

**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2005 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address): **1996 EASTMAN AVE. #101**  
 City or town, state or country, and ZIP + 4: **VENTURA, CA 93003**

**D** Employer identification number: **95-1693538**

**E** Telephone number: **(805) 642-0239**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: **N/A**

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

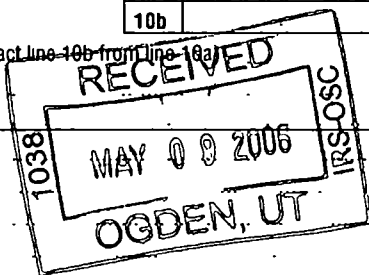
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **11,176,780.**

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

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

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>681,233.</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>23,709.</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>704,942.</b> noncash \$ _____)	<b>1d</b>	<b>704,942.</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>10,215,536.</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>75,445.</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6 a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe _____)	<b>7</b>			
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>					
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ <b>5,700.</b> of contributions reported on line 1a)	<b>9a</b>	<b>149,476.</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	<b>22,492.</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>126,984.</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>31,381.</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>11,154,288.</b>		
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>8,058,237.</b>		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>1,922,339.</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>37,238.</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>10,017,814.</b>		
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>1,136,474.</b>		
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>3,974,257.</b>		
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>-17,740.</b>		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>5,092,991.</b>		



SCANNED JUL 20 2006

15

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

Form 990 (2005)

95-1693538 Page 2

**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 (attach schedule) (cash \$ <u>0</u> - noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	154,693.	12,480.	142,213.	0.
26 Other salaries and wages	5,986,988.	5,048,059.	938,929.	
27 Pension plan contributions				
28 Other employee benefits	934,384.	831,162.	103,222.	
29 Payroll taxes	471,704.	395,168.	76,536.	
30 Professional fundraising fees				
31 Accounting fees	39,373.	14,568.	24,805.	
32 Legal fees	24,629.		24,629.	
33 Supplies	257,829.	73,084.	184,745.	
34 Telephone	91,455.	37,405.	54,050.	
35 Postage and shipping	93,054.	58,447.	34,607.	
36 Occupancy	133,761.	94,391.	39,370.	
37 Equipment rental and maintenance	59,197.	59,197.		
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings	57,628.	21,813.	35,815.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	87,942.	43,971.	43,971.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 3	1,625,177.	1,368,492.	219,447.	37,238.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	10,017,814.	8,058,237.	1,922,339.	37,238.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\*\* SEE STATEMENT 4

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

Form 990 (2005)

95-1693538 Page 3

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

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

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 5</u>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> 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 \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,058,237.
<b>b</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	8,058,237.

Form 990 (2005)

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

Form 990 (2005)

95-1693538 Page 4

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

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	2,085,759.	45	636,534.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 1,058,564.		
	b Less: allowance for doubtful accounts	47b 219,153.	719,902.	47c 839,411.
	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	STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54 1,472,656.
	55 a Investments - land, buildings, and equipment: basis	55a 424,325.		
	b Less: accumulated depreciation	55b 87,942.		55c 336,383.
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 6 )		1,919,475.	58 2,460,120.	
<b>59 Total assets (must equal line 74). Add lines 45 through 58</b>		<b>4,725,136.</b>	<b>59 5,745,104.</b>	
Liabilities	60 Accounts payable and accrued expenses	659,598.	60	652,113.
	61 Grants payable		61	
	62 Deferred revenue		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"/> )		91,281.	65 0.
<b>66 Total liabilities. Add lines 60 through 65)</b>		<b>750,879.</b>	<b>66 652,113.</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	3,854,257.	67	4,437,325.
	68 Temporarily restricted		68	
	69 Permanently restricted	120,000.	69	655,666.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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	
	<b>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)</b>		<b>3,974,257.</b>	<b>73 5,092,991.</b>
<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		<b>4,725,136.</b>	<b>74 5,745,104.</b>	

Form 990 (2005)





LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

Form 990 (2005)

95-1693538 Page 7

		Yes	No
<b>Part VI Other Information</b> (continued)			
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.)	82b	N/A	
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?	84b	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
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.			
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
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	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.			
b 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	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed ▶ CA			
b Number of employees employed in the pay period that includes March 12, 2005	90b	167	
91 a The books are in care of ▶ EMMA MAYER Telephone no. ▶ (805) 642-0239 Located at ▶ 1996 EASTMAN AVENUE, SUITE 101, VENTURA, CA ZIP + 4 ▶ 93003			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
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	

Form 990 (2005)

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

Form 990 (2005)

95-1693538 Page 8

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

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a NET PATIENT SERVICE REV					10,215,536.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	75,445.	
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					126,984.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MANAGEMENT FEES					31,381.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		75,445.	10,373,901.
105 Total (add line 104, columns (B), (D), and (E))					10,449,346.

