

Return of Organization Exempt from Income Tax

2003

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

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 2003, and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions.

VALLEY CITIES COUNSELING AND CONSUL
2704 "I" STREET N.E.
AUBURN, WA 98002

D Employer Identification Number
91-6063183

E Telephone number
206-833-7444

F Accounting method: Cash 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

G Web site: N/A

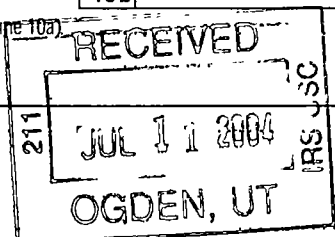
J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 9,107,137.

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1 a	72,121.		
b	Indirect public support	1 b	388,804.		
c	Government contributions (grants)	1 c			
d	Total (add lines 1a through 1c) (cash \$ 460,925. noncash \$ _____)	1 d		460,925.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		8,583,320.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		14,972.	
5	Dividends and interest from securities	5			
6 a	Gross rents	6 a			
b	Less rental expenses	6 b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6 c			
7	Other investment income (describe _____)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8 a			
c	Gain or (loss) (attach schedule)	8 b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8 c			
8 d		8 d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9 a			
b	Less direct expenses other than fundraising expenses	9 b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9 c			
10 a	Gross sales of inventory, less returns and allowances	10 a			
b	Less cost of goods sold	10 b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c			
11	Other revenue (from Part VII, line 103)	11		47,920.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		9,107,137.	
13	Program services (from line 44, column (B))	13		7,605,173.	
14	Management and general (from line 44, column (C))	14		1,250,647.	
15	Fundraising (from line 44, column (D))	15		128,684.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		8,984,504.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		122,633.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,804,767.	
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,927,400.	



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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
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	347,038.	143,952.	203,086.
26 Other salaries and wages	26	5,459,322.	4,718,357.	674,359.
27 Pension plan contributions	27			
28 Other employee benefits	28	553,461.	477,998.	68,572.
29 Payroll taxes	29	476,689.	402,479.	68,602.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	135,625.	112,163.	19,296.
34 Telephone	34	155,603.	138,759.	15,485.
35 Postage and shipping	35	17,235.	12,273.	2,399.
36 Occupancy	36	415,774.	392,779.	20,497.
37 Equipment rental and maintenance	37	106,031.	80,723.	18,002.
38 Printing and publications	38	42,390.	30,794.	2,114.
39 Travel	39	138,355.	131,507.	5,109.
40 Conferences, conventions, and meetings	40	38,617.	19,964.	15,943.
41 Interest	41	159,593.	125,722.	30,679.
42 Depreciation, depletion, etc (attach schedule)	42	187,917.	155,959.	29,241.
43 Other expenses not covered above (itemize)				
a See Statement 1	43a	750,854.	661,744.	77,263.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	8,984,504.	7,605,173.	1,250,647.

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

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>COUNSELING AND CONSULTATION SERVICES</u> 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a CHILD AND ADOLESCENT SERVICES: APPROXIMATELY 2066 CLENTS SERVED - INDIVIDUAL, FAMILY, GROUP AND CASE MANAGEMENT SERVICES. (Grants and allocations \$ _____)	4,351,712.
b OLDER ADULT SERVICES: APPROXIMATELY 822 CLIENTS SERVED - INDIVIDUAL, FAMILY, GROUP AND CASE MANAGEMENT SERVICES. (Grants and allocations \$ _____)	1,120,894.
c INTENSIVE SERVICES: APPROXIMATELY 1017 CLIENTS SERVED - INDIVIDUAL, FAMILY, GROUP AND CASE MANAGEMENT SERVICES. (Grants and allocations \$ _____)	787,694.
d ADULT SERVICES - APPROXIMATELY 643 CLIENTS SERVED - INDIVIDUAL, FAMILY, GROUP AND CASE MANAGEMENT SERVICES. (Grants and allocations \$ _____)	1,344,873.
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,605,173.

Part IV Balance Sheets (See Instructions)

				(A)		(B)
				Beginning of year		End of year
ASSETS	45 Cash – non-interest-bearing				45	
	46 Savings and temporary cash investments			599,644.	46	1,098,921.
	47a Accounts receivable	47a	431,689.			
	b Less allowance for doubtful accounts	47b	15,000.	572,815.	47c	416,689.
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			114,949.	53	99,784.
	54 Investments – securities (attach schedule)				54	
	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV					
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	4,570,957.			
	b Less accumulated depreciation (attach schedule)	57b	855,640.	3,793,781.	57c	3,715,317.
58 Other assets (describe ▶ <u>See Statement 3</u>)			350,000.	58	350,000.	
59 Total assets (add lines 45 through 58) (must equal line 74)			5,431,189.	59	5,680,711.	
LIABILITIES	60 Accounts payable and accrued expenses			562,341.	60	709,186.
	61 Grants payable				61	
	62 Deferred revenue			66,937.	62	113,738.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)			2,997,144.	64b	2,930,387.
	65 Other liabilities (describe ▶ _____)				65	
66 Total liabilities (add lines 60 through 65)			3,626,422.	66	3,753,311.	
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			1,390,971.	67	1,519,271.
	68 Temporarily restricted			413,796.	68	408,129.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			1,804,767.	73	1,927,400.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)			5,431,189.	74	5,680,711.

