

INTERNAL REVENUE SERVICE  
P. O. BOX 2008  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 25 2014

BEHAVIORAL HEALTH NAVIGATORS CENTER  
INCORPORATION  
904 PARK TERRACE  
FORT WASHINGTON, MD 20744

Employer Identification Number:  
80-0834064  
DLN:  
17053102325003  
Contact Person:  
ERIC KAYE ID# 31612  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
April 10, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC



procedures, a fund-raising plan, and annual budget with staff and other Board members. The Board must approve the budget, and all expenditures must be within the budget. Any major change in the budget must be approved by the Board or the Executive Committee. The fiscal year shall be the calendar year. Annual reports are required to be submitted to the Board showing income, expenditures and pending income. The financial records of the organization are public information and shall be made available to the membership, Board members and the public.

#### ARTICLE IV – AMENDMENTS

Section 1: These Bylaws may be amended when necessary by fifty-one percent of the Board of Directors. Proposed amendments must be submitted to the Secretary to be sent out with regular Board announcements.

#### ARTICLE VI – INDEMNIFICATION

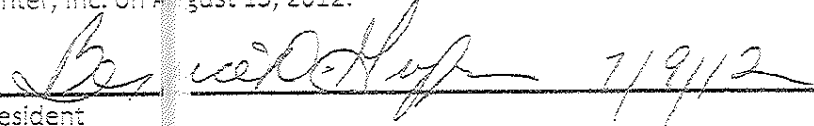
Any director or officer who is involved in litigation by reason of his or her position as a director or officer of this corporation shall be indemnified and held harmless by the corporation to the fullest extent authorized by law as it now exists or may subsequently be amended (but, in the case of any such amendment, only to the extent that such amendment permits the corporation to provide broader indemnification rights).

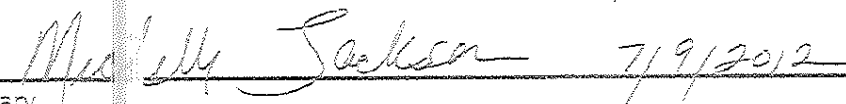
#### ARTICLE VII – DISSOLUTION

In the event of the dissolution of the organization, the assets shall be applied and distributed as follows:

All liabilities and obligations shall be paid, satisfied and discharged, or adequate provision shall be made therefore. Assets not held upon a condition requiring return, transfer, or conveyance to any other organization or individual shall be distributed, transferred, or conveyed, in trust or otherwise, to charitable and educational organization under Section 501 © (3) of the Internal Revenue Code of 1986, as amended, of a similar or like nature to this organization, as determined by the Board of Directors.

These Bylaws were approved at a meeting of the Board of Directors of Behavioral Health Navigators Center, Inc. on August 13, 2012.

 7/9/12  
\_\_\_\_\_  
President

 7/9/2012  
\_\_\_\_\_  
Secretary

BYLAWS OF  
Behavioral Health Navigators Center, Inc.

The name of the organization is Behavioral Health Navigators Center, Inc. The organization shall have a mailing address at 938 E. Swan Creek Road, Suite 110, in Fort Washington, MD 20744, and at such other places as shall be designated by the board of directors from time to time by resolution. The organization has not been formed for making of any profit, or personal financial gain. The assets and income of the organization shall not be distributable to, or benefit the trustees, directors, or officers or other individuals. The assets and income shall only be used to promote corporate purposes as described below. Nothing contained herein, however, shall be deemed to prohibit the payment of reasonable compensation to employees and independent contractors for services provided for the benefit of the organization. The organization is organized exclusively for charitable and educational purposes. This organization shall not carry on any other activities not permitted to be carried on by an organization exempt from federal income tax. The organization shall not participate in any political campaign in any manner. The organization shall not attempt to influence legislation. The organization is organized exclusively for charitable, scientific and educational purposes.

ARTICLE I - MEETINGS

Section 1: Annual Meeting. An annual meeting shall be held once each calendar year for the purpose of electing directors and for the transaction of such other business as may properly come before the meeting. The date of the regular annual meeting shall be set by the Board of Directors who shall also set the time and place.

Section 2: Quarterly Meetings. The Board shall meet at least, four times a year, at an agreed upon time and place.

