

Form **990**

# 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)

OMB No 1545-0047

# 2003

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 2003 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION, INC.	<b>D</b> Employer identification number 95-1693538
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1996 EASTMAN AVE. #101	<b>E</b> Telephone number (805) 642-0239
	City or town, state or country, and ZIP + 4 VENTURA, CA 93003	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A  Yes  No (if "No," attach a list)

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

I Group Exemption Number ▶

**G** Website: ▶ N/A

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

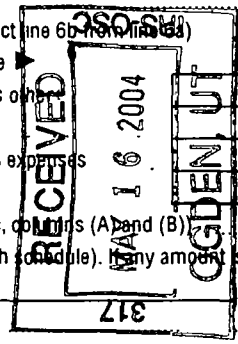
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 10,591,816.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, and similar amounts received					
	a	Direct public support	1a	576,355.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c	5,779.			
	d	Total (add lines 1a through 1c) (cash \$ 582,134. noncash \$ )	1d	582,134.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	10,009,682.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4				
	5	Dividends and interest from securities	5				
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	6c	Net rental income or (loss) (subtract line 6b from 6a)	6c				
7	Other investment income (describe )	7					
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b	Less: cost or other basis and sales expenses	8a				
	c	Gain or (loss) (attach schedule)	8b				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
	b	Less: direct expenses other than fundraising expenses	9b				
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
Revenue	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11					
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	10,591,816.				
Expenses	13	Program services (from line 44, column (B))	13	6,826,454.			
	14	Management and general (from line 44, column (C))	14	2,570,254.			
	15	Fundraising (from line 44, column (D))	15	28,684.			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17	9,425,392.			
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,166,424.				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	749,462.				
20	Other changes in net assets or fund balances (attach explanation)	20	30,179.	SEE STATEMENT 1			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,946,065.				



SCANNED JUN 09 2004

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION, INC.

95-1693538

**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 Page 2

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 (attach schedule) cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 12,480.	12,480.	0.	0.
26	Other salaries and wages	26 4,326,241.	4,326,241.		
27	Pension plan contributions	27			
28	Other employee benefits	28 682,198.	682,198.		
29	Payroll taxes	29 334,526.	334,526.		
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 795,188.	795,188.		
34	Telephone	34 6,125.	6,125.		
35	Postage and shipping	35 34,438.	34,438.		
36	Occupancy	36 71,262.	71,262.		
37	Equipment rental and maintenance	37 32,629.	32,629.		
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40 9,618.	9,618.		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e 3,120,687.	521,749.	2,570,254.	28,684.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 9,425,392.	6,826,454.	2,570,254.	28,684.

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

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

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

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?  SEE STATEMENT 3

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.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a 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. (Grants and allocations \$ _____)	6,826,454.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,826,454.

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

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**Part IV Balance Sheets**

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	83,007.	45	82,425.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 828,267.		
	b Less allowance for doubtful accounts	47b	532,699.	47c 828,267.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment, basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment, basis	57a			
b Less accumulated depreciation	57b		57c	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 4 )		1,805,384.	58	1,885,154.
59 Total assets (add lines 45 through 58) (must equal line 74)		2,421,090.	59	2,795,846.
Liabilities	60 Accounts payable and accrued expenses	250,155.	60	548,238.
	61 Grants payable		61	
	62 Deferred revenue	70,132.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5 )		1,351,341.	65	301,543.
66 Total liabilities (add lines 60 through 65)		1,671,628.	66	849,781.
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	629,462.	67	1,826,065.
	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)		749,462.	73	1,946,065.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,421,090.	74	2,795,846.

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.

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		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 10591816.	a Total expenses and losses per audited financial statements	a 9,425,392.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990.	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) \$		(4) Other (specify) \$	
Add amounts on lines (1) through (4)	b 0.	Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 10591816.	c Line a minus line b	c 9,425,392.
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$		(2) Other (specify) \$	
Add amounts on lines (1) and (2)	d 0.	Add amounts on lines (1) and (2)	d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 10591816.	e Total expenses per line 17, Form 990 (line c plus line d)	e 9,425,392.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(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	(E) Expense account and other allowances
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	12,480.	0.	0.
WILLIAM L. CLEARWATER 1600 N. ROSE AVENUE OXNARD, CA 93030	MEMBER .5	0.	0.	0.
RICHARD L. FAUSSET 199 FIGUEROA STREET, THIRD 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 H. HAMBLETON 2982 REEF STREET VENTURA, CA 93001	MEMBER .5	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? If "Yes," attach schedule.  Yes  No

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ASSOCIATION, INC.

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**Part VI Other Information** **Yes No**

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization <span style="float: right;">SEE STATEMENT 6</span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions <span style="float: right;">81a</span> <span style="float: right;">0.</span>			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <span style="float: right;">82b</span> <span style="float: right;">N/A</span>			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	84b		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span> 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	85b		
c	Dues, assessments, and similar amounts from members <span style="float: right;">85c</span> <span style="float: right;">N/A</span>			
d	Section 162(e) lobbying and political expenditures <span style="float: right;">85d</span> <span style="float: right;">N/A</span>			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e</span> <span style="float: right;">N/A</span>			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f</span> <span style="float: right;">N/A</span>			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	85g		
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? <span style="float: right;">N/A</span>	85h		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a</span> <span style="float: right;">N/A</span>			
b	Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b</span> <span style="float: right;">N/A</span>			
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <span style="float: right;">87a</span> <span style="float: right;">N/A</span>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float: right;">87b</span> <span style="float: right;">N/A</span>			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">0.</span> ; section 4912 <span style="float: right;">0.</span> ; section 4955 <span style="float: right;">0.</span>			
b	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>			
90 a	List the states with which a copy of this return is filed <span style="float: right;">CALIFORNIA</span>			
b	Number of employees employed in the pay period that includes March 12, 2003 <span style="float: right;">90b</span> <span style="float: right;">167</span>			
91	The books are in care of <span style="float: right;">EMMA MAYER</span> Telephone no <span style="float: right;">(805) 642-0239</span>			

Located at 1996 EASTMAN AVENUE, VENTURA, CA ZIP + 4 93003

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

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a NET PATIENT SERVICE REV					10,009,682.
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					
96 Dividends and 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 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					
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))		0.		0.	10,009,682.
105 Total (add line 104, columns (B), (D), and (E))					10,009,682.