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 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 12

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

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

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

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

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

Please Sign Here

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

Signature of officer: *[Signature]* Date: 05/02/06 Type or print name and title: Judith R. Dulligan-Henry CEO

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 4/28/06 Check if self-employed:  Preparer's SSN or PTIN: PC0130438

Firm's name (or yours if self-employed), address, and ZIP + 4: SINGER LEWAK GREENBAUM & GOLDSTEIN LLLP, 2700 MAIN STREET, SUITE 200, SANTA ANA, CA 92705

EIN: Phone no: (714) 953-9734

Form 990 (2005)

**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 4947(a)(1) Nonexempt Charitable Trust

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **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 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 5387 PLATA ROSA CT., CAMARILLO, CA 9	REG NURSE 40.00	127,582.	0.	10,433.
RIC ESGUERRA 1551 LA VERADA COURT, CAMARILLO, CA 9	PHYS THERAP 40.00	111,560.		8,560.
KATHLEEN KUNZ 9950 HALIFAX ST., VENTURA, CA 93001	REG NURSE 40.00	111,261.	0.	6,058.
EMANUELA MAYER 947 SANDPIPER COURT, VENTURA, CA 9300	CONTROLLER 40.00	83,834.	0.	0.
Total number of other employees paid over \$50,000 ▶		38		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

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

LIVINGSTON MEMORIAL VISITING NURSE

**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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		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.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization **▶**  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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 )

LIVINGSTON MEMORIAL VISITING NURSE

Schedule A (Form 990 or 990-EZ) 2005 ASSOCIATION, INC.

95-1693538 Page 3

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,180,234.	582,134.	577,411.	724,385.	3,064,164.
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	10087459.	10009682.	9,569,262.	7,282,075.	36,948,478.
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	11,920.	0.	0.	2,350.	14,270.
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	358,216.		SEE STATEMENT 13		358,216.
23 Total of lines 15 through 22	11637829.	10591816.	10146673.	8,008,810.	40,385,128.
24 Line 23 minus line 17	1,550,370.	582,134.	577,411.	726,735.	3,436,650.
25 Enter 1% of line 23	116,378.	105,918.	101,467.	80,088.	
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 2001 through 2004 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	(2004) 126,000.	(2003) 156,000.	(2002) 274,160.	(2001) 353,000.	
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 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2004) 0.	(2003) 0.	(2002) 0.	(2001) 0.	
c Add: Amounts from column (e) for lines 15 3,064,164. 16 _____ 17 36,948,478. 20 _____ 21 _____					27c 40,012,642.
d Add Line 27a total 909,160. and line 27b total 0.					27d 909,160.
e Public support (line 27c total minus line 27d total)					27e 39,103,482.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f 40,385,128.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.8264%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0353%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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

Schedule A (Form 990 or 990-EZ) 2005

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 )		
<hr/>			
<hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

LIVINGSTON MEMORIAL VISITING NURSE

**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 -	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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 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



FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
LIGHT UP A LIFE RUBICON THEATRE - TUESDAY WITH MORRIE VINTAGE AT CHANDLER MUSEUM	78,741.	3,500.	75,241.	12,385.	62,856.	
	4,540.	2,200.	2,340.	3,164.	-824.	
	71,895.	0.	71,895.	6,943.	64,952.	
<b>TOTAL TO FM 990, PART I, LINE 9</b>	<b>155,176.</b>	<b>5,700.</b>	<b>149,476.</b>	<b>22,492.</b>	<b>126,984.</b>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENT		-17,740.	
<b>TOTAL TO FORM 990, PART I, LINE 20</b>		<b>-17,740.</b>	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONTRACTED SERVICES	266,236.	190,388.	75,848.		
DUES AND SUBSCRIPTIONS	15,734.	1,461.	14,273.		
MARKETING	86,612.	80,021.	6,591.		
MILEAGE	280,979.	272,600.	8,379.		
PERSONNEL RECRUITMENT	52,779.	21,801.	30,978.		
UTILITIES	30,353.	19,426.	10,927.		
FUNDRAISING	37,238.			37,238.	
MEDICAL SUPPLIES	705,732.	705,732.			
INSURANCE	66,607.	55,284.	11,323.		
REPAIRS AND MAINTENANCE	61,128.		61,128.		
MISCELLANEOUS	21,779.	21,779.			
<b>TOTAL TO FM 990, LN 43</b>	<b>1,625,177.</b>	<b>1,368,492.</b>	<b>219,447.</b>	<b>37,238.</b>	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
LANYARD K. DIAL, M.D.	12,480.	0.	0.	
A. PROGRAM SERVICES	12,480.			12,480.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
JUDITH MILLIGAN-HECOX	142,213.	0.	0.	
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	142,213.			142,213.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				12,480.
TOTAL MANAGEMENT AND GENERAL				142,213.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON LINE 25				<u>154,693.</u>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

