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### DLN: 93493356009000

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2009

Department of the Treasury

Form **990** 

Open to Public

<b>B</b> Che	rthe 2					
_	2	2009 calendar yea	r, or tax year beginning 07-01-2009 and ending 06-30-2	010	D Employer id-	ntification number
		oplicable Please	C Name of organization ASSOC OF OR COM MENTAL HEALTH PRG			
_	Iress cha	label or	Doing Business As		93-0582360 E Telephone nui	
Nar	ne char	nge <b>print or</b> <b>type. See</b>	- <del></del>		s. sp.none nui	· <del></del>
_ Init	ıal retur		Number and street (or P O box if mail is not delivered to street ad	dress) Room/suit	e Gross massints to	546 012
Ter	mınated		1201 COURT STREET NE		<b>G</b> Gross receipts \$	5 546,912
- Am	ended r	return	City or town, state or country, and ZIP + 4		1	
– Apr	olication	pending	Salem, OR 97301			
		F Nar	L ne and address of principal officer	H(a) To (	<b>■■</b> this a group return	for
					liates?	
					all affiliates include	
Ta	x-exem	pt status 🔽 501(c	(6) ◀ (insert no )	1	No," attach a list oup exemption nur	
	oboit o	: ► www.localcom	munities org		oup exemption nur	inder P
		-	ion Trust Association Other -	<b>L</b> Year of	formation 1990 M	State of legal domicile O
Pa	rt I	Summary				
		•	e organization's mission or most significant activities MATION TO DIRECTORS OF COUNTY MENTAL HEALT	H DEPARTME	NTS TO COORDI	NATEAND
		REPRESENT DEP	ARTMENTS ON MENTAL HEALTH ISSUES TO THE ORE	GON LEGISLA	ATURE THERE AR	
		THE ASSOCIATION	ON CONSISTING OF OREGON COUNTIES AND COUN	TY COALITIO	NS	
	2	Check this box 🛏	if the organization discontinued its operations or dispos	ed of more tha	n 25% of its net a:	ssets
	3	Number of voting i	nembers of the governing body (Part VI, line 1a)		. 3	:
	4	Number of indeper	dent voting members of the governing body (Part VI, line	1b)	. 4	;
	5	Total number of er	nployees (Part V , line 2a)		5	
	6	Total number of vo	lunteers (estimate if necessary)		6	1
	7a	Total gross unrela	ted business revenue from Part VIII, column (C), line 12		7a	
	ь	Net unrelated bus	ness taxable income from Form 990-T, line 34		7b	
_			rior Year	Current Year		
	8	Contributions and	d grants (Part VIII, line 1h)	-	498,046	527,57
	9	Program service	revenue (Part VIII, line 2g)		27,000	11,65
	10	Investment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		5,975	2,69
:	11	Other revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,700	4,98
	12		dd lines 8 through 11 (must equal Part VIII, column (A),	line	563,721	546,91
—	13		ar amounts paid (Part IX, column (A), lines 1-3)		303,721	340,91.
	14		r for members (Part IX, column (A), line 4)	•		(
			ompensation, employee benefits (Part IX, column (A), line	c 5 –		
ŝ	15	10)	impensation, employee benefits (Fart 1X, Column (A), fine	5 5 -	326,721	375,36
2 5	16a	Professional fund	raising fees (Part IX, column (A), line 11e)			(
3015/Y	ь	Total fundraising exp	enses (Part IX, column (D), line 25) ▶0			
_	17		Part IX, column (A), lines 11a-11d, 11f-24f)	-	133,990	93,15
	18		Add lines 13–17 (must equal Part IX, column (A), line 25		460,711	468,519
	19		penses Subtract line 18 from line 12		103,010	78,39
	<del></del>				ing of Current	End of Year
<u>د</u>				-	Year	
seces						
Bafances	20		t X, line 16)		294,733	494,75
and Balances	20 21	Total liabilities (f	Part X, line 26)		25,596	20,45
	21 22	Total liabilities (I Net assets or fur	Part X, line 26)			20,45
	21	Total liabilities (f	Part X, line 26)		25,596	20,45
	21 22	Total liabilities (I Net assets or fur <b>Signature Bl</b> Under penalties of pe	Part X, line 26)	ing schedules and	25,596 269,137	20,45 474,30 se best of my knowledge
	21 22	Total liabilities (I Net assets or fur <b>Signature Bl</b> Under penalties of pe	Part X, line 26)	ing schedules and	25,596 269,137	20,45 474,30 se best of my knowledge
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ign ere	21 22 *t III	Total liabilities (I Net assets or fur  Signature Blo Under penalties of peand belief, it is true,  ******  Signature of office Type or print nam  Preparer's signature  CLETU  Firm's name (or your if self-employed),	Part X, line 26)	on all information 201  Date  Check if self-	25,596 269,137  I statements, and to the ation of which prepare  0-12-21 e  Preparer's identify (see instructions)	20,455 474,302 we best of my knowledge r has any knowledge
Par ign ere	21 22 t II	Total liabilities (I Net assets or fur  Signature Ble Under penalties of per and belief, it is true,  ****** Signature of office GINA NIKKEL EXE Type or print nam  Preparer's signature CLETU	Part X, line 26)	on all information 201  Date  Check if self-	25,596 269,137  I statements, and to the ation of which prepare  0-12-21 e  Preparer's identify (see instructions)	20,455 474,302 se best of my knowledge r has any knowledge

