

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
2006
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 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ENLOE MEDICAL CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1531 ESPLANADE</u> City or town, state or country, and ZIP + 4 <u>CHICO, CA 95926</u>	D Employer identification number 94-1603784 E Telephone number (530) 332-7300 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

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

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

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

I Group Exemption Number ▶

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

G Website: ▶ WWW.ENLOE.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 ▶ 304,040,161.

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

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	648,995.
	c Indirect public support (not included on line 1a)	1c	
	d Government contributions (grants) (not included on line 1a)	1d	796,914.
	e Total (add lines 1a through 1d) (cash \$ <u>1,406,683.</u> noncash \$ <u>39,226.</u>)	1e	1,445,909.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	291,080,382.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	5,755,488.
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	1,118,429.
	b Less: rental expenses	6b	928,578.
	c Net rental income or (loss). Subtract line 6b from line 6a	6c	189,851.
	7 Other investment income (describe ▶)	7	
	8 a Gross amount from sales of assets other than inventory	8a	47,150.
	b Less: cost or other basis and sales expenses	8b	274,016.
	c Gain or (loss) (attach schedule)	8c	-226,866.
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-226,866.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u> </u> 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	
	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	4,592,803.
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	302,837,567.
Expenses	13 Program services (from line 44, column (B))	13	209,514,783.
	14 Management and general (from line 44, column (C))	14	77,207,687.
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses. Add lines 16 and 44, column (A)	17	286,722,470.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	16,115,097.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	11,642,188.
	20 Other changes in net assets or fund balances (attach explanation) \$TMT. 4 . . . \$TMT. 5	20	98,298,990.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	126,056,275.

COPY FOR
PUBLIC INSPECTION

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. (See the instructions.)

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) 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)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	207,605.		207,605.	
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	1,240,466.		1,240,466.	
25c 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) (attach schedule)				
26 Salaries and wages of employees not included on lines 25a, b, and c	86,463,956.	63,983,327.	22,480,629.	
27 Pension plan contributions not included on lines 25a, b, and c	6,538,374.	4,838,397.	1,699,977.	
28 Employee benefits not included on lines 25a - 27	35,097,773.	25,972,352.	9,125,421.	
29 Payroll taxes	7,866,270.	5,821,040.	2,045,230.	
30 Professional fundraising fees				
31 Accounting fees	174,866.		174,866.	
32 Legal fees	1,061,551.		1,061,551.	
33 Supplies	49,601,018.	36,704,753.	12,896,265.	
34 Telephone	626,138.	463,342.	162,796.	
35 Postage and shipping	156,385.	115,725.	40,660.	
36 Occupancy	158,069.	116,971.	41,098.	
37 Equipment rental and maintenance	798,972.	591,239.	207,733.	
38 Printing and publications				
39 Travel	320,819.	237,406.	83,413.	
40 Conferences, conventions, and meetings				
41 Interest	2,973,120.	2,200,109.	773,011.	
42 Depreciation, depletion, etc. (attach schedule)	9,437,226.	6,983,547.	2,453,679.	
43 Other expenses not covered above (itemize):				
a STMT 6	83,999,862.	61,486,575.	22,513,287.	
b _____				
c _____				
d _____				
e _____				
f _____				
g _____				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	286,722,470.	209,514,783.	77,207,687.	

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

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

Part III Statement of Program Service Accomplishments (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? ▶ TO PROVIDE HEALTHCARE SERVICES	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>a <u>SEE STATEMENT 1.</u></p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	209,514,783.
<p>b</p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	209,514,783.

