

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94293-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://rag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$500, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 129438</b>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report
<b>COMMUNITY MEMORIAL HEALTH SYSTEM</b> <small>Name of Organization</small>	Corporate or Organization No. <b>C0153541</b>
<b>147 NORTH BRENT STREET</b> <small>Address (Number and Street)</small>	Federal Employer I.D. No. <b>95-1683892</b>
<b>VENTURA, CA 93003</b> <small>City or Town, State and ZIP Code</small>	

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2007 ending 12/31/2007) list:  
 Gross annual revenue \$ 253,086,631. Total assets \$ 231,820,468.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**


Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. <span style="float: right;">SEE STATEMENT 16</span>	X	
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;">SEE STATEMENT 17</span>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number: **(805) 652-5011**

Organization's e-mail address: \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of authorized officer	<b>DAVID B GLYER</b> Printed Name	<b>VP FINANCE</b> Title	<b>11/10/08</b> Date
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FORM RRF-1

EXPLANATION FOR USE OF ORGANIZATION  
FUNDS TO PAY PENALTIES, FINES OR JUDGMENTS  
PART B, LINE 4

STATEMENT 16

IRS AND EDD PAYROLL TAX PENALTIES WERE PAID

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 17

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
1615 CAPITOL AVE., MS 8500  
SACRAMENTO, CA 95899  
SANDY YIEN  
(916) 552-9673

COUNTY OF VENTURA  
800 S. VICTORIA AVE.  
VENTURA, CA 93009  
CHRISTINE L. COHAN, AUDITOR-CONTROLLER  
(805) 654-3152

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

**2007**

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 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  
 COMMUNITY MEMORIAL HEALTH SYSTEM  
 Number and street (or P.O. box if mail is not delivered to street address):  
 147 NORTH BRENT STREET  
 City or town, state or country, and ZIP + 4:  
 VENTURA, CA 93003

**D** Employer identification number  
 95-1683892

**E** Telephone number  
 (805) 652-5011

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

**G** Website: WWW.CMHHOSPITAL.ORG

**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 ▶ 270,334,250.

**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? (If "No," attach a list) N/A  Yes  No  
**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**

		1a		1b		1c		1d		1e	
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		59,424.					
c		Indirect public support (not included on line 1a)		1c		785,304.					
d		Government contributions (grants) (not included on line 1a)		1d		59,530.					
e		Total (add lines 1a through 1d) (cash \$ 904,258. noncash \$ )								1e 904,258.	
2		Program service revenue including government fees and contracts (from Part VII, line 93)								2 248,839,540.	
3		Membership dues and assessments								3	
4		Interest on savings and temporary cash investments								4 288,827.	
5		Dividends and interest from securities								5 1,395,486.	
6a		Gross rents SEE STATEMENT 1		6a		648,204.					
b		Less: rental expenses SEE STATEMENT 2		6b		1,244,530.					
c		Net rental income or (loss). Subtract line 6b from line 6a								6c -596,326.	
7		Other investment income (describe )								7	
8a		Gross amount from sales of assets other than inventory		(A) Securities		(B) Other					
				17,020,311.		8a					
b		Less: cost or other basis and sales expenses		8b		1,194,842.					
c		Gain or (loss) (attach schedule)		8c		-1,194,842.					
d		Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 3		STMT 4				8d -227,308.	
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 1b)		9a							
b		Less: direct expenses other than fundraising expenses		9b							
c		Net income or (loss) from special events. Subtract line 9b from line 9a								9c	
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 1,237,624.	
12		Total revenue. Add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11								12 251,842,101.	
13		Program services (from line 44, column (B))								13 222,086,634.	
14		Management and general (from line 44, column (C))								14 21,951,651.	
15		Fundraising (from line 44, column (D))								15	
16		Payments to affiliates (attach schedule)								16	
17		Total expenses. Add lines 15 and 44, column (A)								17 244,038,285.	
18		Excess or (deficit) for the year. Subtract line 17 from line 12								18 7,803,816.	
19		Net assets or fund balances at beginning of year (from line 73, column (A))								19 181,106,572.	
20		Other changes in net assets or fund balances (attach explanation)				SEE STATEMENT 5				20 5,656,664.	
21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20								21 194,567,052.	

