

Return of Organization Exempt from Income Tax

2002

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning , 2002, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION, INC 1996 EASTMAN AVE #101 VENTURA, CA 93003. D Employer Identification Number 95-1693538. E Telephone number (805) 642-0239. F Accounting method: Cash, Accrual (checked), 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)

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No (checked). H (b) If Yes enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No (checked). I Enter 4-digit GEN. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site N/A

J Organization type (check only one): 501(c) 3 (checked), (insert no), 4947(a)(1) or 527

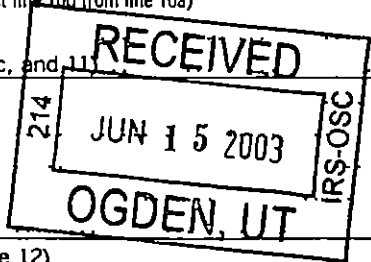
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 10,146,673.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 3 columns. Row 1: Contributions, gifts, grants, and similar amounts received. 1a: 577,411. 1d: 577,411. Row 2: Program service revenue including government fees and contracts (from Part VII, line 93). 2: 9,569,262. Row 3: Membership dues and assessments. 3. Row 4: Interest on savings and temporary cash investments. 4. Row 5: Dividends and interest from securities. 5. Row 6: Gross rents. 6a. Less rental expenses. 6b. Net rental income or (loss) (subtract line 6b from line 6a). 6c. Row 7: Other investment income (describe). 7. Row 8: Gross amount from sales of assets other than inventory. 8a: (A) Securities, (B) Other. 8b. Less cost or other basis and sales expenses. 8c. Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d. Row 9: Special events and activities (attach schedule). 9a: Gross revenue (not including \$ of contributions reported on line 1a). 9b. Less direct expenses other than fundraising expenses. 9c. Net income or (loss) from special events (subtract line 9b from line 9a). Row 10: Gross sales of inventory, less returns and allowances. 10a. Less cost of goods sold. 10b. Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 10c. Row 11: Other revenue (from Part VII, line 103). 11. Row 12: Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12: 10,146,673. Row 13: Program services (from line 44, column (B)). 13: 7,866,354. Row 14: Management and general (from line 44, column (C)). 14. Row 15: Fundraising (from line 44, column (D)). 15: 26,644. Row 16: Payments to affiliates (attach schedule). 16. Row 17: Total expenses (add lines 16 and 44, column (A)). 17: 7,892,998. Row 18: Excess or (deficit) for the year (subtract line 17 from line 12). 18: 2,253,675. Row 19: Net assets or fund balances at beginning of year (from line 73, column (A)). 19: -1,504,213. Row 20: Other changes in net assets or fund balances (attach explanation). 20. Row 21: Net assets or fund balances at end of year (combine lines 18, 19, and 20). 21: 749,462.

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EXEMPT ORGANIZATION

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26 3,768,396	3,768,396		
27 Pension plan contributions	27			
28 Other employee benefits	28 382,327	382,327		
29 Payroll taxes	29 294,355	294,355		
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 47,003	47,003		
34 Telephone	34			
35 Postage and shipping	35 3,662	3,662		
36 Occupancy	36 75,335	75,335		
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 12,463	12,463		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 1	43a 3,309,457	3,282,813		26,644
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 7,892,998	7,866,354	0	26,644

Joint Costs Check if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 2	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 3	
----- ----- ----- (Grants and allocations \$ _____)	7,866,354
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B), program services)	7,866,354

Part IV Balance Sheets (See Instructions)

Note		(A) Beginning of year		(B) End of year		
ASSETS	45	Cash – non-interest bearing		-20,317	45	83,007
	46	Savings and temporary cash investments			46	
	47a	47a	Accounts receivable	532,699		
		47b	Less allowance for doubtful accounts		47c	532,699
				691,329		
	48a	48a	Pledges receivable			
		48b	Less allowance for doubtful accounts		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	51a	Other notes & loans receivable (attach sch)			
		51b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		26,412	53	
	54	Investments – securities (attach schedule)			54	
	55a	55a	Investments – land, buildings & equipment basis			
		55b	Less accumulated depreciation (attach schedule)		55c	
	56	Investments – other (attach schedule)			56	
	57a	57a	Land, buildings, and equipment basis			
	57b	Less accumulated depreciation (attach schedule)		57c		
58	Other assets (describe ► SEE STATEMENT 4)		857,479	58	1,805,384	
59	Total assets (add lines 45 through 58) (must equal line 74)		1,554,903	59	2,421,090	
LIABILITIES	60	Accounts payable and accrued expenses		340,571	60	250,155.
	61	Grants payable			61	
	62	Deferred revenue			62	70,132
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax exempt bond liabilities (attach schedule)			64a	
		64b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ► SEE STATEMENT 5)		2,718,545.	65	1,351,341
66	Total liabilities (add lines 60 through 65)		3,059,116	66	1,671,628	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		-1,624,213.	67	629,462
	68	Temporarily restricted			68	
	69	Permanently restricted		120,000	69	120,000
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		-1,504,213.	73	749,462
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		1,554,903	74	2,421,090

