realistic, and time-specific (SMART) statements intended to guide your organization's activities toward achieving the goal.

Objective 1: Develop and maintain a much needed equipment loaner bank to enable patient's immediate access to equipment at the time the need is identified.

Activity: Needed equipment (walkers, braces, uplift seats, augmentative speech devices, adaptive equipment for daily living...) will be purchased

- Immediately following assessment and treatment this equipment can be introduced and distributed, ensuring access, improving compliance and maximizing safety and quality of life for all affected patients.

Expected Outcome: Patient to have immediate benefit with mobility and activities of daily living. Utilization of the loaner bank will be monitored via an existing database designed within the Center for tracking use and compliance. Collaborative partnerships have already been established with local vendors to help us maintain the equipment

Objective 2: Create a patient assistance fund to be used for funding patient's access to the clinic for:

- Transportation assistance for those who do not qualify for assistance currently available in their community.
- Access for inclusion in ongoing research projects.
- Funding for supplementing under or underinsured patients.

Activity: Develop and establish the parameters of the patient assistance fund based upon insurance and income verification, verified need as well as potential of benefit.

Parameters for assistance will be assessed by the multidisciplinary team. Assistance will be monitored by Social Work staff for patient compliance with reports given during multidisciplinary team meetings.

- Quarterly reports will be generated with itemized listing of how funds were dispersed (diagnostic testing, clinic services, transportation..)

Expected Outcomes: Financial constraints which currently block access to optimal diagnosis, treatment and participation in our research programs, for selected patients, will be ameliorated.

Objective 3: Purchase equipment and fund programmatic expense for establishing initial remote, tele-medicine clinic in an underserved area within rural service areas of the clinic which include: San Bernardino, Riverside Inyo and Mono Counties as well as California's Central Valley where has been targeted initially where is a significant unmet need. LLUH system has also established affiliations with other health systems in Mammoth, Big Bear and other rural regions.

Activity: Upon purchase and establishment of tele-health equipment and software systems, begin utilization of systems to provide consultation and education for rural clinics for assessment and treatment of NMD patients.

- Funds will be used for the purchase of equipment (software, hardware) to facilitate on demand and scheduled access to specialty services in underserved areas
- Funds will be used to support periodic travel (monthly, bimonthly) to underserved clinic areas
- Funds will be used to support coordinator / Director efforts in maintaining thee critical outreach services. Currently, telehealth services are inconsistently reimbursed by 3rd party payors

Expected Outcomes: Patients with complex neurodegenerative conditions such as ALS, muscular dystrophy, myasthenia gravis, their family members as well as healthcare providers in rural communities will have access to specialized care, treatment and education in a tertiary treatment facility

- Quarterly reports will be generated itemizing the expenditures and total number of patients reached through such outreach efforts

D) Timeline- 12 month timeline.

- June – September 2016: Fulltime allied health team is recruited and established
- September 2016-December 2016: Equipment purchases for the loaner equipment pool and technology for the outreach efforts
- September 2016: Initial remote site visits to educate local providers and establish telehealth links
- October 2016: Guidelines for the patient assistance funding are finalized
- January 2017-June 2017: Continued ongoing assessment and treatment. Enroll patients into available research and clinical trials.
- April 2017-June 2017: Continued ongoing assessment and treatment. Provide preliminary results of patient participation and outcomes to payor/ insurance providers as well as establish preliminary data for future NIH grant submissions.

- July 2017- September 2017: Begin compilation of post-program surveys for program evaluation. Complete full program evaluation for the 12 month grant period. Full program evaluation presentation available by October 2, 2017.