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	4,952	15,408,712
	46 Savings and temporary cash investments		
	47a Accounts receivable	95,593,383	
	b Less: allowance for doubtful accounts	67,282,950	28,310,433
	48a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		
	51a Other notes and loans receivable (attach schedule)	3,646,226	
	b Less: allowance for doubtful accounts	1,986,455	1,659,771
	52 Inventories for sale or use	3,177,725	3,171,151
	53 Prepaid expenses and deferred charges	3,949,342	4,410,003
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule)		
	56 Investments - other (attach schedule)	STMT 7 4,795,394	86,576,684
	57a Land, buildings, and equipment: basis	57a 211,849,407	
b Less: accumulated depreciation (attach schedule)	57b 124,202,947	87,646,460	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 8)	9,590,410	12,853,884	
59 Total assets (must equal line 74). Add lines 45 through 58	127,696,338	240,037,098	
Liabilities	60 Accounts payable and accrued expenses	31,474,447	36,079,387
	61 Grants payable		
	62 Deferred revenue	227,644	84,606
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	64a Tax-exempt bond liabilities (attach schedule)	STMT 9 67,810,000	66,180,000
	b Mortgages and other notes payable (attach schedule)	STMT 10 220,005	70,000
	65 Other liabilities (describe <input type="checkbox"/> STMT 11)	16,322,054	11,566,830
	66 Total liabilities. Add lines 60 through 65	116,054,150	113,980,823
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	11,229,352	125,740,856
	68 Temporarily restricted	394,902	297,485
	69 Permanently restricted	17,934	17,934
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	11,642,188	126,056,275	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	127,696,338	240,037,098	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (14), 75b (X), 75c (X), and 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 18, -0-, 1,114,749., 125,717., NONE.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 81a, and 81b.

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.)			
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 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?	N/A	
84 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) organizations. Were substantially all dues nondeductible by members?	N/A	
85 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	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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?	N/A	
86 a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	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	X	
88 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	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE		
89 b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 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?		X
90 a	List the states with which a copy of this return is filed CA,		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	2048	
91 a	The books are in care of CHRISTINE SARRICO Telephone no. 530-332-7300		
	Located at 1531 ESPLANADE CHICO, CA ZIP + 4 95926		

		Yes	No
91 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)?		X
If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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 X
 If "Yes," enter the name of the foreign country

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 20					291,080,382.
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	5,755,488.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	6,361.	
b not debt-financed property			16	183,490.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-226,866.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a STMT 21		1,250.			4,591,553.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,250.		5,718,473.	295,671,935.
105 Total (add line 104, columns (B), (D), and (E))					301,391,658.

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).
93 &	REVENUE DERIVED BY PROVIDING HEALTH CARE SERVICES TO
103	PATIENTS

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
STMT 22	%		4,432,622.	1,106,258.
	%			
	%			
	%			

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).

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).

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.

	Yes	No
	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 23			
b				
c				
Totals				4,258,765.

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.

	Yes	No
	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 24			
b				
c				
Totals				4,162,769.

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?

	Yes	No
		X

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

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed
 Preparer's SSN or PTIN (See Gen. Inst. X) 498-96-4749
 Firm's name (or yours if self-employed), address, and ZIP + 4 BKD, LLP
 6120 S. YALE, #1400
 TULSA, OK
 EIN 44-0160260
 Phone no. 918-584-2900

74136-4223

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

2006

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

Employer identification number

ENLOE MEDICAL CENTER

94-1603784

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
MICHAEL BAIRD CHICO, CA 95926	PHYSICIAN DEVELOPMNT 40.00	215,380.	34,599.	NONE
JANET ELLIS CHICO, CA 95926	ASSOCIATE CNO 24.00	429,325.	63,900.	NONE
CHRISTINE SARRICO CHICO, CA 95926	CFO 40.00	314,600.	92,511.	NONE
JAMES SHEETS CHICO, CA 95926	VP - PROF SERVICES 40.00	239,615.	68,161.	NONE
CAROL BUTLER CHICO, CA 95926	VP - CNO 40.00	222,275.	61,598.	NONE
Total number of other employees paid over \$50,000 . . ▶		881		

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
SEE STATEMENT 25		
Total number of others receiving over \$50,000 for professional services ▶		56

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
SEE STATEMENT 26		
Total number of other contractors receiving over \$50,000 for other services ▶		52

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

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 ▶ \$ 17,701. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Table with 2 columns: Yes, No. Row 1: Yes (X), No.

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.)