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

FORM 990	OTHER ASSETS	STATEMENT	6
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
DUE FROM AFFILIATES		409,164.	
INCOME INTEREST IN ENDOWMENT FUND		702,165.	
OTHER RECEIVABLES		1,166,620.	
PREPAID EXPENSES AND OTHER ASSETS		182,171.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		2,460,120.	

FORM 990	OTHER SECURITIES	STATEMENT	7
<u>SECURITY DESCRIPTION</u>	<u>COST/FMV</u>	<u>OTHER SECURITIES</u>	
INVESTMENTS	FMV	1,472,656.	
TO FORM 990, LINE 54, COL B		1,472,656.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
FUNDRAISING EXPENSES RECLASSIFIED FROM SPECIAL EVENTS TO EXPENSES		37,238.	
TOTAL TO FORM 990, PART IV-A		37,238.	

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	9
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
FUNDRAISING ACTIVITIES RECLASSIFIED FROM SPECIAL EVENTS		37,238.	
TOTAL TO FORM 990, PART IV-B		37,238.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES M. HAIR, M.D. 11565 TELEGRAPH ROAD SANTA PAULA, CA 93060	CHAIRMAN 0.20	0.	0.	0.
LAURA K. MCAVOY 200 NORTH WESTLAKE BLVD., SUITE 204 WESTLAKE VILLAGE, CA 91362	VICE CHAIR 0.50	0.	0.	0.
JEFFREY D. PAUL 500 ESPLANADE DRIVE, 2ND FLOOR OXNARD, CA 93030	TREASURER 0.50	0.	0.	0.
LANYARD K. DIAL, M.D. 3291 LOMA VISTA ROAD VENTURA, CA 93003	SECRETARY 2.40	12,480.	0.	0.
WILLIAM L. CLEARWATER 1600 N. ROSE AVENUE OXNARD, CA 93030	MEMBER 0.50	0.	0.	0.
RICHARD L. FAUSSET 199 FIGUEROA STREET, THIRD FLOOR VENTURA, CA 93001	MEMBER 0.50	0.	0.	0.
MICHAEL R. LURIE 147 N. BRENT STREET VENTURA, CA 93003	MEMBER 0.50	0.	0.	0.
CAROL H. HAMBLETON, R.N. 2982 REEF STREET VENTURA, CA 93001	MEMBER 0.50	0.	0.	0.
ANTHONY L. PEREZ, D.D.S. 2807 LOMA VISTA ROAD, SUITE 202 VENTURA, CA 93003	MEMBER 0.50	0.	0.	0.
RAYMOND G. BOYD 4288 N. CLUBHOUSE DRIVE SOMIS, CA 93066	MEMBER 0.50	0.	0.	0.

JUDITH MILLIGAN-HECOX 11411 E. LAS POSAS ROAD CAMARILLO, CA 93012	PRESIDENT/CEO 40.00	142,213.	0.	0.
---	------------------------	----------	----	----

TOTALS INCLUDED ON FORM 990, PART V		<u>154,693.</u>	<u>0.</u>	<u>0.</u>
-------------------------------------	--	-----------------	-----------	-----------

---

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 11  
PART VI, LINE 80B

---

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

---

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12  
ACCOMPLISHMENT OF EXEMPT PURPOSES

---

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 13

---

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
SPECIAL EVENTS	86,747.	0.	0.	0.
GAIN ON SALE OF ASSET	245,697.	0.	0.	0.
MANAGEMENT FEE	25,772.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	<u>358,216.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>