

**Return of Organization Exempt From Income Tax**

**2007**

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 2007 calendar year, or tax year beginning and ending

**B** Check if applicable:  Address change,  Name change,  Initial return,  Termination (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**

Room/suite: \_\_\_\_\_

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

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

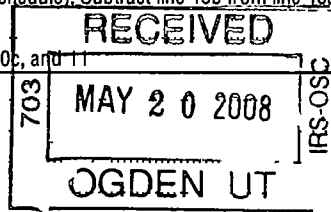
**J** Organization type (check only one):  501(c) ( 3 ) (insert no) \_\_\_\_\_ 4947(a)(1) or \_\_\_\_\_ 527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **11,539,970.**

**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	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	764,863.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 760,040. noncash \$ 4,823.)	1e	764,863.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	9,220,237.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	104,890.	
Revenue	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7 Other investment income (describe _____)	7		
	8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	4,910.
		(B) Other	8b	4,823.
	b Less: cost or other basis and sales expenses	8c	87.	
	c Gain or (loss) (attach schedule)			
	d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1 STMT 2	8d	153,955.	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	245,114.		
b Less: direct expenses other than fundraising expenses	9b	40,490.		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	204,624.		
Revenue	10 a 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	31,480.	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	10,480,049.	
	Expenses	13 Program services (from line 44, column (B))	13	8,529,739.
		14 Management and general (from line 44, column (C))	14	2,394,021.
		15 Fundraising (from line 44, column (D))	15	38,519.
		16 Payments to affiliates (attach schedule)	16	
		17 Total expenses. Add lines 13 and 14, column (A)	17	10,962,279.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-482,230.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,911,211.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-49,215.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	4,379,766.	



SCANNED JUN 23 2008

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

Form 990 (2007)

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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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>25a</b>	328,528.	0.	328,528.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	6,392,086.	5,408,683.	983,403.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>	518,782.	422,698.	96,084.	
<b>29</b> Payroll taxes <b>29</b>	504,277.	420,920.	83,357.	
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	39,065.		39,065.	
<b>32</b> Legal fees <b>32</b>	16,200.		16,200.	
<b>33</b> Supplies <b>33</b>	292,325.	81,144.	211,181.	
<b>34</b> Telephone <b>34</b>	149,497.	38,127.	111,370.	
<b>35</b> Postage and shipping <b>35</b>	68,653.	38,843.	29,810.	
<b>36</b> Occupancy <b>36</b>	144,897.	102,351.	42,546.	
<b>37</b> Equipment rental and maintenance <b>37</b>				
<b>38</b> Printing and publications <b>38</b>				
<b>39</b> Travel <b>39</b>				
<b>40</b> Conferences, conventions, and meetings <b>40</b>	49,385.	31,835.	17,550.	
<b>41</b> Interest <b>41</b>	267.		267.	
<b>42</b> Depreciation, depletion, etc. (attach schedule) <b>42</b>	337,952.	168,976.	168,976.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <b>43a</b>				
<b>b</b> <b>43b</b>				
<b>c</b> <b>43c</b>				
<b>d</b> <b>43d</b>				
<b>e</b> <b>43e</b>				
<b>f</b> <b>43f</b>				
<b>g</b> <b>SEE STATEMENT 5</b> <b>43g</b>	2,120,365.	1,816,162.	265,684.	38,519.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	10,962,279.	8,529,739.	2,394,021.	38,519.

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

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12-27-07

Form 990 (2007)

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

Form 990 (2007)

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**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? ► <b>SEE STATEMENT 6</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
<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"/>	8,529,739.
<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) ►	8,529,739.

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LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

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**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	475,673.	45	536,647.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 1,198,150.		
	b Less: allowance for doubtful accounts	47b 290,681.	729,663.	47c 907,469.
	48 a Pledges receivable	48a		48c
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments - other securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,584,451.	54b 1,202,529.
	55 a Investments - land, buildings, and equipment: basis	55a 849,463.		
	b Less: accumulated depreciation	55b 768,271.	228,302.	55c 81,192.
	56 Investments - other			56
	57 a Land, buildings, and equipment: basis	57a		57c
b Less: accumulated depreciation	57b			
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 7 )		2,545,146.	58 2,476,251.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		5,563,235.	59 5,204,088.	
Liabilities	60 Accounts payable and accrued expenses	652,024.	60	824,322.
	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"/> )			65
66 <b>Total liabilities.</b> Add lines 60 through 65		652,024.	66 824,322.	
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	4,214,392.	67	3,397,975.
	68 Temporarily restricted	24,086.	68	233,964.
	69 Permanently restricted	672,733.	69	747,827.
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		4,911,211.	73 4,379,766.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		5,563,235.	74 5,204,088.	