E) Target Population- The target population is patients with neuromuscular diseases (NMD). The predominant neurodegenerative diseases such as ALS, Parkinson's, Huntington's, Alzheimer's and multiple other neuromuscular conditions will predominantly be enrolled as target populations. By percentage those who will be enrolled:

- Children- 2.5%
- Youth-2.5%
- Adults- 40%
- Seniors-55%

F) Projects in the Community – This project is unique to the Inland Empire. There are currently no such programs in the region. The program will serve as a model for other providers serving patients who fall under the population group of those with Health Disparities or those with lack of access to healthcare. By having this program in an underserved region it will serve as a vital link to comprehensive health and wellness for patients with complex needs. Community partners include: SACH Health System, Veterans Affairs Loma Linda Health System as well as the 6 teaching hospitals within the Loma Linda University Health System (LLUH). Volunteers are utilized as needed through the Loma Linda University Medical Center Volunteers program as well as through the LLUMC Just for Seniors Program.

F) Evaluation- Program participants within the grant period will be provided a pre/post survey program evaluation. Progress towards the objectives will be tracked monthly and compared to program benchmarks

G) Use of Grant Funds- Grant funding will be used for the following:

- Purchase of equipment for patient treatment
- Develop and establishment of a Patient Assistance Fund
- Purchase of Tele-health equipment, software and support services

III. Project Future

A) Sustainability- Although there are one-time expenses incurred with this program the program will be sustainable by the end of the grant period through reimbursement of services through payer/insurance providers. Philanthropic naming opportunities of the clinic are an option for continued sustainability along with foundation and corporate grant support of programmatic components. Research and Clinical trial funding will also be sought along with NIH funding.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance- The Board of Trustees for Loma Linda University Health per bylaws are given the following authority as it pertains to governance of the organization: Subject to the limitation of the Articles of Incorporation, other sections of the Bylaws including those relating to reserve powers of the Member, and of applicable State law, all corporate powers of LLUMC

shall be exercised by or under the authority of the Board and all the business and affairs of LLUMC shall be controlled by the Board.

B) Management

Jeffrey Rosenfeld, PhD, M.D.- Clinic Director of the Neuromuscular ALS/ MND Program and Associate Chairman of the Department of Neurology. Oversees all aspects of clinic operations.

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V. Project Budget and Narrative

A) **Budget Table:** Provide a detailed line-item budget for your entire project by completing the table below. Requested line items should be limited to Ten (10) line items. The less the better.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost**
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
 - a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel/TCF	Line Item Total of Project
Adaptive Equipment	Assorted equipment including: rolling walker, platform walker, braces, ADL adaptive equipment			\$20,000	\$20,000
Patient Assistance Fund	<ol style="list-style-type: none"> 1. Financial assistance to address barriers for optimal care in patients with neurodegenerative conditions 2. Diagnostic testing <ul style="list-style-type: none"> • Molecular testing • Advanced lab services 			\$10,000 \$2,500	\$15,000

	<ul style="list-style-type: none"> • Access to clinic services <p>3. Unreimbursed services-</p> <p>Transportation assistance:</p> <ul style="list-style-type: none"> • Medical transport • Travel expenses (gas, ground transportation) 			\$2,500	
Tele-health Equipment	<p>Hardware/software purchases</p> <ul style="list-style-type: none"> • Hub/spoke designed technology using internet web resources 			\$10,000	\$10,000
Tele-health outreach program	<p>Travel related expenses for periodic site visits (monthly/bimonthly)</p> <p>\$500 x 10 visits</p> <p>Unreimbursed clinical/admin expenses</p> <p>\$ 1000 x 12 sessions</p>			\$5000	\$17,000
Tele-health Coordinator	<p>Coordinator/Director Telehealth services:</p> <p>Administrative expenses (unreimbursed) \$35 hr x 5/hr/wk x 50 weeks</p>			\$10,000	\$10,000
IT Tech	<p>Technical Support – contracted over 12 months</p>			\$3000	\$3,000
Social worker	<p>Provide Pyscho-Social assessment and support services.</p>	\$75,000			\$75,000
Therapeutic Services	<p>Therapy services to include: Occupational, Physical, Speech Pathology and Nutritionist services</p>	\$373,000			\$373,000
Physician	<p>Medical Director - Contracted</p>	\$50,000			\$50,000
Facility improvements/ renovation	<p>Remodeling of existing faculty medical offices to</p>	\$50,000			\$50,000
TOTALS:		\$548,000		\$75,000	\$623,000

