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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public  
Inspection

<b>A</b> For the 2009 calendar year, or tax year beginning		January 1	, 2009, and ending	December 31	, 2009
<b>B</b> Check if applicable		<b>C</b> Name of organization <b>NAMI-Wood River Valley, Inc</b>		<b>D</b> Employer identification number <b>82-0530506</b>	
<input type="checkbox"/> Address change		Number and street (or P.O. box, if mail is not delivered to street address) <b>PO Box 95</b>		Room/suite	
<input type="checkbox"/> Name change		City or town, state or country, and ZIP + 4 <b>Hailey, Idaho 83333-0095</b>		E Telephone number <b>208-309-1987</b>	
<input checked="" type="checkbox"/> Initial return				<b>F</b> Group Exemption Number ►	
<input type="checkbox"/> Terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method:  Cash  Accrual  
Other (specify) ►**I** Website: ► **NAMI-WRV.com****J** Tax-exempt status (check only one) —  501(c) ( 3 ) ► (insert no.)  4947(a)(1) or  527**K** Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	42634.00
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	190.00
	4 Investment income . . . . .	4	0
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	
<b>Expenses</b>	b Less: direct expenses other than fundraising expenses . . . . .	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .		
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	0
	b Less: cost of goods sold . . . . .	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		
	8 Other revenue (describe ► )		
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	9	42824.00
	10 Grants and similar amounts paid (attach schedule) . . . . .	10	0
	11 Benefits paid to or for members . . . . .	11	0
<b>Net Assets</b>	12 Salaries, other compensation, and employee benefits . . . . .	12	0
	13 Professional fees and other payments to independent contractors . . . . .	13	12940.00
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	0
	15 Printing, publications, postage, and shipping . . . . .	15	9097.00
	16 Other expenses (describe ► )	16	0
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	22037.00
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	20787.00
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	8740.00
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21	29526.00

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
		8740.00	22
22	Cash, savings, and investments . . . . .	22	29526.00
23	Land and buildings . . . . .	0	23
24	Other assets (describe ► )	0	24
25	<b>Total assets</b> . . . . .	8740.00	25
26	<b>Total liabilities</b> (describe ► )	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	8740.00	27

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? **Advocate for the mentally ill**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Classes for Families of those with mental illness -40 people. Twice monthly support meetings-20 pr  
Bought \$1500 worth of books for our local libraries. We have a hot-line for anyone with mental illness in crisis.

(Grants \$ 5000.00 ) If this amount includes foreign grants, check here . . . ►  29a 5000.00

30 From Wood River Women's Community Foundation to teach Peer-to-Peer class in English in 2010

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  30a

(Grants \$ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) . . . . . ►

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
GAIL MILLER-WRAY	President 10hrs	0	0	0
PO Box 862, Sun Valley, ID 83353				
Sandy Hyde	VP 10 hrs	0	0	0
PO Box 2512, Ketchum, ID 83340				
TOM HANSON	Secry 15 hrs	0	0	0
PO Box 1844, Hailey, ID 83333				
KATHRYN L. OLSON	Treasurer 20hrs	0	0	0
640 Buckhorn Dr, Hailey, ID 83333				

**Part V Other Information (Note the statement requirements in the instructions for Part V.)**

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	36	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	37a	0
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	0
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	0
39 Section 501(c)(7) organizations. Enter:	39b	0
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	40b	✓
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► <b>KATHRYN L OLSON</b> Located at ► <b>640 BUCKHORN DR, HAILEY, ID</b>	Telephone no. ► 208-788-4056 ZIP + 4 ► 83333-8759	
b 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)?	42b	✓
If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	✓
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	0	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

## Part VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

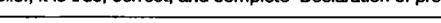
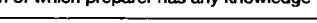
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
46	46	✓	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	Yes	No
47	47	✓	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	Yes	No
48	48	✓	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	Yes	No
49a	49a	✓	
b	If "Yes," was the related organization a section 527 organization? . . . . .	Yes	No
49b	49b	✓	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	Yes	No

**f** Total number of other employees paid over \$100,000 - - - ► **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
		0
		0
		0
		0
		0
		0
d. Total number of other independent contractors each receiving over \$100,000		

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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			
	 Signature of officer	 Date		
<b>Paid Preparer's Use Only</b>	 Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)  Firm's name (or yours if self-employed), address, and ZIP + 4
				EIN  Phone no 

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No