Section 3: Special Meetings. Special meetings of the Board shall be called upon the request of the Chair or fifty-one percent of the Board. Notices of special meetings shall be sent out by the Secretary to each Board member postmarked two weeks in advance.

Section 4: Notice. Notice of each meeting shall be sent to each voting member, electronically, not less than ten days before the meeting.

ARTICLE II – BOARD OF DIRECTORS

SECTION 1: Number of Directors. The corporation shall be managed by a Board of Directors consisting of 9-12 directors. Fifty-one percent of the governance shall be consumers.

Section 2: Board Elections. Election of new directors or election of current directors to a second term will occur as the first item of business at the annual meeting of the corporation. Directors will be elected by a majority vote of the current directors.

Section 3: Terms. All Board members, with the exception of the founding members, shall serve a two year term or until a successor has been elected and qualified.

distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

IN WITNESS WHEREOF, I have signed these articles and acknowledge the same to be my act.

I hereby consent to my designation in this document as resident agent for this corporation.

SIGNATURE(S) OF INCORPORATOR(S):

B. D. Hays 7/9/12  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF RESIDENT AGENT LISTED IN FIFTH:

B. D. Hays  
\_\_\_\_\_

Filing party's return address:

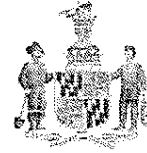
\_\_\_\_\_  
938 E. Swan Creek  
\_\_\_\_\_  
Fort Washington, PA 19074  
\_\_\_\_\_  
\_\_\_\_\_

**STATE OF MARYLAND**

EXECUTIVE DEPARTMENT

**LARRY HOGAN**  
GOVERNOR

**BOYD K. RUTHERFORD**  
LT. GOVERNOR



OFFICE OF THE SECRETARY OF STATE  
STATE HOUSE  
ANNAPOLIS, MARYLAND 21401  
(410) 974-5521  
TOLL FREE 888-874-0013  
FAX (410) 974-5190  
TDD: 800-735-2258

March 10, 2017

**JOHN C. WOBENSMITH**  
SECRETARY OF STATE

Behavioral Health Navigators Center  
8703 Dorian Lane  
Clinton, MD 20735

Dear Chief Executive Officer:

The Office of the Secretary of State is in receipt of your organization's "Exempt Organization Fund-Raising Notice." The filing of this notice signifies that your organization is in compliance with the registration requirements of the Maryland Charitable Solicitations Act. Your organization's registration number is 26491. Please refer to this number in all correspondence with the Charities and Legal Services Division.

In order to renew your registration, a renewal "Exempt Organizations Fund-Raising Notice" should be filed with the Charities and Legal Services Division no later than **8/31/2017**. A renewal notice will be forwarded to your attention within thirty days of your organization's renewal date.

Organizations that either raise less than \$25,000 in charitable contributions or are soliciting contributions for a named individual and the gross amount is delivered to the individual are generally required to file annually an "Exempt Organization Fund-Raising Notice." If your organization raises more than \$25,000 in charitable contributions in a fiscal year, a different registration statement is required. Please contact the Charities and Legal Services Division to obtain the appropriate registration forms.

Please be advised that registration with the Office of the Secretary of State does not constitute or imply endorsement of public solicitation for contribution. If you have any questions, please contact the Charities and Legal Services Division at (410) 974-5534.

Sincerely yours,

A handwritten signature in black ink, appearing to read "John C. Wobensmith".

John C. Wobensmith  
Secretary Of State

CID 26491



# Annual Financial Report for Charities- Form COF-85

Office of the Secretary of State, State House, Annapolis MD 21401 Telephone: 410-974-5534

This form should be filed annually as part of the charitable organization's annual update of registration. This form must be completed if the organization does not file a 990 or 990-EZ with the IRS. This form must also be completed if the organization files a 990-N with the IRS. You do not need to complete this if the organization files a 990 or 990-EZ with the IRS.