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ASSOCIATION, INC.

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**Part VI Other Information** (continued)

		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
		N/A	
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		
		N/A	
b	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	
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?		
		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?	85g	
		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 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	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>		
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 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	145
91 a	The books are in care of <u>MARK MINNIS</u> Telephone no. <u>(805) 642-0239</u> Located at <u>1996 EASTMAN AVENUE, SUITE 101, VENTURA, CA</u> ZIP + 4 <u>93003</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Form 990 (2007)

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

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 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 <b>NET PATIENT SERVICE REV</b>					9,220,237.
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			14	104,890.	
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					153,955.
101 Net income or (loss) from special events					204,624.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MANAGEMENT FEE INCOME</b>					31,480.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		104,890.	9,610,296.
105 Total (add line 104, columns (B), (D), and (E))					9,715,186.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 13

**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).

Form 990 (2007)

LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *Mark L Minnis* Signature of officer, Date: 5/14/08  
 Type or print name and title: MARK L MINNIS, DIRECTOR OF FINANCE

Paid Preparer's Use Only: Preparer's signature: *[Signature]*, Date: 5/14/08, Check if self-employed: , Preparer's SSN or PTIN (See Gen Inst X): 0003000  
 Firm's name (or yours if self-employed), address, and ZIP + 4: SINGER LEWAK GREENBAUM & GOLDSTEIN LLP, 2050 MAIN STREET, 7TH FLOOR, IRVINE, CA 92614  
 EIN: 95-2302617, Phone no.: 949-261-8600

Form 990 (2007)

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

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

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

OMB No 1545-0047

**2007**

Name of the organization **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
PAIGE PETRIDES 1793 OCEAN AVENUE, VENTURA, CA 93001	HOSPICE & TRIAGE RN 40.00	113,077.		6,774.
RIC ESGUERRA 1551 LA VERADA COURT, CAMARILLO, CA 9	PHYSICAL THERAPIST 40.00	109,933.		9,711.
EMANUELA MAYER 9866 HALIFAX STREET, VENTURA, CA 9300	DIRECTOR OF FINANCE 40.00	118,542.		318.
Total number of other employees paid over \$50,000 ▶	45			

**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 IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**LIVINGSTON MEMORIAL VISITING NURSE  
ASSOCIATION, INC.**

Schedule A (Form 990 or 990-EZ) 2007

95-1693538 Page 4

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	445,577.	704,942.	1,180,234.	582,134.	2,912,887.
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	9,596,647.	10215536.	10087459.	10009682.	39,909,324.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	148,747.	75,445.	11,920.	0.	236,112.
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	64,510.	177,970.	358,216.	SEE STATEMENT 14	600,696.
23 Total of lines 15 through 22	10255481.	11173893.	11637829.	10591816.	43,659,019.
24 Line 23 minus line 17	658,834.	958,357.	1,550,370.	582,134.	3,749,695.
25 Enter 1% of line 23	102,555.	111,739.	116,378.	105,918.	
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 2003 through 2006 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: (2006) 110,000. (2005) 100,000. (2004) 126,000. (2003) 156,000.					
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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 2,912,887. 16 _____ 17 39,909,324. 20 _____ 21 _____					27c 42,822,211.
d Add: Line 27a total 492,000. and line 27b total 0.					27d 492,000.
e Public support (line 27c total minus line 27d total)					27e 42,330,211.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f 43,659,019.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.9564%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .5408%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 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/> <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/> <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

Schedule A (Form 990 or 990-EZ) 2007 ASSOCIATION, INC.

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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.

<b>Limits on Lobbying Expenditures</b> (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)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount. Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></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>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	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		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
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)														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38														

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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**                      **GAIN (LOSS) FROM SALE OF OTHER ASSETS**                      **STATEMENT**      **2**


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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
BERKSHIRE HATHAWAY - NON CASH CONTRIBUTION	12/05/07	12/10/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	4,910.	4,823.	0.	0.	87.
TO FM 990, PART I, LN 8	4,910.	4,823.	0.	0.	87.