B) Narrative: The budget narrative is the justification of “how” and/or “why” a line item helps to meet the project deliverables. Provide a description for each line item request as necessary. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

- 1) Adaptive Equipment- The equipment provided will be adaptive equipment as well as other equipment provided for the therapeutic benefit for NMD patients. This equipment will be for those patients who have been assessed that they do not have the monetary means nor insurance support for such equipment.
- 2) Patient Assistance Fund- This fund will provide transportation assistance for patients to ensure that there are no barriers to attend treatment
- 3) Tele-health Equipment- Tele-health equipment is used to communicate with rural health care providers treating NMD patients. This equipment will allow the program to reach underserved communities with specialized consultation, treatment and education.
- 4) Telehealth outreach- are periodic clinical site visits to rural clinics and to provide clinical education to rural clinic staff. These site visits are non-reimbursable and are crucial to the development of a tele-health program.
- 5) Tele-health coordinator- The coordinator will establish the telehealth components of the program in coordination with clinical affiliates and will provide tele-health education and training.
- 6) IT Tech-technical support of all hardware, software and tele-health components.
- 7) Social Worker - The Social Worker, which will be funded 100% by LLUH, will provide the psycho-social assessment of needs of patients and monitor the distribution of equipment and Patient Assistance Fund requests under the supervision of the Clinic Director.
- 8) Therapeutic Services are Occupational, Physical, Speech Pathology, Respiratory and Nutritional Services provided within the clinic setting.
- 9) Physician- Clinic Director, 100% Contracted support through the Faculty Medical Group, will oversee all operations of the clinic and patient treatment.
- 10) Facilities Improvements/ Renovations- full remodeling of the faculty medical offices to meet the clinical requirements to provide multidisciplinary services for NMD patients.

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VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
Hyundai Hope on Wheels Foundation	\$125,000
St. Baldrick's Foundation	\$47,840
Government	\$1,082,706
Integra Corporation	\$150,000
Stryker Corporation	\$190,000
Coto Foundation	\$250,000

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
MLB PA	\$16,000,000	10/2016
St. Baldrick's Foundation	\$111,000	12/2016
Gabrielle's Angel's Foundation	\$450,000	12/2016
Edward's Lifesciences	\$196,800	11/2016
Charles Dana Foundation	\$100,000	12/2016

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$175,497,066	13.1	Program Fees	\$1,081,717,607	80.9
Fundraising/Special Events	\$28,199,147	2.1	Interest Income	\$13,496,467	1.2
Corp/Foundation Grants	\$18,996,315	1.4	Other:	\$	
Government Grants	\$18,228,529	1.3	Other:	\$	

Notes: Totals include Capital Campaign funds for new two new hospital towers. Program Fees are from patient care income

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VII. Financial Analysis

Agency Name: Loma Linda University Medical Center

Most Current Fiscal Year (Dates): From 1/2014 To: 12/2014

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information

should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$ 1,217,495,248	\$ 997,967,840	\$ 216,690,550	\$ 2,836,858

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	82%	17.8%	0.2%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's <u>Current</u> Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
19.1%	17.8 %	1.3 %

If the differential is above (+) or below (-) **10%**, provide an explanation: The most recent 990 to be filed with the IRS was for the 2014 fiscal year. The 990 for 2015 will be filed by November 15, 2016. So the numbers reflected in this application are for the two consecutive years of 2014 and 2015. The numbers for 2015 are from the Ernst & Young audit of Loma Linda University Medical Center and its affiliates. Attached to the current budget is the document used for current Administration % (19.1%).

