

Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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)

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

A For the 2008 calendar year, or tax year beginning 7/1/2008, and ending 6/30/2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Nami Montgomery County (MD), Inc.</u>		D Employer identification number	
		Doing Business As		<u>52-1150412</u>	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		<u>11718 Parklawn Drive</u>		<u>(301) 949-5852</u>	
City or town, state or country, and ZIP + 4		G Gross receipts \$		<u>814,519</u>	
<u>Rockville MD 20852</u>					
F Name and address of principal officer: <u>Cynthia Tuner-Graham 301 Pure Spring Cresent, Rockville, MD 20850</u>				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶	
J Website: ▶ <u>WWW.NAMIMC.ORG</u>					
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1979</u>	M State of legal domicile: <u>MD</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Charitable Organization to provide services to those who suffer from mental illness and education to the public regarding mental illness</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>11</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>11</u>
	5 Total number of employees (Part V, line 2a)	<u>5</u>	<u>23</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>236</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u>7a</u>	<u>0</u>
	b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>520,149</u>	<u>499,570</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>273</u>	<u>0</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>4,010</u>	<u>1,911</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>584</u>	<u>-5,168</u>
		<u>525,016</u>	<u>496,313</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>241,078</u>	<u>265,766</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>7,700</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>32,272</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>249,424</u>	<u>208,293</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>490,502</u>	<u>481,759</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>34,514</u>	<u>14,554</u>	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	<u>355,169</u>	<u>353,372</u>
	21 Total liabilities (Part X, line 26)	<u>24,297</u>	<u>7,946</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>330,872</u>	<u>345,426</u>	

Part II Signature Block


Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature:  Date: 12/3/2009 Check if self-employed: Preparer's identifying number (see instructions): 219-56-0498

Firm's name (or yours if self-employed), address, and ZIP + 4: Richard L. LeFever, Inc 3910 Woodrow Street, Ellicott City, MD 21043 EIN: _____ Phone no.: 410-465-4739

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
Charitable Organization to provide to those who suffer from mental illness
and education to the public regarding mental illness

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 115,484 including grants of \$ 0) (Revenue \$ 191,632)
FAMILY SERVICE AND EDUCATION REGARDING MENTAL ILLNESS
THERE ARE 1047 MEMBERS, SERVICES ARE AVAILBLE TO
MEMBERS AND NON-MEMBERS WITHOUT CHARGE

4b (Code:) (Expenses \$ 258,860 including grants of \$ 0) (Revenue \$ 307,938)
OPERATION OF ITS OWN THRIFT SHOP WHICH EMPLOYS BUT DOES NOT
TRAIN PERSONAL WHO ARE MENTALLY ILL. ALSO MINIMAL SALES
OF NOMINAL VALUE ITEMS TO INCREASE PUBLIC AWARENESS

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ \$ 374,344 (Must equal Part IX, Line 25, column (B).)

