

Return of Organization Exempt from Income Tax

2004

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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.

Wallowa Valley Center for Wellness, Inc.
207 SW First Street, P. O. Box 268
Enterprise, OR 97828-0268

D Employer identification number

93-1164505

E Telephone number

(541) 426-4524

F Accounting method:

Cash [ ] Accrual [X]

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 [X]

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 [X]

I Group Exemption Number

M Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

J Organization type (check only one)

[X] 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. 1,624,890.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Less profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit); 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED NOV 08 2005

RECEIVED
OCT 24 2005
OGDEN, UT

5

**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	53,000.	51,410.	1,590.	
26	Other salaries and wages	26	581,157.	576,287.	4,870.	
27	Pension plan contributions	27	39,874.	39,321.	553.	
28	Other employee benefits	28	166,081.	163,435.	2,646.	
29	Payroll taxes	29	47,495.	47,007.	488.	
30	Professional fundraising fees	30				
31	Accounting fees	31	5,670.	5,622.	48.	
32	Legal fees	32				
33	Supplies	33	36,546.	34,683.	1,863.	
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36	35,935.	33,476.	2,459.	
37	Equipment rental and maintenance	37	29,418.	27,237.	2,181.	
38	Printing and publications	38	170.	169.	1.	
39	Travel	39	7,195.	6,865.	330.	
40	Conferences, conventions, and meetings	40	16,196.	16,076.	120.	
41	Interest	41	3,308.		3,308.	
42	Depreciation, depletion, etc (attach schedule)	42	33,325.	32,856.	469.	
43	Other expenses not covered above (itemize)					
a	See Statement 2	43a	379,886.	329,496.	50,390.	
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	1,435,256.	1,363,940.	71,316.	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?  See Statement 3  
 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	The center provides mental health treatment and counseling on an outpatient basis for the residents of Wallowa County.  (Grants and allocations \$ _____)	681,933.
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 \$ _____)	138,824.
c	The center provides services, treatment, and supported employment for individuals with developmental disabilities.  (Grants and allocations \$ _____)	278,489.
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 \$ _____)	264,694.
e	Other program services (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>1,363,940.</b>

**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	<b>45</b> Cash – non-interest-bearing		<b>45</b>	
	<b>46</b> Savings and temporary cash investments	374,832.	<b>46</b>	437,480.
	<b>47a</b> Accounts receivable	<b>47a</b> 105,092.		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	44,939.	<b>47c</b> 105,092.
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51a</b> Other notes & loans receivable (attach sch.)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges		4,267.	<b>53</b>
	<b>54</b> Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55a</b> Investments – land, buildings, & equipment: basis	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments – other (attach schedule)			<b>56</b>
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 852,436.		
	<b>b</b> Less: accumulated depreciation (attach schedule) <b>Statement 4</b>	<b>57b</b> 172,305.	464,597.	<b>57c</b> 680,131.
	<b>58</b> Other assets (describe ▶ _____)		1.	<b>58</b>
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		888,636.	<b>59</b> 1,222,703.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses	10,539.	<b>60</b>	27,652.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) <b>See Statement 5</b>			<b>64b</b> 128,148.
	<b>65</b> Other liabilities (describe ▶ <b>See Statement 6</b> _____)		63,831.	<b>65</b> 63,076.
<b>66 Total liabilities</b> (add lines 60 through 65)		74,370.	<b>66</b> 218,876.	
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			
	<b>67</b> Unrestricted	814,266.	<b>67</b>	1,003,827.
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 <b>or</b> lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21)	814,266.	<b>73</b>	1,003,827.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	888,636.	<b>74</b>	1,222,703.

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>	1,624,890.
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	1,624,890.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	See Stmt 7 \$ -73.		
	Add amounts on lines (1) and (2)	<b>d</b>	-73.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	1,624,817.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,435,329.
<b>b</b>	Amounts included on line <b>a</b> 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):		
	See Stmt 8 \$ 73.		
	Add amounts on lines (1) through (4)	<b>b</b>	73.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	1,435,256.
<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 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	1,435,256.

**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 9				
		53,000.	6,360.	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	b If 'Yes,' enter the name of the organization <b>N/A</b> ----- 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	b 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	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b 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	b 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	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
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b 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	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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 <b>0.</b> ; section 4912 <b>0.</b> , section 4955 <b>0.</b>		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		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 <b>Oregon</b>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	0
91	The books are in care of <b>Kathy Caldwell</b> Telephone number <b>(541) 426-4524</b> Located at <b>207 SW First Street, Enterprise, Oregon</b> ZIP + 4 <b>97828</b>		
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	92	N/A



**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

**2004**

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 Center for Wellness, 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
Stephen P. Kliever PO Box 218, Joseph, OR 97846	Exec. Director 40	0.	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) 2004