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PROVIDE INFORMATION TO DIRECTORS OF COUNTY MENTAL HEALTH DEPARTMENTS TO COORDINATE AND REPRESENT DEPARTMENTS ON MENTAL HEALTH ISSUES TO THE OREGON LEGISLATURE THERE ARE 32 MEMBERS TO THE ASSOCIATION CONSISTING OF OREGON COUNTIES AND COUNTY COALITIONS

2		ion undertake any significant 00 or 990-EZ?	program services during the y	ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on Sche	dule O		
3	-	ion cease conducting, or mak	e sıgnıfıcant changes ın how ıt	conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedule	0		
4	Section 501(c)(3	3) and 501(c)(4) organizations	r each of the organization's this and section 4947(a)(1) trust evenue, if any, for each progra	ts are required to report the a	
4a	(Code	) (Expenses \$	369,192 including grants of \$	) (Revenue \$	)
	PROVIDE INFORMAT	TION TO DIRECTORS OF COUNTY MI	ENTAL HEALTH DEPARTMENTS TO CO S TO THE ASSOCIATION CONSISTING	ORDINATE AND REPRESENT DEPART	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other programs	services (Describe in Schedu	le O )		
	(Expenses \$		ng grants of \$	) (Revenue \$	)
4e		ervice expenses►\$	369,192		<u> </u>

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νo
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No		ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (	(2009)		Page <b>5</b>
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No

			Yes	МО
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	10	165	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		N -
h	return?	3a 3b		N o
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N o
b	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter  Instruction foce and contributions included on Port VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
ט	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Salem, OR 97301 (503) 399-7201

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
	1 1			
1a	Enter the number of voting members of the governing body 1a 33			
Ь	Enter the number of voting members that are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		 N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
		$\vdash$		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		N o
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
20	interest policy, and financial statements available to the public. See Additional Data Table.  State the name, physical address, and telephone number of the person who possesses the books and records of the	o ora-	nization	. <b>b</b> -
20	DIANA BRONSON  1201 COURT STREET NE STE 302	e orga	ın∠atlor	1 <b>P</b>

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per	Posit	((	c) ched	ckal	l <b>I</b>		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
GINA F NIKKEL EXECUTIVE DIRECTOR	40 00	Х			х	х		79,000	0	0

For	n 990 (2009)			Page <b>8</b>
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		(C Comper	
		$\frac{1}{2}$		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			
		F	orm <b>99</b> 0	<b>0</b> (2009)