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Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$ 332,488,384	\$297,876,256	257,699,355	2.45

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$70,862,560	\$ 53,726,992

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SEVENTH-DAY ADVENTISTS LOMA LINDA UNIVERSITY MEDICAL CENTER		D Employer identification number 95-3522679	
	Doing business as		E Telephone number (909) 558-5199	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 2000, FINANCE		G Gross receipts \$ 1,298,923,495.	
	City or town, state or province, country, and ZIP or foreign postal code LOMA LINDA, CA 92354		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
F Name and address of principal officer: KEVIN J. LANG 11175 CAMPUS ST., LOMA LINDA, CA 92354		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 1071		
J Website: ▶ WWW.LLU.EDU		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1980		
		M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE MEDICAL & HEALTH CARE SERVICES TO THE COMMUNITY</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 21
	4	Number of independent voting members of the governing body (Part VI, line 1b) 17
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 8639
	6	Total number of volunteers (estimate if necessary) 1348
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 1,768,808.
7b	Net unrelated business taxable income from Form 990-T, line 34 548,754.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 5,545,177. 23,956,040.
	9	Program service revenue (Part VIII, line 2g) 1234408454. 1249192094.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,150,011. 8,802,800.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,328,214. 6,406,874.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1257431856. 1288357808.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,954,727. 3,864,639.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 583,103,074. 617,618,203.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,836,858.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 616,647,063. 596,012,406.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1203704864. 1217495248.	
19	Revenue less expenses. Subtract line 18 from line 12 53,726,992. 70,862,560.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 1307654577. 1617294088.
	21	Total liabilities (Part X, line 26) 674,861,258. 999,948,250.
	22	Net assets or fund balances. Subtract line 21 from line 20 632,793,319. 617,345,838.

Part II Signature Block

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.

Sign Here	Signature of officer		Date		
	KEVIN J. LANG, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Celia Cudiamat

From: Celia Cudiamat
Sent: Thursday, September 08, 2016 5:47 PM
To: 'MDBautista@llu.edu'
Subject: Gimbel Foundation Application
Attachments: Gimbel Application 2016 Riv & SB.doc

Importance: High

Hi Michael,

Thank you for submitting an application.

The Trustees would like for you to **resubmit your full application**, addressing the following comments/questions:

- 1) No information on the number of people served. This should be included in the objectives, outcomes and evaluation.
- 2) Budget page: Need hourly rate for all positions even those that are not requested to be funded.

Responses to the comments/questions above need to be in BOLD print on your application so that the reviewers can find the specific responses within the body of the narrative.

Resubmit the full application only, with the cover page and appropriate signatures, via email by Sept. 20, 2016.

If you have any questions, email them to me or if you would like to discuss any of the above, send me an email with dates and times that you are available for 20 minutes.

Kindly respond to this email if you are resubmitting an application.

Celia

Celia Cudiamat | Executive Vice President of Programs

The Community Foundation

Celebrating 75 years of Philanthropy in Riverside and San Bernardino Counties

Corporate Office: 3700 Sixth Street, Suite 200 | Riverside, CA 92501

Office: 951.241.7777 x 114 | **Fax:** 951.684.1911

Regional Offices: [San Bernardino](#) | [Coachella Valley](#) | [Temecula Valley](#)

CONNECT: [Facebook](#) | [Twitter](#) | [LinkedIn](#) | [Annual Report](#)



S. L. Gimbel Foundation Application Checklist

Date: 07/20/16

Docket # (Grant Cycle): Riverside and San Bernardino Special Grant Program

Conducted by: Brooke Porter

Organization Name: Loma Linda University Medical Center

Amount Requested: \$75,000

	<u>Submit FOUR (4) Copies: 1 ORIGINAL (WITH ORIGINAL SIGNATURES) and 3 copies, collated and stapled together of the following:</u>		<u>Submit ONE (1) Copy:</u>
✓	Completed Grant Application Form (cover sheet, narrative (4 pages maximum), budget page and budget narrative (see sample) and sources of funding, financial analysis page	✓	A copy of your current 501(c)(3) letter from the IRS
✓	A list of your Board members and their affiliations	✓	A copy of your most recent year-end financial statements (audited if available; double-sided)
✓	Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	✓	A copy of your most recent 990 (double-sided)
✓	Part IX only of the 990 form, Statement of Functional Expenses (one page). If you completed a 990-EZ, fill out the attached Part IX, Functional Expenses of the 990 form using figures from your 990-EZ		
	For past grantees, a copy of your most recent final report.		