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

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

a	Total revenue, gains, and other support per audited financial statements	a	10,146,673
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	10,146,673.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	10,146,673.

a	Total expenses and losses per audited financial statements	a	7,892,998
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	7,892,998
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,892,998

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6		0	0.	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes, attach schedule - see instructions

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X	
80b	If 'Yes,' enter the name of the organization <u>SEE STATEMENT 7</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a		0
81b	Did the organization file Form 1120-POL for this year?			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			N/A
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?			N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			N/A
85c	Dues, assessments, and similar amounts from members	85c		N/A
85d	Section 162(e) lobbying and political expenditures	85d		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
85h	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?			N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX			X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> .			
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction			X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>			
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b		170
91	The books are in care of <u>EMMA MAYER</u> Telephone number <u>(805) 642-0239</u> Located at <u>1996 EASTMAN AVENUE VENURA CA</u> ZIP + 4 <u>93003</u>			
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		N/A

Part VII Analysis of Income Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a NET PATIENT SERVICE R					9,569,262
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)).					9,569,262
105 Total (add line 104, columns (B), (D), and (E))					9,569,262

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

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 8

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

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

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

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

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

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

[Signature]
Date 06-10-03

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions)

2002

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION, INC** Employer identification number **95-1693538**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
RIC ESGUERRA 1551 LA VERANDA CT, CA	PHYS THERAPIST 40	101,877.	11,000	0
JENNIFER LUTHER 237 MODESTO AVE, CA	PHYS THERAPIST 40	72,019	4,415.	0
JUDITH MILLIGAN-HECOX 11411 E LAS POSAS RD , CA	PRESIDENT/CEO 40	120,972	172.	0
KATHLEEN KUNZ 9950 HALIFAX STREET, CA	PHYS THERAPIST 40	80,265	9,386	0
EMANUELA MAYER 947 SANDPIPER COURT, CA	CONTROLLER 40	90,845	1,269	0
Total number of other employees paid over \$50,000 ▶	20			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
TATUM CFO PARTNERS, LLP 4501 CIRCLE 75 PKWY, ATLANTA, GA 30339	CONTRACT/CFO	116,370.
Total number of others receiving over \$50 000 for professional services ▶	0	

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	724,385	445,707	401,451	240,898	1,812,441
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	7,282,075	5,345,700	7,558,234.	9,374,778	29,560,787
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	2,350	15,530	13,556	28,117	59,553
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE. STMT 9		41,763.	38,056	57,832.	137,651
23 Total of lines 15 through 22	8,008,810	5,848,700.	8,011,297	9,701,625	31,570,432
24 Line 23 minus line 17	726,735	503,000	453,063	326,847	2,009,645
25 Enter 1% of line 23	80,088	58,487	80,113	97,016	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 N/A					
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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. (2001) _____ 353,000 (2000) _____ 224,000. (1999) _____ 171,000. (1998) _____ 152,000.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 29,560,787 20 _____ 21 _____					
d Add Line 27a total _____ 900,000 and line 27b total _____ 0.					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

N/A

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?

	Yes	No
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?
 If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)

31		
----	--	--

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

--	--	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 a		
------	--	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?

32 b		
------	--	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

32 c		
------	--	--

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)

32 d		
------	--	--

33 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

--	--	--

b Admissions policies?

33 a		
------	--	--

c Employment of faculty or administrative staff?

33 b		
------	--	--

d Scholarships or other financial assistance?

33 c		
------	--	--

e Educational policies?

33 d		
------	--	--

f Use of facilities?

33 e		
------	--	--

g Athletic programs?

33 f		
------	--	--

h Other extracurricular activities?

33 g		
------	--	--

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

33 h		
------	--	--

34 a Does the organization receive any financial aid or assistance from a governmental agency?

--	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34 a		
------	--	--

If you answered 'Yes' to either 34a or b, please explain using an attached statement

34 b		
------	--	--

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

--	--	--

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term 'expenditures' means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table --														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is --</td> <td style="width: 50%;">The lobbying nontaxable amount is --</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	
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														
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

N/A

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

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

FEDERAL STATEMENTS
LIVINGSTON MEMORIAL VISITING NURSE
ASSOCIATION, INC.