Table with 2 columns: Yes, No. Row 2: Yes, No.

a Sale, exchange, or leasing of property?

Table with 2 columns: Yes, No. Row 2a: Yes, No (X).

b Lending of money or other extension of credit? STMT . 27

Table with 2 columns: Yes, No. Row 2b: Yes (X), No.

c Furnishing of goods, services, or facilities?

Table with 2 columns: Yes, No. Row 2c: Yes, No (X).

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT . 28

Table with 2 columns: Yes, No. Row 2d: Yes (X), No.

e Transfer of any part of its income or assets?

Table with 2 columns: Yes, No. Row 2e: Yes, No (X).

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

Table with 2 columns: Yes, No. Row 3a: Yes, No (X).

b Did the organization have a section 403(b) annuity plan for its employees?

Table with 2 columns: Yes, No. Row 3b: Yes (X), No.

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

Table with 2 columns: Yes, No. Row 3c: Yes, No (X).

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

Table with 2 columns: Yes, No. Row 3d: Yes, No (X).

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

Table with 2 columns: Yes, No. Row 4a: Yes, No (X).

b Did the organization make any taxable distributions under section 4966?

Table with 2 columns: Yes, No. Row 4b: Yes (X), No.

c Did the organization make a distribution to a donor, donor advisor, or related person?

Table with 2 columns: Yes, No. Row 4c: Yes, No (X).

d Enter the total number of donor advised funds owned at the end of the tax year ▶ NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 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	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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. NOT APPLICABLE

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(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?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	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?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	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?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - 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 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		17,701.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			17,701.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 29

Name of organization
ENLOE MEDICAL CENTER

Employer identification number
94-1603784

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **ENLOE MEDICAL CENTER**

Employer identification number
94-1603784

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		54,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		13,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		39,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		720,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		76,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		208,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **ENLOE MEDICAL CENTER**

Employer identification number
94-1603784

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		333,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **ENLOE MEDICAL CENTER**

Employer identification number

94-1603784

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	EQUIPMENT	\$ 39,226.	

FORM 990 - GENERAL EXPLANATION ATTACHMENTPROGRAM SERVICE ACCOMPLISHMENTS
FORM 990, PART III A

ENLOE MEDICAL CENTER IS LOCATED IN CHICO, CALIFORNIA AND PROVIDES A VARIETY OF INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO A SIX COUNTY REGION IN NORTHERN CALIFORNIA. THE SIX COUNTY AREAS ENCOMPASS OVER 9,700 SQUARE MILES OF VARIED CLIMATES AND TERRAINS FROM VALLEY FLOORS TO MOUNTAINS. SOME AREAS ARE REMOTE BECAUSE OF THE RELATIVELY LOW QUANTITY OF ROADS. FIFTY-FIVE PERCENT OF ENLOE MEDICAL CENTER'S PATIENTS COME FROM OUTSIDE THE CHICO AREA.

ENLOE MEDICAL CENTER IS CLASSIFIED AS A "LARGE COMPLEX HOSPITAL" SUCH AS YOU WOULD EXPECT TO FIND IN A LARGE URBAN AREA. THE REASON FOR ENLOE'S LARGE COMPLEX DESIGNATION IS EVIDENT BY REVIEWING ITS LIST OF SERVICES. MANY OF THESE SERVICES CANNOT BE OBTAINED ANYWHERE ELSE BETWEEN SACRAMENTO AND REDDING, SUCH AS LEVEL II TRAUMA CENTER, OPEN HEART SURGERY, NEUROLOGICAL SERVICES, RADIATION ONCOLOGY, NEONATAL INTENSIVE CARE, CANCER CENTER, CHEST PAIN CENTER, REHABILITATION CENTER, AND INPATIENT BEHAVIORAL HEALTH. PRIOR TO ENLOE PROVIDING THESE SERVICES, PATIENTS HAD TO TRAVEL TO SACRAMENTO (90 MILES AWAY) TO OBTAIN TREATMENT.