✓ Guidestar Financial Scan

NOTES:

Internal Revenue Service

Date: August 17, 2004

General Conference of Seventh Day Adventist
Seventh-Day Adventists Loma Linda University
Medical Center Inc.
P.O. Box 2000
Loma Linda, CA 92354

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Jamie Bowling 31-08346
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

95-3522679

Group Exemption Number:

1071

Dear Sir or Madam:

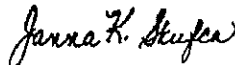
This is in response to your request of August 17, 2004, regarding your organization's tax-exempt status.

Your organization is exempt under section 501(c)(3) of the Code because it is included in a group ruling issued to General Conference of Seventh Day Adventist, located in Silver Springs, MD.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services



Strengthening Inland Southern California through Philanthropy

3700 Sixth Street, Suite 200

Riverside, CA 92501

P: 951-684-4194

F: 951-684-1911

www.thecommunityfoundation.net

**S. L. Gimbel Foundation Fund
Grant Agreement**

Organization: Loma Linda University Medical Center
Grant Amount: \$74,750.00 **Grant Number:** 20160672
Grant Period: November 1, 2016 to October 31, 2017 (*Evaluation is due November 15, 2017*)
Purpose: Neuromuscular ALS/NMD Program

1. Use of Grant Funds

Grant funds must be expended within the grant period, for the purpose and objectives described in your grant proposal. Grant funds may not be expended for any other purpose without prior written approval by The Community Foundation. If there are significant difficulties in making use of the funds as specified in your proposal, or if the grant funds cannot be spent within the grant period, notify us in writing promptly.

Formal requests for extensions or variances must be submitted to the Foundation's Board of Directors for approval a minimum of 60 days before the end of the grant period.

Requests for variances or extensions are reviewed on a case-by-case basis and approved by the Board of Directors. If a request is denied, unused funds must be immediately refunded to the Foundation.

Grant funds will not be expended for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.

2. Payment of Grant Funds

The grant funds will be paid in full by the Foundation upon receipt of the signed Grant Agreement. Challenge grant funds will be paid in full upon receipt of the signed Grant Agreement and upon receipt of documentation providing evidence that condition(s) of the challenge grant has/have been met.

3. Certification and Maintenance of Exempt Organization Status

This grant is specifically conditioned upon Grantee's status as an eligible grantee of The Community Foundation. The Foundation has obtained a copy of the Grantee's IRS determination letter. Grantee confirms that it has not had any change in its legal or tax-exempt status, and shall notify the Foundation immediately of any such change.

4. Final Report and Records

The Grantee will submit the Grant Evaluation report per the deadline set forth in the award letter. This report includes a narrative on outcomes based on goals and objectives set forth in the grant proposal and an expenditure report documenting use of grant funds. If equipment was purchased, copies of receipts need to be included.

5. Grantee's Financial Responsibilities

Grantee will keep records of receipts and expenditures of grant funds and other supporting documentation related to the grant at least four (4) years after completion of the grant and will make such records of receipts, expenditures and supporting documentation available to the Foundation upon request, for the purpose of conducting financial audits, making verifications, and investigations as deemed necessary concerning the grant.

6. Publicity

The Community Foundation appreciates publicity for the grant in all relevant published materials, such as brochures, newsletters and annual reports. The credit line of "Made possible in part by a grant from **"The Community Foundation, Strengthening Inland Southern California through Philanthropy"** is suggested. The Grantee will allow the Foundation to review and approve the content of any proposed publicity concerning the grant prior to its release, upon request. When your donors are listed in printed materials, include the Foundation in the appropriate contribution size category. Sending a brief press release to your local paper is appreciated. Please email Charee Gillens, our Marketing & Communications Officer, at cgillens@thecommunityfoundation.net with copies of any printed or publicity materials that highlight the grant. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching a logo is also appreciated. Our logo can be downloaded on our website at www.thecommunityfoundation.net.

Grantee agrees to allow the Foundation to include information about this grant in the Foundation's periodic public report, newsletter, news releases, social media postings, and on the Foundation's website. This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

7. Indemnification

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.

