

Return of Organization Exempt from Income Tax

2002

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

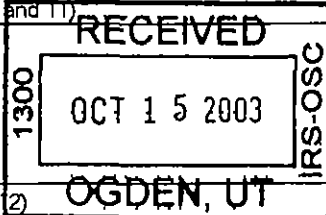
Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003; B Check if applicable; C Wallowa Valley Mental Health Center, Inc; D Employer Identification Number 93-1164505; E Telephone number (541) 426-4524; F Accounting method; G Web site N/A; J Organization type 501(c) 3; K Check here; L Gross receipts 996,814.

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

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes rows for Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9a-9c), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).



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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 \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	69,534.	65,362	4,172	
26	Other salaries and wages	451,328	442,572	8,756	
27	Pension plan contributions	36,227.	35,564	663	
28	Other employee benefits	94,253.	92,381	1,872	
29	Payroll taxes	39,146.	38,470	676	
30	Professional fundraising fees				
31	Accounting fees	5,259	5,118.	141	
32	Legal fees				
33	Supplies	7,315.	5,645.	1,670	
34	Telephone				
35	Postage and shipping				
36	Occupancy	22,293	20,010	2,283	
37	Equipment rental and maintenance	40,350	37,482	2,868	
38	Printing and publications	31.	31		
39	Travel	11,138	10,352	786.	
40	Conferences, conventions, and meetings	9,802	9,112	690.	
41	Interest	2,595		2,595.	
42	Depreciation, depletion, etc (attach schedule)	20,523	19,973	550.	
43	Other expenses not covered above (itemize)				
a	See Statement 1	165,376	135,969	29,407	
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	975,170	918,041	57,129.	0

**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? <input type="checkbox"/> See Statement 2	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a The center provides mental health treatment and counseling on an outpatient basis for the residents of Wallowa County (Grants and allocations \$ _____)	514,933.
b The center provides education and treatment for individuals convicted of alcohol or drug related crimes and provides counseling for alcohol or drug dependency (Grants and allocations \$ _____)	159,535.
c The center provides services, treatment, and supported employment for individuals with developmental disabilities. (Grants and allocations \$ _____)	168,876
d The center provides housing for certain individuals who the center deems to be not quite self-sufficient enough to live on their own but are fairly close. (Grants and allocations \$ _____)	74,697
e Other program services (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	918,041

**Part IV Balance Sheets** (See Instructions)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing		45	
	46 Savings and temporary cash investments	603,694.	46	586,065.
	47 a Accounts receivable	47 a 47,575.		
	b Less allowance for doubtful accounts	47 b	38,004.	47 c 47,575
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule) <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		54	
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b		55 c
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57 a 609,404.			
b Less accumulated depreciation (attach schedule) <b>Statement 3</b>	57 b 117,792.	317,060.	57 c 491,612.	
58 Other assets (describe ▶ <b>See Statement 4</b> )		58	2.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		958,758.	59	1,125,254
LIABILITIES	60 Accounts payable and accrued expenses	1,173.	60	16,330.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	126,031.
	65 Other liabilities (describe ▶ <b>See Statement 5</b> )	81,242.	65	84,906.
66 <b>Total liabilities</b> (add lines 60 through 65)	82,415	66	227,267.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	876,343.	67	897,987.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	876,343.	73	897,987
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	958,758.	74	1,125,254.

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**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b>	996,814.	<b>a</b> Total expenses and losses per audited financial statements	<b>a</b>	975,170.
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990			<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify) _____ \$			(4) Other (specify) _____ \$		
Add amounts on lines (1) through (4)	<b>b</b>		Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>	996,814	<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>	975,170.
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>			<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify) _____ \$			(2) Other (specify) _____ \$		
Add amounts on lines (1) and (2)	<b>d</b>		Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	996,814.	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	975,170.

**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
Clint Stein P. O. Box X Joseph, OR 97846	Board Member As needed	0	0.	0.
Verna Slane 83490 Joseph Highway Joseph, OR 97846	Vice Chair As needed	0.	0.	0
Carolyn Pfeaster 69146 Allen Canyon Loop Road Wallowa, OR 97885	Board Member As needed	0.	0.	0.
Evelyn Swart P.O. Box 305 Joseph, OR 97846	Secretary As needed	0.	0.	0.
Bill Reynolds P. O. Box 333 Enterprise, OR 97828	Chairman As needed	0.	0.	0.
Jerry Hayes 113 West Main St. Enterprise, OR 97828	Board Member As needed	0.	0	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