IN THE PAST YEAR, ENLOE MEDICAL CENTER PROVIDED MEDICAL SERVICES TO 14,412 INPATIENTS AND 38,664 EMERGENCY DEPARTMENT PATIENTS. ENLOE PROVIDED \$51 MILLION IN COMMUNITY BENEFITS IN FISCAL YEAR 2007, WHICH INCLUDES THE COST OF SERVICES THAT WERE UNPAID BY INDIVIDUALS, MEDICARE, OR MEDICAID, AND THE COST OF COMMUNITY OUTREACH PROGRAMS. THROUGH ENLOE'S COMMUNITY SERVICE POLICY, PATIENTS THAT ARE UNINSURED AND WHOSE FAMILY'S INCOME IS AT OR BELOW 350% OF THE FEDERAL POVERTY LEVEL RECEIVED DISCOUNTED OR FREE HEALTHCARE SERVICES. IN ADDITION, PROMPT PAY DISCOUNTS ARE OFFERED TO PATIENTS THAT ARE UNINSURED AND WHOSE FAMILY'S INCOME EXCEEDS 350% OF THE FEDERAL POVERTY LEVEL UP TO 55% OF CHARGES. THE DOLLAR VALUE OF THESE DISCOUNTS WAS \$10.4 MILLION. ENLOE MEDICAL CENTER ALSO PROVIDES EDUCATIONAL PROGRAMS, SUPPORT GROUPS, COUNSELING, AND SEMINARS. LAST YEAR MORE THAN 229,000 PEOPLE RECEIVED FREE COMMUNITY EDUCATION, SCREENING AND OUTREACH PROVIDED BY ENLOE.

EXAMPLES OF ENLOE MEDICAL CENTER'S COMMUNITY BENEFIT SERVICE ACCOMPLISHMENTS:

IN 2007, 924 STUDENTS (NURSING, PHYSICAL THERAPY, PHARMACY, RADIATION TECHS) CLOCKED 70,400 CLINICAL TRAINING HOURS AT ENLOE MEDICAL CENTER. ENLOE PROVIDED FACILITY AND SUPERVISION.

ADMINISTERED 11,277 FREE FLU VACCINATIONS IN COMMUNITY FLU SHOT CLINICS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

PROVIDED OVER \$63,000 OF SUPPORT FOR THE SIMULATION LAB WHICH IS HOUSED IN AN ENLOE FACILITY. AT SIM LAB HIGH-TECH, COMPUTERIZED MANNEQUIN SIMULATORS PROVIDE RISK-FREE, EDUCATIONAL TRAINING FOR NURSING STUDENTS FROM CALIFORNIA STATE UNIVERSITY CHICO'S SCHOOL OF NURSING, FEATHER RIVER HOSPITAL, AND BUTTE COLLEGE SCHOOL OF NURSING.

SPENT \$41,621 ON MEDIA HEALTH EDUCATION MESSAGES FOR THE COMMUNITY. THIS INCLUDED MESSAGES ON WEST NILE VIRUS AND FLU PREVENTION, SAFETY TOPICS, HEART ATTACK AND STROKE AWARENESS.

787 RESIDENTS ATTEND FREE PUBLIC LECTURES ON HEALTH ISSUES.

COLLABORATED WITH OTHER HEALTH ORGANIZATIONS IN SPONSORING AND COORDINATING THE GROWING HEALTHY CHILDREN RUN CELEBRATION WHICH HAD OVER 800 COMMUNITY RESIDENTS OF ALL AGES RUNNING AND WALKING IN OUR LOCAL BIDWELL PARK IN A UNITED EFFORT TO KEEP FAMILIES ACTIVE AND FIGHT CHILDHOOD OBESITY.