Form 99			f Davis and					Page <b>9</b>
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>	527,576				
s, g ami	c	Fundraising eve	ents <b>1</b> c					
#E	d	Related organiz	ations <b>1d</b>					
<u>8</u>	e	Government grants	s (contributions) <b>1e</b>					
fior ≅	f	All other contribution	ons, gifts, grants, and <b>1f</b>					j j
ë F	g		butions included in					
늍		lines 1a-1f\$_						
ည်း	h	Total. Add lines	s 1a-1f	· · · •	527,576			
<u> </u>				Business Code				
en	2a	CONSUMER SURVI	VOR CONFE	541,610	11,657	11,657		
æ	ь							
931	c							
ž.	d							
Ē	e							
Program Service Revenue	f	All other progra	am service revenue					
Ť	g	Total. Add lines	s 2a – 2f		11,657			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		2,699	2,699		
	4		tment of tax-exempt bond	proceeds				
	5	Royalties	() Dool	(··) Dansanal				
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	   c	expenses Rental income						
		or (loss)						
	d	Net rental incol	me or (loss)  (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory Less cost or	(1) 000 1111100	(ii) o siio.				
	С	other basis and sales expenses Gain or (loss)						
	d		s)	▶				
	8a	Gross income f						
Other Revenue		events (not inc \$	reported on line 1c)					
Ţ.		· · - · · · · · · · · · · · · ·	а					
the	ь	Less directex	penses <b>b</b>					
Ò	С		loss) from fundraising	events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	с	·=	(loss) from sales of inve	entory 🕨				
		Miscellaneous	Revenue	Business Code				
	11a	MISCELLANEC	OUS INCOME	900,099	4,980	4,980		
	ь							
	С							
	d	All other reven						
	12	Total revenue		▶ .	4,980			
	12	iotai ievenue.	See Instructions	[	546,912	19,336	0	0

## Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must				
	l other organizations must complete column (A) but are not required to co	omplete column	(B), (C), and (B)	(D).	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	95,769	76,615	19,154	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	185,186	148,149	37,037	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	47,206	37,765	9,441	
9	Other employee benefits	47,206	37,765	9,441	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	775		775	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,687		1,687	
14	Information technology				
15	Royalties				
16	Occupancy	18,526		18,526	
17	Travel	14,315	14,315		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,026	39,026		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	POSTAGE	88		88	
ь	PRINTING	5,226	5,226		
c	TELEPHONE	7,516	7,516		
d	MEETING EXPENSE	2,815	2,815		
e	OFFICE OPERATIONS EXPENSE	1,728	,	1,728	
f	All other expenses	1,450		1,450	
25	Total functional expenses. Add lines 1 through 24f	468,519	369,192	99,327	
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	.50,023	-33,222	33,321	

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		294,733	1	494,757
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, l highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of	tion 4958(f)(1)) and			
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
8	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		294,733	16	494,757
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u>, o</u>	21	Escrow or custodial account liability Complete Part IV of Schedule I	· .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
<u> </u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties $oldsymbol{\cdot}$			24	
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		25,596	25	20,455
	26	Total liabilities. Add lines 17 through 25		25,596	26	20,455
Ś		Organizations that follow SFAS 117, check here ► 🔽 and complete	te lines 27			
Balance		through 29, and lines 33 and 34.		200 407		47.4.000
<u> </u>	27	Unrestricted net assets		269,137	27	474,302
ă	28	Temporarily restricted net assets			28	
Fund	29	Permanently restricted net assets			29	
重		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	complet e			
0 C	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
₫SS	32	Retained earnings, endowment, accumulated income, or other fund			32	
Net 1	33	Total net assets or fund balances		269,137	33	474,302
Ź	34	Total liabilities and net assets/fund balances		294.733		494.757

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DLN: 93493356009000

#### OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

v a me	Οľ	tne	org	anızatıc	on	
ASSOC	OF	OR	СОМ	MENTAL	HEALTH	PRG

Employer identification number

ASSOC OF OR COM MENTAL HEALTH PRG				tion nambe	••	
	93-0582	360				
aı	rt I-A Complete if the organization is exempt under section 501(c) or is a section	527	org '	anizatio	n.	_
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV					
2	Political expenditures		\$		6,46	7
3	Volunteer hours				10	C
aı	rt I-B Complete if the organization is exempt under section 501(c)(3).					_
1	Enter the amount of any excise tax incurred by the organization under section 4955	Þ	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No	
4a	Was a correction made?			┌ Yes	┌ No	
b	If "Yes," describe in Part IV					
Pai	rt I-C Complete if the organization is exempt under section 501(c) except section	50	1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	F	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	<b>F</b>	\$			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	<b>F</b>	<b>.</b>			

Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b	)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c	)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** 

3300 0	TOR COM PIENTAL MEALINTING			93-0582360		
art I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		Other Similar F		nts. Complet	te if the
	organization answered res to form 55	(a) Donor adv	rised funds	(b) Funds a	nd other accour	nts
Tot	al number at end of year					
Αg	gregate contributions to (during year)					
Αg	gregate grants from (during year)				-	
Αg	gregate value at end of year					
	ن I the organization inform all donors and donor advis ds are the organization's property, subject to the o			or advised	☐ Yes	┌ No
us	the organization inform all grantees, donors, and ed only for charitable purposes and not for the bence permissible private benefit?			may be	☐ Yes	┌ No
rt I	•	ıf the organization	answered "Yes" to	o Form 990, Par	t IV, line 7.	
	rpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	on or pleasure)	Preservation of an Preservation of ce	rtıfıed hıstorıc str	ucture	a
	mplete lines 2a-2d if the organization held a quali the last day of the tax year	ned conservation con	tribution in the form			
				Hele	d at the End of	the Ye
Т	otal number of conservation easements			2a		
Т	otal acreage restricted by conservation easements	S		2b		
N	umber of conservation easements on a certified hi	storic structure inclu	led ın (a)	2c		
N	umber of conservation easements included in (c) a	acquired after 8/17/06	5	2d		
	mber of conservation easements modified, transfe taxable year 🕨	rred, released, exting	disned, or terminate	a by the organizat	ion during	
Nu	mber of states where property subject to conserva	ation easement is loca	ted ►			
	es the organization have a written policy regarding forcement of the conservation easements it holds?		ng, inspection, viola	ations, and	☐ Yes	□No
Sta	aff or volunteer hours devoted to monitoring, inspec	cting and enforcing ea	sements during the	year ►		
Αn	nount of expenses incurred in monitoring, inspectir	ng, and enforcing ease	ments during the ye	ear ► \$		
	es each conservation easement reported on line 2 O(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the	requirements of sec	tion	☐ Yes	┌ No
ba	Part XIV, describe how the organization reports co ance sheet, and include, if applicable, the text of t organization's accounting for conservation easem	he footnote to the org		•	•	
rt II	Organizations Maintaining Collectio Complete if the organization answered "			or Other Simil	ar Assets.	
art	he organization elected, as permitted under SFAS, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition, e	education or researd	ch in furtherance o		€,
hıs	he organization elected, as permitted under SFAS torical treasures, or other similar assets held for povide the following amounts relating to these items	public exhibition, educ			•	
(i)	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii)	Assets included in Form 990, Part X			<b>►</b> \$		
Ift	he organization received or held works of art, histo owing amounts required to be reported under SFAS			or financial gain, p	rovide the	
Re	venues included in Form 990, Part VIII, line 1			<b>►</b> \$		
۸۰	sats included in Form 990. Part V			<b>b</b> ¢		