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 page 34 of 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).
▼	SEE STATEMENT 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of 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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of 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).

I am preparing this return on behalf of the preparer, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge

Date: 105-12-04

Type or print name and title: Judith R. Sullivan, CEO

Date: \_\_\_\_\_ Check if self: \_\_\_\_\_ Preparer's SSN or PTIN: \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2003**

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 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
ROSARIO MURILLO ----- 6 CARRIAGE, OXNARD, CA	REG NURSE 40	150,216.	0.	10,768.
JUDITH MILLIGAN-HECOX ----- 11411 E LAS POSAS RD, CAMARILLO, CA	PRES/CEO 40	126,557.	0.	0.
RIC ESGUERRA ----- 1551 LA VERADA CT, CAMARILLO, CA	PHYS THERAP 40	115,901.	12,000.	8,800.
RUTH STOCKFISH ----- 708 THORNHILL RD, CALABASAS, CA	REG NURSE 40	104,696.	0.	8,920.
EMANUELA MAYER ----- 947 SANDPIPER COURT, VENTURA, CA	CONTROLLER 40	97,768.	0.	0.
Total number of other employees paid over \$50,000 ▶	25			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

LIVINGSTON MEMORIAL VISITING NURSE

Schedule A (Form 990 or 990-EZ) 2003 ASSOCIATION, INC.

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**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, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? ..	2a	X
b Lending of money or other extension of credit? ..	2b	X
c Furnishing of goods, services, or facilities? ..	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? ..	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)

Schedule A (Form 990 or 990-EZ) 2003

LIVINGSTON MEMORIAL VISITING NURSE

Schedule A (Form 990 or 990-EZ) 2003 ASSOCIATION, INC.

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**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	577,411.	724,385.	445,707.	401,451.	2,148,954.
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	9,569,262.	7,282,075.	5,345,700.	7,558,234.	29,755,271.
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.	2,350.	15,530.	13,556.	31,436.
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 STATEMENT 8 41,763.	38,056.	79,819.
23 Total of lines 15 through 22	10,146,673.	8,008,810.	5,848,700.	8,011,297.	32,015,480.
24 Line 23 minus line 17	577,411.	726,735.	503,000.	453,063.	2,260,209.
25 Enter 1% of line 23	101,467.	80,088.	58,487.	80,113.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.					26a 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add. Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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: (2002) 274,160. (2001) 353,000. (2000) 224,000. (1999) 171,000.					
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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add. Amounts from column (e) for lines: 15 2,148,954. 16 _____ 17 29,755,271. 20 _____ 21 _____					27c 31,904,225.
d Add Line 27a total 1,022,160. and line 27b total 0.					27d 1,022,160.
e Public support (line 27c total minus line 27d total)					27e 30,882,065.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 32,015,480.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.4598%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0982%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

NONE

LIVINGSTON MEMORIAL VISITING NURSE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(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?		
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?		
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 )		
_____			
_____			
_____			
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?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement )		
_____			
_____			
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? 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		

LIVINGSTON MEMORIAL VISITING NURSE

Schedule A (Form 990 or 990-EZ) 2003 ASSOCIATION, INC.

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(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												
		N/A													
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"> <tr> <td>If the amount on line 40 is -</td> <td>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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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



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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	30,179.
TOTAL TO FORM 990, PART I, LINE 20	30,179.

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FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES	194,085.	194,085.		
DUES AND SUBSCRIPTIONS	2,744.	2,744.		
MISCELLANEOUS	26,687.	26,687.		
MARKETING	15,286.	15,286.		
MILEAGE	263,664.	263,664.		
PERSONNEL RECRUITMENT	10,695.	10,695.		
UTILITIES	8,588.	8,588.		
FUNDRAISING MANAGEMENT FEES	28,684.			28,684.
	2,570,254.		2,570,254.	
TOTAL TO FM 990, LN 43	3,120,687.	521,749.	2,570,254.	28,684.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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## EXPLANATION

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

FORM 990 OTHER ASSETS STATEMENT 4

DESCRIPTION	AMOUNT
DUE FROM AFFILIATES	376,080.
INCOME INTEREST IN ENDOWMENT FUND	173,093.
OTHER RECEIVABLES	1,335,981.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,885,154.

FORM 990 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	AMOUNT
DUE TO AFFILIATES	33,360.
DUE TO MEDICARE PROGRAM	268,183.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	301,543.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B STATEMENT 6

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
LIVINGSTON MEMORIAL VNA HEALTH CORP	X	
LIVINGSTON MEMORIAL VNA NURSES	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 7

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
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

SCHEDULE A	OTHER INCOME			STATEMENT 8
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
SPECIAL EVENTS	0.	0.	0.	38,056.
OTHER REVENUE	0.	0.	41,763.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	41,763.	38,056.