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	9,107,137.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	9,107,137.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	9,107,137.

a	Total expenses and losses per audited financial statements	a	8,984,504.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	8,984,504.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	8,984,504.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 4		347,038.	41,835.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule -- see instructions

Part VI Other Information (See instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
81a	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	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
82b	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
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	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
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter. a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
89a	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>		
89b	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		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>None</u>		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	162
91	The books are in care of <u>CHERYL PENROD, CFO</u> Telephone number <u>206-833-7444</u> Located at <u>2704 "I" STREET NE, AUBURN WA</u> ZIP + 4 <u>98002</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See 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 <u>MENTAL HEALTH SERVICE</u>					603,340.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					7,979,980.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	14,972.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b <u>OTHER</u>					47,920.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				14,972.	8,631,240.
105 Total (add line 104, columns (B), (D), and (E))					8,646,212.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
1	See Statement 5

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

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

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

Please 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.

Cheryl C. Benard Date 7/6/04

<i>1 CFO</i>	Date	Check if	Preparer's SSN or PTIN (see General Instruction W)
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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 Section 4947(a)(1) Nonexempt Charitable Trust

2003

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

VALLEY CITIES COUNSELING AND CONSUL

Employer identification number

91-6063183

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
DEBORAH M. KABISCH ----- 2704 I ST NE	MD 20	82,322.	0.	0.
BRIAN D COLEMAN M.D. ----- 2704 I ST NE	MD 20	66,558.	0.	0.
CYNTHIA GREER ----- 2704 I ST NE	MD 20	61,801.	8,000.	0.
NAGAVEDU RAGHUNATH ----- 2704 I ST NE	MD 25	82,627.	0.	0.
SUSAN WOYNA ----- 2704 I ST NE	MD 20	65,307.	0.	0.
Total number of other employees paid over \$50,000 ▶	0			

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

(See 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	

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

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See instructions)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See instructions)

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

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11 a 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)

11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)	
(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See 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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total								
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	630,497.	451,414.	558,723.	1,208,899.	2,849,533.								
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	7,479,293.	6,168,068.	5,738,387.	4,386,162.	23,771,910.								
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,626.	20,904.	35,527.	20,266.	87,323.								
19 Net income from unrelated business activities not included in line 18													
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf													
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge													
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt 6	124,550.	52,394.			176,944.								
23 Total of lines 15 through 22	8,244,966.	6,692,780.	6,332,637.	5,615,327.	26,885,710.								
24 Line 23 minus line 17	765,673.	524,712.	594,250.	1,229,165.	3,113,800.								
25 Enter 1% of line 23	82,450.	66,928.	63,326.	56,153.									
26 Organizations described on lines 10 or 11:	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test Enter line 24, column (e)</p> <p>d Add. Amounts from column (e) for lines</p> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: right;">18</td> <td style="text-align: right;">87,323.</td> <td style="text-align: right;">19</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="text-align: right;">22</td> <td style="text-align: right;">176,944.</td> <td style="text-align: right;">26b</td> <td style="text-align: right;">_____</td> </tr> </table> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				18	87,323.	19	_____	22	176,944.	26b	_____	<p>26a 62,276.</p> <p>26b _____</p> <p>26c 3,113,800.</p> <p>26d 264,267.</p> <p>26e 2,849,533.</p> <p>26f 91.51 %</p>
18	87,323.	19	_____										
22	176,944.	26b	_____										
27 Organizations described on line 12: N/A	<p>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</p> <p>(2002) _____ (2001) _____ (2000) _____ (1999) _____</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.</p> <p>(2002) _____ (2001) _____ (2000) _____ (1999) _____</p> <p>c Add. Amounts from column (e) for lines</p> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: right;">15</td> <td style="text-align: right;">_____</td> <td style="text-align: right;">16</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="text-align: right;">17</td> <td style="text-align: right;">20</td> <td style="text-align: right;">21</td> <td style="text-align: right;">_____</td> </tr> </table> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				15	_____	16	_____	17	20	21	_____	<p>27c _____</p> <p>27d _____</p> <p>27e _____</p> <p>27f _____</p> <p>27g _____ %</p> <p>27h _____ %</p>
15	_____	16	_____										
17	20	21	_____										
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15													

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A
 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)

34a 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?

34b

If you answered 'Yes' to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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	41	
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.)