CII	t IIII (	Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	cal Tr	easur	es, or c	tne	<u>r Similar A</u>	ssets (c	<u>ontınued)</u>
3	_	he organization's accession and other check all that apply)	records, check any	of th	e foll	owing t	hat are	a sıgnıfıca	ant u	se of its colle	tion	
а	┌ Pu	blic exhibition		d	Γ	Loan	orexcha	nge prog	rams			
b	┌ Sc	holarly research		e	Γ	Other						
c	┌ Pre	eservation for future generations										
4	Provide Part XI	e a description of the organization's co V	llections and expla	ın hov	v they	furthe	r the org	janızatıor	ı's ex	empt purpose	ın	
5	_	the year, did the organization solicit o to be sold to raise funds rather than t			,					ılar	☐ Yes	☐ No
Par		Trust, Escrow and Custodial A						ızatıon a	nsw	ered "Yes" t	o Form 9	90,
1a	Is the o	Part IV, line 9, or reported an am organization an agent, trustee, custod d on Form 990, Part X?						other ass	ets r	not		
ь		," explain why in Part XIV and comple	te the following tabl	e								
		,	•							A	mount	
c	Beginn	ing balance							1c			
d	A dditio	ons during the year							1d			
e	Distrib	utions during the year							1e			
f	Ending	balance							1f			
2a	Did the	organization include an amount on Fo	rm 990, Part X, line	21?				_			┌ Yes	┌ No
ь	If "Yes,	." explain the arrangement in Part XIV										
Pa	rt V	<b>Endowment Funds.</b> Complete ı										
_	_		(a)Current Year	(b)	Prior Y	ear	<b>(c)</b> Two	Years Back	(d)	Three Years Back	(e)Four Y	ears Back
1a		ing of year balance							<del> </del>			
b		outions							+-			
c d		ment earnings or losses or scholarships										
e	Other	expenditures for facilities										
f	•	strative expenses										
g	End of	year balance										
2	Provide	the estimated percentage of the year	r end balance held a	ıs					<u> </u>			
а		lesignated or quasi-endowment										
ь		nent endowment 🕨										
c	Term e	ndowment 🕨										
3a		re endowment funds not in the posses	sion of the organiza	ation t	that a	re held	and adı	mınıstere	d for	the		
	_	ation by									Yes	No
		elated organizations			•				•		ı(i) (ii)	<del>                                     </del>
ь		ited organizations " to 3a(ii), are the related organization			ched	ule R?			• •	· · · · —	8b	<del> </del>
4		pe in Part XIV the intended uses of the	•								I	<u> </u>
Pai	rt VI	Investments—Land, Buildings	, and Equipme	nt. S	ee F	orm 9	90, Par	t X, lıne	10.	_		
		Description of investment				a) Cost o sıs (ınve	or other stment)	(b)Cost of basis (ot		(c) Deprecia	tion (d)	Book value
1a	Land .											
b	Building	s		-								
c	Leaseho	ld improvements		•								
d	Equipme	ent										
	Other				1			l		1		

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. S		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Descr	ription	( <b>b)</b> Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	•		
(a) Description of Liability	( <b>b)</b> A mount	I	
Federal Income Taxes	20.455		
DUES RELATED TO ANOTHER YEAR	20,455		
	+		
	+		
	+		
Total (Column (h) chould agreed Form 000, Dark V. and (D) by 25.			
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	▶ 20,455		

Ident if ier

Return Reference Explanation

'ar	<b>t XII</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
		7	
	Prior period adjustments	8	
	Other (Describe in Part XIV)	<u> </u>	+
	Total adjustments (net) Add lines 4 - 8	9	1
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<u> </u>
ī	Reconciliation of Revenue per Audited Financial Statements With Revenue per		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
t	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Prior year adjustments		
	Losses reported on Form 990, Part IX, line 25 2c		
	Other (Describe in Part XIV)		
	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV) 4b		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part 1, line 10)		

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2009

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### SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization ASSOC OF OR COM MENTAL HEALTH PRG Employer identification number

93-0582360

ldentifier	Return Reference	Explanation	
01 Members or stockholder classes and rights (Part VI, line 6)		AVAILABLE TO PUBLIC	
02 Governing body decisions (Part VI, line 7b)		DOCUMENTS ARE AVAILABLE FOR THE PUBLIC	
03 Form 990 governing body review (Part VI, line 11)		DOCUMENTS ARE AVAILABLE FOR THE PUBLIC	
04 CEO, executive director, top management comp (Part VI, line 15a)		DOCUMENTS ARE AVAILABLE FOR THE PUBLIC	
05 Other officer or key employee compensation (Part VI, line 15b		DOCUMENTS ARE AVAILABLE FOR THE PUBLIC	
06 Governing documents, etc, available to public (Part VI, line 19)		DOCUMENTS ARE AVAILABLE FOR THE PUBLIC	

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 93-0582360

Name: ASSOC OF OR COM MENTAL HEALTH PRG

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
POSTAGE	88		88	
PRINTING	5,226	5,226		
TELEPHONE	7,516	7,516		
MEETING EXPENSE	2,815	2,815		
OFFICE OPERATIONS EXPENSE	1,728		1,728	