FORM 990 - GENERAL EXPLANATION ATTACHMENTFIXED ASSET SCHEDULE
FORM 990, PART IV, LINES 57A AND 57B

	COST	ACCUMULATED DEPRECIATION	NET BOOK VALUE
LAND	8,770,340		8,770,340
LAND IMPROVEMENTS	998,285	(884,327)	113,958
BUILDINGS	56,638,276	(28,517,744)	28,120,532
BUILDING IMPROVEMENTS	29,889,524	(17,939,165)	11,950,359
LEASEHOLD IMPROVEMENTS	150,515	(17,543)	132,972
EQUIPMENT	97,920,572	(76,844,168)	21,076,404
CONSTRUCTION IN PROGRESS	17,481,895		17,481,895
TOTALS	211,849,407	(124,202,947)	87,646,460

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

<u>DESCRIPTION</u> <u>-----</u>	<u>AMOUNT</u> <u>-----</u>
UNREALIZED GAIN ON INVESTMENTS	2,700,957.
CHANGE IN VALUE OF ANNUITY FUNDS	174,978.
EHS MERGER	96,539,818.
BOOK/TAX DIFFERENCE ON CHICO ENDOSCOPY CENTER, LLC	62,178.
BOOK/TAX DIFFERENCE ON CHICO ENDOSCOPY CENTER, LP	7,756.
	<u>-----</u>
TOTAL	<u>99,485,687.</u> <u>=====</u>

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
CHANGE IN MINIMUM PENSION LIABILITY	323,146.
CONTRIBUTION FROM EHF	95,444.
BOOK/TAX DIFFERENCE ON CHICO MRI PARTNERS K-1	758,508.
BOOK/TAX DIFFERENCE ON ROMSCO, LLC K-1	9,599.

TOTAL	1,186,697.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
DISCONTIN OPS IN GLENN MED CTR	1,927,160.		1,927,160.
MEDICAL FEES	20,491,715.	15,163,869.	5,327,846.
PURCHASED SERVICES	29,041,391.	21,490,629.	7,550,762.
MANAGEMENT FEES	706,942.		706,942.
PROVISION FOR BAD DEBTS	17,991,293.	17,991,293.	
UTILITIES	2,679,023.	1,982,477.	696,546.
INSURANCE	3,483,976.	2,578,142.	905,834.
TAXES, FEES & LICENSES	682,686.	505,188.	177,498.
DUES & SUBSCRIPTIONS	584,018.	432,173.	151,845.
EVENTS & CATERING	954,520.	706,345.	248,175.
EDUCATION	233,120.	172,509.	60,611.
RECRUITING	4,010,942.		4,010,942.
ADVERTISING	478,128.		478,128.
DONATION EXPENSE	107,979.		107,979.
OTHER EXPENSE	626,969.	463,950.	163,019.
TOTALS	83,999,862.	61,486,575.	22,513,287.

ENLOE MEDICAL CENTER

94-1603784

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
ANNUITY INVESTMENT	2,375,334.
PARTNERSHIP INTEREST	3,145,453.
LONG TERM INVESTMENTS	81,055,897.
TOTALS	86,576,684.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
OTHER RECEIVABLES	959,773.
UNDER INDENTURE AGREEMENT	5,077,307.
BOND ISSUANCE COSTS	3,238,916.
BENEFIT PLAN NET ASSETS	1,928,542.
DUE FROM AFFILIATE	1,649,346.
TOTALS	12,853,884.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CHFFA	66,180,000.
TOTALS	----- 66,180,000. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: CROTHALL MORRISON
ORIGINAL AMOUNT: 350,000.
DATE OF NOTE: 07/01/2003
MATURITY DATE: 06/30/2008

BEGINNING BALANCE DUE	140,000.
ENDING BALANCE DUE	70,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	140,000.
---------------------------------------------------	----------

=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	70,000.
------------------------------------------------	---------

=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION

ENDING
BOOK VALUE

DUE TO THIRD PARTY PAYERS
ANNUITY PAYMENT LIABILITY
CAPITAL LEASES
DUE TO AFFILIATE

9,485,623.
801,199.
1,238,126.
41,882.

TOTALS

11,566,830.
=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

BENEFICIAL INTEREST IN EHF	227,137.
CHICO ENDOSCOPY CENTER, LLC	
BOOK INC IN EXCESS OF TAX INC	62,178.
CHICO ENDOSCOPY CENTER, LP	
BOOK INC IN EXCESS OF TAX INC	7,756.