**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 **\$** N/A  
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )
- 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?
- 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 )
- 3b Do you have a section 403(b) annuity plan for your employees?
- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?
- 4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3a		X
3b		X
4a		X
4b		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 )
- 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 IVA 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	228,174.	208,984.	220,776.	232,696.	890,630.
<b>16</b> Membership fees received					
<b>17</b> 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	746,710.	773,772.	585,840.	558,737.	2,665,059.
<b>18</b> 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	7,780.	14,058.	18,947.	38,482.	79,267.
<b>19</b> Net income from unrelated business activities not included in line 18.	-1,738.				-1,738.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	980,926.	996,814.	825,563.	829,915.	3,633,218.
<b>24</b> Line 23 minus line 17	234,216.	223,042.	239,723.	271,178.	968,159.
<b>25</b> Enter 1% of line 23	9,809.	9,968.	8,256.	8,299.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	19,363.
<b>b</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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)		<b>26c</b>	968,159.
<b>d</b> Add: Amounts from column (e) for lines	<b>18</b> 79,267. <b>19</b> -1,738.	<b>26d</b>	77,529.
	<b>22</b> _____ <b>26b</b> _____	<b>26e</b>	890,630.
<b>e</b> Public support (line 26c minus line 26d total)		<b>26f</b>	91.99 %
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

<b>27 Organizations described on line 12:</b>	N/A			
<b>a</b> 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:	(2003) _____	(2002) _____	(2001) _____	(2000) _____
<b>b</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:	(2003) _____	(2002) _____	(2001) _____	(2000) _____
<b>c</b> Add: Amounts from column (e) for lines	<b>15</b> _____	<b>16</b> _____	<b>17</b> _____	<b>20</b> _____
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____	<b>21</b> _____
<b>d</b> Add: Line 27a total _____ and line 27b total _____				<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)				<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)			<b>27f</b> _____	<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )		
-----			
-----			
-----			
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement )			
-----			
-----			
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)			
-----			
-----			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<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>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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>	

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 V-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



Wallowa Valley Center for Wellness, Inc.

93-1164505

**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Other Assets

Description:	Office Furniture		
Date Acquired:	Various		
How Acquired:	Purchase		
Date Sold:	6/30/2005		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	5,028.		
Depreciation:	4,955.		
		Gain (Loss)	-73.

Total Gain (Loss) Other Assets \$ -73.

Total Net Gain (Loss) From Noninventory Sales \$ -73.

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Alternative to Hospitalization	2,340.	2,340.		
Bad debt	20,566.		20,566.	
Charitable Contributions	28,481.		28,481.	
Insurance	22,473.	22,282.	191.	
Lab Tests	4,427.	4,389.	38.	
Outside Services	132,973.	131,859.	1,114.	
Pass-through expenditures	159,844.	159,844.		
Property taxes	4,002.	4,002.		
Social programs	4,780.	4,780.		
Total	\$ <u>379,886.</u>	\$ <u>329,496.</u>	\$ <u>50,390.</u>	\$ <u>0.</u>

**Statement 3**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

Treatment of mental health and related problems.

Wallowa Valley Center for Wellness, Inc.

93-1164505

**Statement 4**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Automobiles / Transportation Equipment	\$ 109,114.	\$ 58,245.	\$ 50,869.
Furniture and Fixtures	61,930.	52,540.	9,390.
Buildings	506,215.	48,823.	457,392.
Improvements	29,491.	12,697.	16,794.
Land	145,686.		145,686.
Total	<u>\$ 852,436.</u>	<u>\$ 172,305.</u>	<u>\$ 680,131.</u>

**Statement 5**  
**Form 990, Part IV, Line 64b**  
**Mortgages and Other Notes Payable**

<u>Mortgages Payable</u>	<u>Balance Due</u>
Community Bank	\$ 128,148.
Total	<u>\$ 128,148.</u>

**Statement 6**  
**Form 990, Part IV, Line 65**  
**Other Liabilities**

Deferred compensation	\$ 59,657.
Other current liabilities	3,419.
Total	<u>\$ 63,076.</u>

**Statement 7**  
**Form 990, Part IV-A, Line d(2)**  
**Other Amounts**

Loss on disposal of assets	\$ -73.
Total	<u>\$ -73.</u>

**Statement 8**  
**Form 990, Part IV-B, Line b(4)**  
**Other Amounts**

Loss on disposal of assets	\$ 73.
Total	<u>\$ 73.</u>

Wallowa Valley Center for Wellness, Inc.

93-1164505

**Statement 9**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Michelle Bloker P. O. Box 422 Joseph, OR 97846	Board Member As needed	\$ 0.	\$ 0.	\$ 0.
David Bruce 205 Glendale Avenue Enterprise, OR 97828	Board Member As needed	0.	0.	0.
Carolyn Pfeaster 69146 Allen Canyon Loop Road Wallowa, OR 97885	Board Member As needed	0.	0.	0.
Gail Johnson 903 SE Second Street Enterprise, OR 97828	Board Member As needed	0.	0.	0.
Stephen P. Kliewer P. O. Box 218 Joseph, OR 97846	Executive Direc 40	53,000.	6,360.	0.
Evelyn Swart P.O. Box 305 Joseph, OR 97846	Interim Chair As needed	0.	0.	0.
William E. Finney P. O. Box 74 Joseph, OR 97846	Board Member As needed	0.	0.	0.
Jerry Hayes 113 West Main St. Enterprise, OR 97828	Board Member As needed	0.	0.	0.
Bob Crawford 61515 Lime Quarry Enterprise, OR 97828	Board Member As needed	0.	0.	0.
Kathleen Negus P.O. Box 301 Wallowa, OR 97885	Board Member As needed	0.	0.	0.
Total		\$ 53,000.	\$ 6,360.	\$ 0.