Name of organization Behavioral Health Navigators Center

Mailing address of organization 8703 Dorian Lane, Clinton, MD 20735

EIN 80-2834064

Fiscal year ending reported: 12 Month 2017 Year

### Part I- Statement of Revenue

- |   |          |                          |
|---|----------|--------------------------|
| 1. Contributions/donations received:                                  |          | <u>from CEO \$34,624</u> |
| 2. Government Grants/Monies received:                                 |          | <u>0</u>                 |
| 3. Program Service Revenue received:                                  |          | <u>0</u>                 |
| 4. Membership Dues and Assessments received:                          |          | <u>0</u>                 |
| 5. Investment Income received:  |          | <u>0</u>                 |
| 6. Fundraising/Special Events Income:                                 |          |                          |
| a. Gross revenue received from fundraising events:                    | <u>0</u> |                          |
| b. Less Direct Expenses:  | <u>0</u> |                          |
| c. Net revenue received from fundraising events (= line 6a- line 6b)  |          | <u>0</u>                 |
| 7. Gaming activities Income:  |          |                          |
| a. Gross revenue received from gaming activities:                     | <u>0</u> |                          |
| b. Less Direct Expenses:  | <u>0</u> |                          |
| c. Net revenue received from gaming activities (= line 7a- line 7b)   |          | <u>0</u>                 |
| 8. Revenue from Sales of Inventory:                                   |          |                          |
| a. Gross revenue received from sales of inventory:                    | <u>0</u> |                          |
| b. Less cost of goods sold:   | <u>0</u> |                          |
| c. Net revenue received from sales of inventory (= line 8a- line 8b): |          | <u>0</u>                 |
| 9. Other income (provide attachment explaining):                      |          | <u>0</u>                 |
| 10. <b>Total Revenue (sum of lines 1 through 9):</b>                  |          | <u>\$34,624</u>          |

### Part II- Statement of Expenses

- |  |  |                                 |
|--|--|---------------------------------|
| 11. Program Services Expenses incurred:                      |  | <u>\$ 0</u>                     |
| 12. Management and General Expenses incurred:                |  | <u>Services provided M-Rand</u> |
| 13. Fundraising Expenses incurred:                           |  | <u>834,624</u>                  |
| 14. Other Expenses incurred (provide attachment explaining): |  | <u>0</u>                        |
| 15. <b>Total Expenses (sum of lines 11 through 14):</b>      |  | <u>834,624</u>                  |

**Part III- Totals**

- 16. Excess (or deficit) income for the year (= line 10- line 15) 80
- 17. Net assets or fund balances at beginning of year 80
- 18. Net assets or fund balances at end of year (=line 16+ line 17) 80

**Part IV- Statement of Program Accomplishments**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Describe the services provided, the number of persons benefited, and other relevant information for each program.

DESCRIPTION OF PROGRAM SERVICES PROVIDED:	EXPENSES:
a.) Monthly rotating Active Living Project (55 attended)	\$50,000
b.) Wellness program for vulnerable people. Funded 2014-2015	\$15,000
c.) by the CDC, thru 2015 Fort Lauderdale Medical Center	

CDC  
It. Wash  
Medical Center

**Part V- List of officers, directors, trustees, and key employees**

List the officers, directors, trustees, and key employees. Give their name and address, title, average hours per week devoted to the position, and reportable compensation

NAME AND ADDRESS	TITLE	HOURS PER WEEK	REPORTABLE COMPENSATION
M. Jack Kirtz 5703 Dorton Lane, Clinton, MD	President (CHAIR)	5 hrs week	80
Lori Pollock 5703 Dorton Lane, Clinton, MD	Vice Chair	10 hrs week	80
Art H. Hand 5703 Dorton Lane, Clinton, MD	Board Member	1 hr	80
Lenita Hampton 5703 Dorton Lane, Clinton, MD	Treasurer	80 hr	80
Bernice D. Griffin 5703 Dorton Lane, Clinton, MD	Director/CEO	40 hrs	80

**Part VI- Other Information**

19. 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 charitable or non-charitable organization?  Yes  No

20. The financial books are in the care of: Lenita Hampton  
 Located at: 9844 Pickens Place, Manassas Park, Va. 20111  
 Telephone number: 703 559-5307  
 Email address: Lhampton@capitalareapediatrics.com

UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ALL ACCOMPANYING STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

Name of Officer: Bernice D. Griffin, MHA, DPH Title: President + CEO Date: 9/11/17