TOTAL	297,071.
	=====

ENLOE MEDICAL CENTER

94-1603784

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
CAPITAL CONTRIBUTIONS	39,226.
CONTRIBUTION FROM EHF	333,609.
CHICO MRI PARTNERS TAX INC	
IN EXCESS OF BOOK INC	758,508.
ROMSCO, LLC TAX INC IN EXCESS	
OF BOOK INC	9,599.

TOTAL	1,140,942.
	=====

ENLOE MEDICAL CENTER

94-1603784

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
DISCONTINUED OPERATIONS FROM GLENN MEDICAL CENTER	1,298,520.
TOTAL	----- 1,298,520. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DARBY MAKEL 1531 ESPLANADE CHICO, CA 95926	CHAIR 1.00	NONE	NONE	NONE
JUDY SITTON 1531 ESPLANADE CHICO, CA 95926	VICE CHAIR 1.00	NONE	NONE	NONE
PETER MAGNUSSON MD 1531 ESPLANADE CHICO, CA 95926	SECRETARY 1.00	NONE	NONE	NONE
WARREN BRUSIE 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
JOSEPH MATHIEWS MD 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
ERIC LARRABEE 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
TOM LANDO	MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1531 ESPLANADE CHICO, CA 95926				
MATTHEWS JACKSON 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
WILLIAM DOHERTY MD 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
JOHN HOWARD MD 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
MARSHA MARTIN 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
VALERIE MILLER 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
STEVE NETTLETON 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LANCE TENNIS 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
STEPHEN PEARCE MD 1531 ESPLANADE CHICO, CA 95926	MEMBER 1.00	NONE	NONE	NONE
DEBORAH YANCER 1531 ESPLANADE CHICO, CA 95926	CEO 40.00	156,699.	40,856.	10,050.
GRAND TOTALS		156,699.	40,856.	10,050.

ENLOE MEDICAL CENTER

94-1603784

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DANIEL NEUMEISTER 1531 ESPLANADE CHICO, CA 95926		886,007.	114,302.	NONE
PHIL WOLFE 1531 ESPLANADE CHICO, CA 95926		228,742.	11,415.	NONE
GRAND TOTALS		1,114,749.	125,717.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
=====

RELATED ORGANIZATION NAME: ENLOE HEALTH SYSTEM

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: ENLOE HEALTH FOUNDATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: SUPERIOR CALIFORNIA ENTERPRISES

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: CHICO PHYSICIAN PRACTICE & SUPPORT

EXEMPT: NONEXEMPT: X

ENLOE MEDICAL CENTER

94-1603784

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
NET PATIENT SERVICE REVENUE					291,080,382.
TOTALS					291,080,382.

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ACCTG SVCS TO PAVILION FALLS CHICO ENDOSCOPY LLC	541200	1,250.			234,308. 2,483,500. -10,435. 7,005. 1,877,175.
CHICO MRI PARTNERS ROMSCO LLC					
CHICO ENDOSCOPY LP					
OTHER OPER REVENUE					
TOTALS		1,250.			4,591,553.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
ROMSO LLC 1531 ESPLANADE CHICO, CA 95926 94-3360309	50.000000	MEDICINE RAD ONCOLOGY	411,848.	642,898.
CHICO PHYSICIANS PRACTICE 251 COHASSET ROAD STE 120 CHICO, CA 95926 68-0352993	100.000000	PHYSICIAN PRACTICE MGT	4,016,774.	461,801.
SUPERIOR CALIFORNIA ENTERPRISE 1531 ESPLANADE CHICO, CA 95926 68-0027302	100.000000	ASSISTED LIVING	4,000.	1,559.

TOTAL INCOME

4,432,622. 1,106,258.