**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
22a Grants paid from donor advised funds (attach schedule) cash \$ 0 * non-cash \$ 0 If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) cash \$ 0 * non-cash \$ 0 If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	2,820,741.	0.	2,820,741.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	118,326.	0.	118,326.
c 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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	83,308,105.	78,274,355.	5,033,750.
27 Pension plan contributions not included on lines 25a, b, and c	27	3,711,206.	3,711,206.	
28 Employee benefits not included on lines 25a-27	28	28,333,091.	27,835,908.	497,183.
29 Payroll taxes	29	7,284,374.	6,757,368.	527,006.
30 Professional fundraising fees	30			
31 Accounting fees	31	1,124,146.		1,124,146.
32 Legal fees	32	889,699.		889,699.
33 Supplies	33	49,234,399.	48,568,775.	665,624.
34 Telephone	34	652,834.	652,781.	53.
35 Postage and shipping	35	240,494.	235,883.	4,611.
36 Occupancy	36	3,558,355.	3,424,499.	133,856.
37 Equipment rental and maintenance	37	5,894,621.	5,648,277.	246,344.
38 Printing and publications	38			
39 Travel	39	189,888.	124,539.	65,349.
40 Conferences, conventions, and meetings	40	308,969.	125,158.	183,811.
41 Interest	41	144,454.		144,454.
42 Depreciation, depletion, etc. (attach schedule)	42	10,907,776.	10,648,828.	258,948.
43 Other expenses not covered above (itemize):	43a			
a	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f	43g	45,316,807.	36,079,057.	9,237,750.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D) carry these totals to lines 13-15)	44	244,038,285.	222,086,634.	21,951,651.

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

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? ▶

PROVISION OF HEALTHCARE SERVICES

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; not 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.)

a PATIENT SERVICES -- 83,352 PATIENT DAYS (INCLUDING NURSERY), 140,691 OUTPATIENT VISITS, AND 227,033 VISITS TO CENTERS FOR FAMILY HEALTH (THE HOSPITAL'S OUTPATIENT CARE CLINICS)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  221,999,209.

b CARING NEWSLETTER -- A QUARTERLY MAILING OF HOSPITAL SERVICES AND PROGRAMS SENT TO OVER 70,000 LOCAL HOUSEHOLDS

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  87,425.

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 222,086,634.

**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		45
	46 Savings and temporary cash investments	13,713,847.	46 12,415,852.
	47 a Accounts receivable	47a 128,296,584.	
	b Less: allowance for doubtful accounts	47b 84,509,823.	47c 43,512,604.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	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	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	4,946,362.	52 4,982,959.
	53 Prepaid expenses and deferred charges	5,082,654.	53 2,530,308.
	54 a Investments - publicly traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	59,429,484.	54a 64,483,383.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis STMT 7	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other SEE STATEMENT 9	1,436,023.	56 1,654,421.	
57 a Land, buildings, and equipment: basis	57a 200,432,134.		
b Less: accumulated depreciation STMT 10	57b 129,134,656.	57c 72,188,094.	
58 Other assets, including program-related investments (describe SEE STATEMENT 11 )	21,376,802.	58 30,669,306.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	221,685,870.	59 231,820,468.	
Liabilities	60 Accounts payable and accrued expenses	31,540,410.	60 28,437,380.
	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 STMT 12	3,683,356.	64b 2,243,233.
	65 Other liabilities (describe SEE STATEMENT 13 )	5,355,532.	65 6,572,803.
66 <b>Total liabilities.</b> Add lines 60 through 65	40,579,298.	66 37,253,416.	
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	180,053,076.	67 194,469,846.
	68 Temporarily restricted	1,053,496.	68 97,206.
	69 Permanently restricted		69
	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 59 and column (B) must equal line 66)	181,106,572.	73 194,567,052.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	221,685,870.	74 231,820,468.