Signature of Officer: Bernice D. Griffin



Behavioral Health Operating Budget  
Fiscal Year Ending December 30, 2017

**Revenue**

Corporate Donations	\$0
Fundraising	\$0
Individual Contributions	\$34,624
Interest	\$0
Program Fees	\$0
Grants	\$0
<b>Total Revenue</b>	
<b>Expenses</b>	
Administration Supplies and Services	\$1000
<b>Building Expenses</b>	\$16,500
Insurance	\$2,760
Miscellaneous	\$
Equipment	\$0
Transportation	\$11,844
Marketing	\$720
Phone Services	\$1,800
Postage	\$0
Salaries and Benefits	\$0
Benefits	\$0
Administrative	In-kind
Executive Director	In-kind
Development Director	In-kind
FICA & Taxes	\$0
Health Insurance	\$0
<b>Total Expenses</b>	34,624

figures from the IRS Form 990 for fiscal year 2015.

IRS Form 990 ~~WILL~~ NOT be accepted (use COF-85 instead).

On the IRS Form 990, the percentage is calculated by adding together (C) and (D) line 25 from page 10, then dividing that total by line 12 (A) on page 9. On the COF-85 add line's 12 and 13 together and divide that figure by line 10 (total revenue).

A. I hereby certify that the organization spent 0 (%) percent on management and fund-raising expenses in the preceding fiscal year.

B. Calculations:

9. If the response to number 8A exceeds 25%, please respond to the questions below. \*Please note, explanations for exceeding 25% will be carefully reviewed and evaluated for acceptance.

A. Explain why the amount spent on management and fund-raising expenses during the preceding fiscal year is fair and reasonable.

B. Please provide a copy of a plan to reduce future expenses to operate within the 25% range.

10. Please submit a copy of the IRS determination letter designating the organization as a 501(c) (3) entity. (This letter is not required if already on file).

Enclosed  on File \_\_\_\_\_

11. Please submit a copy of the filed articles of incorporation or other organizing instrument for the organization. (This information is not required if already on file).

Enclosed  on File \_\_\_\_\_

12. Please submit a copy of current by-laws. (This information is not required if already on file).

Enclosed  on File \_\_\_\_\_

13. Please submit current operating budget signed by the CEO/ED of the organization.

14. If the organization participated in the 2015 Maryland Charity Campaign, please describe how the campaign funds received were spent (i.e., program services, administration, and fundraising).

N/A

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15. Please attach: (1) a description of the services provided by the organization to Maryland residents for the two preceding years; or (2) if the organization provides services to persons in other countries, a description and proof of financial support received from Maryland residents within the past five (5) years.
16. Please provide a 25 word (or less) description for the MCC Directory. PLEASE USE BLOCKS AND WRITE NEATLY OR TYPE.

Mental Health	Smoking	(Mental Health -	
Behavioral Health	(Non-Smoking -	Research)	
Integrated Care	Treatment)	(Policy -	
Holistic Care	Group Home	Legislation)	
Life Skills	Assisted Living	Medicare Consultant	

17. I, Bernice D. Griffin, CEO do hereby certify that Behavioral Health Navigators Center is in compliance with all federal, state and local laws. I further certify that the Maryland Charity Campaign application and its attachments are true to the best of my knowledge, information and belief. I consent and agree that if this organization is accepted in the Maryland Charity Campaign for State Employees and Retirees and all funds donated to this organization will be used for the provision of services to Maryland residents or persons in other countries. I agree not to spend more than 25% on administrative costs with respect to Maryland Charity Campaign contributions. Signed this 10th day of April, 2017.

Bernice D. Griffin, MPH, DrPH (c)

Name of Chief Executive Officer (typed or printed)

Bernice D. Griffin  
Signature of the Chief Executive Officer

**COUNTER TERRORISM COMPLIANCE**  
**ANTI-TERRORISM COMPLIANCE MEASURES**

In the spirit of compliance with the USA Patriot Act and other counterterrorism laws, the Maryland Charity Campaign requires that each agency certify the following:

"I hereby certify on behalf of Behavioral Health Navigators Center that all Maryland Charity Campaign donations will be used in compliance with all applicable Maryland Charity Campaign requirements, anti-terrorist financing and asset control laws, statutes and executive orders."