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
CONTRACTED SERVICES	179,704	179,704.		
DUES AND SUBSCRIPTIONS	10,480	10,480		
FUNDRAISING	26,644			26,644
LOSS ON INVESTMENT	15,181	15,181		
MANAGEMENT FEES	2,263,336	2,263,336		
MARKETING	8,308	8,308.		
MEDICAL SUPPLIES	547,455	547,455		
MILEAGE	233,901.	233,901		
MISCELLANEOUS	3,524	3,524		
PERSONAL RECRUITMENT	14,641	14,641.		
UTILITIES	6,283	6,283		
TOTAL	<u>\$ 3309457</u>	<u>\$ 3282813</u>	<u>\$ 0.</u>	<u>\$ 26,644</u>

STATEMENT 2
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION PROVIDES HEALTH CARE SERVICES TO THE VENTURA, OXNARD, AND SURROUNDING COMMUNITIES

STATEMENT 3
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION PROVIDES THE COMMUNITY OF VENTURA, OXNARD, AND OTHER SURROUNDING AREAS WITH SKILLED NURSING CARE, PHYSICAL THERAPY TREATMENTS, HOME HEALTH CARE, AND HOSPICE SERVICES.		7,866,354
	<u>\$ 0</u>	<u>\$ 7,866,354.</u>

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

DUE FROM AFFILIATES	\$ 416,384.
INCOME INTEREST IN ENDOWMENT FUND	142,914.
OTHER RECEIVABLES	1,246,086.
TOTAL	<u>\$ 1,805,384</u>

STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DUE TO AFFILIATES
 DUE TO MEDICARE PROGRAM

	\$ 10,469
	<u>1,340,872</u>
TOTAL	\$ <u>1,351,341</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHARLES M. HAIR, M D 11565 TELEGRAPH ROAD SANTA PAULA, CA 93060	CHAIRMAN 2	\$ 0	\$ 0.	\$ 0
LAURA K MCAVOY 2815 TOWNSGATE ROAD, SUITE 200 WESTLAKE VILLAGE, CA 91361-3010	VICE CHAIR 5	0	0.	0
JEFFREY D. PAUL 500 ESPLANADE DRIVE, 2ND FLOOR OXNARD, CA 93030	TREASURER 5	0.	0	0
LANYARD DIAL, M D. 3291 LOMA VISTA ROAD VENTURA, CA 93003	SECRETARY .5	0.	0	0.
WILLIAM L CLEARWATER 1600 N ROSE AVENUE OXNARD, CA 93030	MEMBER 5	0	0.	0
RICHARD FAUSSET 199 FIGUEROA STREET, 3RD FLOOR VENTURA, CA 93001	MEMBER 5	0	0	0
MICHAEL R LURIE 147 N BRENT STREET VENTURA, CA 93003	MEMBER .5	0	0	0.
CAROL HAMBLETON 2982 REEF STREET VENTURA, CA 93001	MEMBER 5	0	0.	0
TOTAL		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0</u>

FEDERAL STATEMENTS
LIVINGSTON MEMORIAL VISITING NURSE
ASSOCIATION, INC.

STATEMENT 7
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
LIVINGSTON MEMORIAL VNA HEALTH CORP	X	
LIVINGSTON MEMORIAL VNA NURSES	X	

STATEMENT 8
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93	THE MEDICAL SERVICES FOR WHICH INCOME IS REPORTED IN COLUMN E OF PART VII WERE PROVIDED BY THE LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION IN ORDER TO ACCOMPLISH THE FOLLOWING EXEMPT PURPOSES. 1. THE PROMOTION OF HEALTH 2. THE PREVENTION OF DISEASE 3. THE RELIEF OF THE POOR AND DISTRESSED

STATEMENT 9
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2001</u>	<u>(B) 2000</u>	<u>(C) 1999</u>	<u>(D) 1998</u>	<u>(E) TOTAL</u>
SPECIAL EVENTS	\$ 0	\$ 0.	\$ 38,056	\$ 57,832	\$ 95,888
OTHER REVENUE	0.	41,763	0	0	41,763.
TOTAL	<u>\$ 0.</u>	<u>\$ 41,763</u>	<u>\$ 38,056</u>	<u>\$ 57,832.</u>	<u>\$ 137,651</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION, INC.	Employer identification number 95-1693538
	Number street and room or suite number If a P O box see instructions 2700 NORTH MAIN STREET #200	state ZIP code
	City town or post office For a foreign address see instructions SANTA ANA, CA 92705	

Check type of return to be filed (file a separate application for each return)

- | | | |
|----------------------------------------------|----------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until 8/15, 20 03, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year 20 02 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____ 0

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____ 0

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ 0

Signature and Verification

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form.

Signature ▶  Title ▶ CPA Date ▶ 5/13/03

BAA For Paperwork Reduction Act Notice, see instructions.