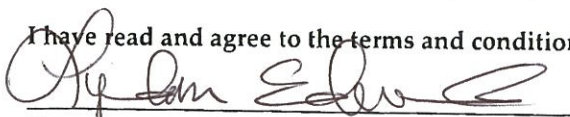
8. Termination

The Community Foundation may terminate this agreement, modify or withhold payments under this grant award, require a total or partial refund of any grant funds, or all at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement; d) the Grantee fails to comply with the requirements of any law or regulation applicable to you, the Foundation, or this grant.

9. Limitation of Support

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

I have read and agree to the terms and conditions of the Grant Agreement.

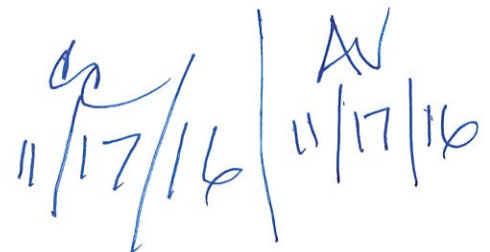

Signature

Lyndon Edwards
Printed Name

11/15/16
Date

Senior Vice President
Title

Grant Number: 20160672
Organization: Loma Linda University Medical Center


11/17/16 | 11/17/16



Strengthening Inland Southern California through Philanthropy



BOARD OF DIRECTORS

December 29, 2016

Philip Savage IV
Chair of the Board

Sean Varner
Vice Chair of the Board

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D. Matthew Pim

Teresa Rhyne

Kathleen Sawa

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Mr. Michael Bautista
Grants Officer
Loma Linda University Medical Center
11160 Anderson Street, Magan Hall Suite B
Loma Linda, CA 92350

Dear Mr. Bautista:

The Community Foundation is pleased to enclose a grant check for \$74,750 from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned.

The completed Grant Evaluation form is due by November 15, 2017 and will be available online on The Community Foundations website under Grants/Forms. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

We greatly appreciate any help you can give us in publicizing the grant. Please use the following credit in any grant announcements or materials funded by the grant: "The (name of project/program) is supported by a grant from The S. L. Gimbel Foundation." You may send copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

Please feel free to contact Celia Cudiamat, Executive Vice President of Programs, at 951-241-7777, ext. 114, if you have any questions.

Sincerely,

Dr. Jonathan Lorenzo Yorba
President and CEO

Dr. Jonathan Lorenzo Yorba
President and CEO

20160672

41849

GIMB75



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

3700 Sixth Street, Suite 200 ~ Riverside, California 92501
P: 951.241.7777 ~ F: 951.684.1911 ~ www.thecommunityfoundation.net

The Community Foundation
 Strengthening Inland Southern California through Philanthropy
 3700 SIXTH STREET, SUITE 200
 RIVERSIDE, CA 92501
 951-241-7777 / FAX 951-684-1911

CITIZENS BUSINESS BANK
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 90-3414/1222

Check-Free
 Protection for Business

PAY * Seventy-Four Thousand Seven Hundred Fifty and no/100 *
 TO THE ORDER OF DATE 12/27/2016 AMOUNT \$ ****74,750.00

Loma Linda University Medical Center
 11139 Anderson Street, Magan Hall Suite B
 Loma Linda, CA 92350



Jonathan Granzo Yalson
Colin Cudimhart
 AUTHORIZED SIGNATURE

Security features. Details on back.

⑈041849⑈ ⑆122234149⑆ 244624437⑈

The Community Foundation			41849
19262	Loma Linda University Medical Center	12/27/2016 041849	
20160672	11/17/2016 Neuromuscular ALS/NMD Program		74,750.00
GIMB	S.L. Gimbel Foundation Advised Fund	74,750.00	

CHECK TOTAL: \$ ****74,750.00

The Community Foundation			41849
19262	Loma Linda University Medical Center	12/27/2016 041849	
20160672	11/17/2016 Neuromuscular ALS/NMD Program		74,750.00
GIMB	S.L. Gimbel Foundation Advised Fund	74,750.00	

CHECK TOTAL: \$ ****74,750.00