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**FORM 990**                      **SPECIAL EVENTS AND ACTIVITIES**                      **STATEMENT**      **3**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
LIGHT UP A LIFE	59,239.		59,239.	5,897.	53,342.
MOTHERS DAY EVENT	65,802.		65,802.	19,177.	46,625.
TRIBUTE DINNER	120,073.		120,073.	15,416.	104,657.
TO FM 990, PART I, LINE 9	245,114.		245,114.	40,490.	204,624.

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**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**      **4**


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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT	-49,215.
TOTAL TO FORM 990, PART I, LINE 20	-49,215.

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES	605,035.	467,496.	137,539.	
DUES AND SUBSCRIPTIONS	7,336.	2,187.	5,149.	
MARKETING	103,127.	95,322.	7,805.	
MILEAGE	320,077.	311,759.	8,318.	
PERSONNEL RECRUITMENT	43,354.	11,039.	32,315.	
UTILITIES	41,975.	84,062.	-42,087.	
FUNDRAISING	38,519.			38,519.
MEDICAL SUPPLIES	779,305.	779,305.		
INSURANCE	56,413.	3,385.	53,028.	
REPAIRS AND MAINTENANCE	125,224.	61,607.	63,617.	
TOTAL TO FM 990, LN 43	2,120,365.	1,816,162.	265,684.	38,519.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
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 7
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
DUE FROM AFFILIATES	436,687.	347,131.	
INCOME INTEREST IN ENDOWMENT FUND	787,246.	849,842.	
OTHER RECEIVABLES	1,166,620.	1,166,620.	
PREPAID EXPENSES AND OTHER ASSETS	154,593.	112,658.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,545,146.	2,476,251.	

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FORM 990 OTHER SECURITIES STATEMENT 8

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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS	FMV	1,202,529.
TOTAL TO FORM 990, LINE 54B, COL B		1,202,529.

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FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 9

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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES RECLASSIFIED FROM SPECIAL EVENTS TO EXPENSES	38,519.
TOTAL TO FORM 990, PART IV-A	38,519.

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FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 10

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DESCRIPTION	AMOUNT
FUNDRAISING ACTIVITIES RECLASSIFIED FROM SPECIAL EVENTS	38,519.
TOTAL TO FORM 990, PART IV-B	38,519.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 11

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 3.00	0.	0.	0.
LAURA K. MCAVOY 2801 TOWNSGATE ROAD, SUITE 200 WESTLAKE VILLAGE, CA 91361	VICE CHAIR 2.00	0.	0.	0.
JEFFREY D. PAUL 300 SOUTH MILLS ROAD VENTURA, CA 93003	TREASURER 1.00	0.	0.	0.
RAYMOND G. BOYD 4288 N. CLUBHOUSE DRIVE SOMIS, CA 93066	SECRETARY 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 1.00	0.	0.	0.
LAURIE BIGHAM, RN 1600 N. ROSE AVENUE OXNARD, CA 93030	MEMBER 0.50	0.	0.	0.
THOMAS P. PECHT 4500 N. ROSE AVENUE OXNARD, CA 93036	MEMBER 0.50	0.	0.	0.
JUDITH MILLIGAN-HECOX 11411 E LAS POSAS ROAD CAMARILLO, CA 93012	OUTGOING CEO 40.00	166,722.	0.	492.
LANYARD K DIAL, MD 1216 MACDONALD DRIVE OJAI, CA 93023	CURRENT CEO 40.00	159,084.	0.	2,230.
TOTALS INCLUDED ON FORM 990, PART V-A		325,806.	0.	2,722.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 12  
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 13  
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 14

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
SPECIAL EVENTS	43,015.	126,984.	86,747.	0.
GAIN ON SALE OF ASSET	-8,751.	0.	245,697.	0.
GAIN ON ENDOWMENT FUND	30,246.	19,605.	0.	0.
MANAGEMENT FEE	0.	31,381.	25,772.	0.
TOTAL TO SCHEDULE A, LINE 22	64,510.	177,970.	358,216.	0.