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
<b>77</b>	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
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
<b>78b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
<b>80a</b>	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
<b>80b</b>	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			
<b>81a</b>	Enter direct or indirect political expenditures See line 81 instructions	<b>81a</b>	0.	
<b>81b</b>	Did the organization file <b>Form 1120-POL</b> for this year?			X
<b>82a</b>	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>82b</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)	<b>82b</b>	N/A	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?		N/A	
<b>85b</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	
<b>85c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A	
<b>85d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A	
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A	
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	
<b>85h</b>	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	
<b>86a</b>	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A	
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A	
<b>87a</b>	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders	<b>87a</b>	N/A	
<b>87b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	N/A	
<b>88</b>	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
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
<b>89b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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
<b>89c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
<b>89d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.	
<b>90a</b>	List the states with which a copy of this return is filed <u>Oregon</u>			
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	<b>90b</b>	0	
<b>91</b>	The books are in care of <u>Kathy Caldwell</u> Telephone number <u>(541) 426-4524</u> Located at <u>207 SW First Street, Enterprise, Oregon</u> ZIP + 4 <u>97828</u>			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - 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	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 Service fees					319,772.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					454,000.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	14,058.	
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					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				14,058.	773,772.
105 Total (add line 104, columns (B), (D), and (E))					787,830

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)
93	The center receives payment for the exempt purpose services it performs through various government contracts, medicaid, third-party payors, and client fees from those individuals who are not eligible for coverage by government contract or grant

**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)

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 *William L. Kimmel*

Date 10/8/03

HAIRMAN B.O.D.

**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

**2002**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Wallowa Valley Mental Health Center, Inc

Employer identification number

93-1164505

**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
None				
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		

**Part III** Statements About Activities (See 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 **▶** \$ N/A

(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

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

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

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2		
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

**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)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

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

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

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	220,776.	232,696.	188,302.	269,114.	910,888
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	585,840.	558,737.	506,562.	442,342.	2,093,481.
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	18,947	38,482.	29,341.	24,961.	111,731.
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.					
23 Total of lines 15 through 22	825,563	829,915.	724,205.	736,417.	3,116,100.
24 Line 23 minus line 17	239,723.	271,178	217,643.	294,075.	1,022,619.
25 Enter 1% of line 23	8,256	8,299.	7,242.	7,364.	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24	26a	20,452.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	1,022,619.
d Add Amounts from column (e) for lines 18 <u>111,731.</u> 19 _____	26d	111,731
22 _____ 26b _____	26e	910,888.
e Public support (line 26c minus line 26d total)	26f	89.07%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

27 Organizations described on line 12 N/A	
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 (2001) _____ (2000) _____ (1999) _____ (1998) _____	
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 (2001) _____ (2000) _____ (1999) _____ (1998) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____	27c
17 _____ 20 _____ 21 _____	27d
d Add Line 27a total _____ and line 27b total _____	27e
e Public support (line 27c total minus line 27d total)	27f
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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

**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?

	Yes	No
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?

31		
----	--	--

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)

**32** Does the organization maintain the following

--	--	--

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

32 a		
------	--	--

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b		
------	--	--

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c		
------	--	--

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

32 d		
------	--	--

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?

33 a		
------	--	--

**b** Admissions policies?

33 b		
------	--	--

**c** Employment of faculty or administrative staff?

33 c		
------	--	--

**d** Scholarships or other financial assistance?

33 d		
------	--	--

**e** Educational policies?

33 e		
------	--	--

**f** Use of facilities?

33 f		
------	--	--

**g** Athletic programs?

33 g		
------	--	--

**h** Other extracurricular activities?

33 h		
------	--	--

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?

--	--	--

**b** Has the organization's right to such aid ever been revoked or suspended?

34 a		
------	--	--

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

34 b		
------	--	--

**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

--	--	--

**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**

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>	
<b>Caution</b> 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions)  
 (For reporting only by organizations that did not complete Part VI A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount

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

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



Wallowa Valley Mental Health Center, Inc

93-1164505

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Alternative to Hospitalization	18,886.	18,886.		
Bad debt	15,050.		15,050.	
Charitable Contributions	13,906.		13,906.	
Insurance	13,970.	13,622.	348.	
Lab Tests	2,781.	2,706.	75.	
Outside Services	35,586	35,586.		
Pass-through expenditures	52,274	52,274.		
Previous Education Outreach	1,055.	1,027.	28.	
Property taxes	1,010.	1,010.		
Social programs	10,858.	10,858.		
<b>Total</b>	<b>\$ 165,376.</b>	<b>\$ 135,969.</b>	<b>\$ 29,407.</b>	<b>\$ 0.</b>

**Statement 2**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

Treatment of mental health and related problems.

**Statement 3**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 94,126.	\$ 32,249.	\$ 61,877.
Furniture and Fixtures	67,831.	48,391.	19,440.
Buildings	341,169.	28,388	312,781.
Improvements	29,491.	8,764.	20,727.
Land	76,787.		76,787.
<b>Total</b>	<b>\$ 609,404.</b>	<b>\$ 117,792.</b>	<b>\$ 491,612.</b>

**Statement 4**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Rounding

Total \$ 2.

Wallowa Valley Mental Health Center, Inc

93-1164505

Statement 5  
Form 990, Part IV, Line 65  
Other Liabilities

Current portion of l-t debt	\$	2,034.
Deferred compensation		44,987
Other current liabilities		37,885.
Total	\$	<u>84,906.</u>