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: CHICO PHYSICIANS PRACTICE & SUPPORT
CONTROLLED ENTITY'S ADDRESS: 251 COHASSET ROAD, STE 120
CITY, STATE & ZIP: CHICO, CA 95926
EIN: 68-0352993
TRANSFER AMOUNT: 4,258,765.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CASH ADVANCES

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: CHICO PHYSICIANS PRACTICE & SUPPORT
CONTROLLED ENTITY'S ADDRESS: 251 COHASSET ROAD, STE 120
CITY, STATE & ZIP: CHICO, CA 95926
EIN: 68-0352993
TRANSFER AMOUNT: 4,162,769.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
REPAYMENTS OF CASH ADVANCES

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAVIGANT CONSULTING 4511 PAYSHERE CIRCLE CHICAGO, IL 60674	CONSULTING	4,812,450.
CHICO EMERGENCY PHYSICIANS 624 MARSHALL CT. CHICO, CA 95973	MEDICAL	3,949,442.
NORTHSTATE ANESTHESIOLOGY PARTNERS PO BOX 7149 CHICO, CA 95927	MEDICAL	1,409,207.
ENLOE PRIMARY PHYSICIANS 1423 MAGNOLIA AVE CHICO, CA 95926	MEDICAL	1,165,390.
PAUL REID MD PC 170 SOUTHPOINT DRIVE MORRISVILLE, NC 27560	MEDICAL	960,306.
TOTAL COMPENSATION		----- 12,296,795. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368-2289	MANAGEMENT	3,472,912.
CROTHALL HEALTHCARE INC 955 SHESTERBROOK BLVD, STE 300 WAYNE, PA 19087	MANAGEMENT	2,618,368.
ARAMARK PO BOX 100401 FACILITY PASADENA, CA 91189-0401	MANAGEMENT	1,892,883.
HORIZON HEALTH PO BOX 910214 DALLAS, TX 75391-0214	MANAGEMENT	1,042,725.
ANGELICA DEPT. 6777 LOS ANGELES, CA 90084-6777	MANAGEMENT	957,541.
TOTAL COMPENSATION		9,984,429.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

SEE FORM 990, PART XI.

ENLOE MEDICAL CENTER

94-1603784

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V-A

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

F. THE ORGANIZATION IS A MEMBER OF THE CALIFORNIA HOSPITAL ASSOCIATION (CHA). DURING FISCAL YEAR 2007 THE ORGANIZATION PAID DUES TO CHA. CHA DIRECTS A PERCENTAGE OF DUES COLLECTED TOWARD LOBBYING ACTIVITIES.



6120 S. Yale Avenue, Suite 1400 • Tulsa, OK 74136-4223 • 918 584-2900

Instructions for filing
ENLOE MEDICAL CENTER
Form 990T - Exempt Organization Business Return
for the period ended June 30, 2007

Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before May 15, 2008 with...

Internal Revenue Service
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)...

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see page 17 of the instructions) 40c General business credit. Check here and indicate which forms are attached: Form 3800 Form(s) (specify) 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 Total tax. Add lines 41 and 42 44a Payments: A 2005 overpayment credited to 2006 44b 2006 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Credit for federal telephone excise tax paid (attach Form 8913) 44g Other credits and payments: Form 4136 Form 2439 Other Total 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2007 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (attach schedule) 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title Preparer's signature Date Check if self-employed Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property

(1) **COHASSET/REHABILITATION**

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	930,267.	923,906.
(2)		
(3)		
(4)		
Total	Total 930,267.	Total deductions. Enter here and on page 1, Part I, line 8, column (B) . . . ▶ 923,906.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ **930,267.**

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 23)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%

Total. Enter here and on page 1, Part II, line 14

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

TO PROVIDE ADMINISTRATIVE SERVICES TO RELATED ENTITIES.

SCHEDULE C - RENT INCOME DEDUCTIONS

COHASSET/REHABILITATION

REPAIRS & MAINTENANCE	48,180.
OTHER EXPENSE	
LICENSES & TAXES	41,546.
DEPRECIATION	414,933.
MANAGEMENT FEES	37,997.
RENT/LEASE EQUIPMENT	82,883.
UTILITIES	145,075.
OTHER EXPENSE	153,292.

TOTAL	923,906.
	=====