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

- 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.)

Yes	No	Amount

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

Client VALLEYCI

VALLEY CITIES COUNSELING AND CONSUL

91-6063183

7/01/04

09 00AM

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
ADVERTISING	37,218.	29,289.	1,291.	6,638.
BAD DEBT	47,273.	47,273.		
DUES AND MEMBERSHIPS	47,010.	41,757.	3,330.	1,923.
INSURANCE	116,700.	99,857.	15,682.	1,161.
MISCELLANEOUS	49,557.	43,665.	4,573.	1,319.
PROFESSIONAL FEES	311,402.	258,440.	52,173.	789.
SPECIFIC ASSISTANCE	136,638.	136,638.		
UNREALIZED LOSS ON INVESTMENT	5,056.	4,825.	214.	17.
Total	\$ 750,854.	\$ 661,744.	\$ 77,263.	\$ 11,847.

Statement 2
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 16,983.	\$ 16,983.	\$ 0.
Machinery and Equipment	1,022,236.	588,236.	434,000.
Improvements	3,171,705.	250,421.	2,921,284.
Land	360,033.		360,033.
Total	\$ 4,570,957.	\$ 855,640.	\$ 3,715,317.

Statement 3
Form 990, Part IV, Line 58
Other Assets

Board designated cash			\$ 350,000.
Total			\$ 350,000.

Statement 4
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
CURT AUBERT 2704 "I" ST NE AUBURN, WA 98002	Director 1 HOUR	\$ 0.	\$ 0.	\$ 0.

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Statement 4 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JEAN ASPLUND 2704 "I" ST NE AUBURN, WA 98002	Director 1 HOUR	\$ 0.	\$ 0.	\$ 0.
WALTER BISHOP 2704 "I" ST NE AUBURN, WA 98002	Treasurer 1 HOUR	0.	0.	0.
CONNIE EPPERSON 2704 "I" ST NE AUBURN, WA 98002	Director 1 HOUR	0.	0.	0.
BARBARA MUCZYNSKI 2704 "I" ST NE AUBURN, WA 98002	Director 1 HOUR	0.	0.	0.
STEPHEN JOHNSON 2704 "I" ST NE AUBURN, WA 98002	Director 1 HOUR	0.	0.	0.
CHARLES WOODE 2704 "I" ST NE AUBURN, WA 98002	Director 1 HOUR	0.	0.	0.
KENNETH SENG 2704 "I" ST NE AUBURN, WA 98002	Past Chair 1 HOUR	0.	0.	0.
SAUCE SHIMOJIMA 2704 "I" ST NE AUBURN, WA 98002	Director 1 HOUR	0.	0.	0.
MARC AVERY MD 2704 "I" ST N.E. AUBURN, WA 98002	Chief Med Offic 40	143,952.	12,000.	0.
MARILYN LA CELLE 2704 "I" ST NE AUBURN, WA 98002	CEO 40	82,687.	13,835.	0.
CHERYL PENROD 2704 "I" ST NE AUBURN, WA 98002	CFO 40	64,540.	2,600.	0.
THEODORE SCHWARZ 2704 "I" ST NE AUBURN, WA 98002	COO 40	55,859.	13,400.	0.

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09 00AM

Statement 4 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
RAY BOTTI 2704 I ST NE AUBURN, WA 98002	Vice Chair 1 HOUR	\$ 0.	\$ 0.	\$ 0.
CHUCK BOOTH 2704 I ST NE AUBURN, WA 98002	Secretary 1 HOUR	0.	0.	0.
BRIAN WILSON 2704 I ST NE AUBURN, WA 98002	Chairman 1 HOUR	0.	0.	0.
Total		\$ 347,038.	\$ 41,835.	\$ 0.

Statement 5
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	FEES CHARGED TO PRIVATE PAYERS AND THEIR INSURANCE COMPANIES ARE BASED ON A SLIDING SCALE BASED ON GROSS INCOME AND THE NUMBER OF DEPENDENTS SUPPORTED IN ORDER TO INCREASE ACCESS TO MENTAL HEALTH SERVICES.
93g	FEES CHARGED TO GOVERNMENTAL AGENCIES TO PROVIDE FOR VARIOUS TREATMENT MODALITIES FOR LOW-INCOME OR MEDICARE ELIGIBLE ADULTS AND CHILDREN.
103b	ALL INCOME RECEIVED IS USED TO PROVIDE PREVENTIVE, RESTORATIVE, AND EDUCATIONAL MENTAL HEALTH SERVICES TO INDIVIDUALS AND FAMILIES IN KING COUNTY.

Statement 6
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
Other	\$ 124,550.	\$ 52,394.	\$ 0.	\$ 0.	\$ 176,944.
Total	\$ 124,550.	\$ 52,394.	\$ 0.	\$ 0.	\$ 176,944.