Print Name: Bernice D. Griffin

Title: President & CEO

Signature: Bernice D. Griffin Date: 4/11/17

Question 15:

**BHNC provides consultative and specialized services that empower people with disabilities to include:**

Epidemiological Research

Healthy Eating Active Living Project (Wellness Program for Vulnerable Populations)

Clear the Air (Smoking Cessation Project for Individuals with Severe Mental Illness)

Policy Legislation Office of Delegate (State of Maryland)

Non-Smoking Policy Change to Protect Individuals with Severe Mental Illness

Navigation Support Services for Individuals with Mental Illness

Psychiatric Rehabilitation Program for Adults (PRP)

Socialization and Life Skills for Individuals with Severe Mental Illness

Healthy Eating Active Living Project (HEAL)

A Wellness Program For Vulnerable Populations

Assisted Living/Group home for Individuals and Elders with Mental Illness

Advocate for "Champion for Coverage" Centers for Disease Control and Prevention

Medicare/Medicare Supplemental Products

**STATE OF MARYLAND**  
*Department of Assessments and Taxation*

I, HEIDI DUDDERAR, OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BEHAVIORAL HEALTH NAVIGATORS CENTER, INCORPORATION, INCORPORATED JULY 09, 2012, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 08, 2016.



Heidi Dudderar  
Associate Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0009980911  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097

CRTGST



COMPTROLLER  
of MARYLAND

*Serving the People*

Peter Franchot  
Comptroller

Sandra Zinck  
Director  
General Accounting Division

05/13/16

BERNICE D GRIFFIN  
8703 DORIAN LANE  
CLINTON

MD 20735

Dear Sir/Madam:

The following Good Standing Certificate is being issued by the Maryland State Comptroller as requested:

This is to certify that all taxes and charges known to be due to the State of Maryland, as reflected in the records of the Comptroller of the Treasury, General Accounting Division, as of this date, payable through the State Comptroller's Office or the Department of Labor, Licensing and Regulation Division of Contributions by

BEHAVIORAL HEALTH NAVIGATORS CENTER  
F800834064

have been paid.

We make no representation as to the payment of any tax or charge that may be determined to be due from

BEHAVIORAL HEALTH NAVIGATORS CENTER

to the State of Maryland, but which is not reflected in the records of the Comptroller of the Treasury, General Accounting Division, as of this date.

Witness my hand and official seal this 13th day of May 2016.

deputy comptroller  
Comptroller of Maryland

COT/GAD-409A

**Annual Report and Personal Property Return**

STATE OF MARYLAND, DEPARTMENT OF ASSESSMENTS AND TAXATION, PERSONAL PROPERTY DIVISION  
 301 West Preston Street, Room 807 Baltimore, Maryland 21201-2395 • www.dat.maryland.gov • (410) 767-1170 • (888) 246-5941 within Maryland

**2016**

**Form 1**

**Page 1 of 4**

Date Received  
by Department

2/8/16  
*[Signature]*

CHECK ONE

Type of Business	ID # Prefi	Filing Fee	Type of Business	ID # Prefi	Filing Fee
<input type="checkbox"/> Domestic Stock Corporation (D)		\$300	<input type="checkbox"/> Domestic Limited Liability Company (W)		\$300
<input type="checkbox"/> Foreign Stock Corporation (F)		\$300	<input type="checkbox"/> Foreign Limited Liability Company (Z)		\$300
<input type="checkbox"/> Domestic Non-Stock Corporation (D)		- 0 -	<input type="checkbox"/> Domestic Limited Partnership (M)		\$300
<input type="checkbox"/> Foreign Non-Stock Corporation (F)		- 0 -	<input type="checkbox"/> Foreign Limited Partnership (P)		\$300
<input type="checkbox"/> Foreign Insurance Corporation (F)		\$300	<input type="checkbox"/> Domestic Limited Liability Partnership (A)		\$300
<input type="checkbox"/> Foreign Interstate Corporation (F)		- 0 -	<input type="checkbox"/> Foreign Limited Liability Partnership (E)		\$300
<input type="checkbox"/> SDAT Certified Family Farm (A,D,M,W)		\$100	<input type="checkbox"/> Domestic Statutory Trust (B)		\$300
<input type="checkbox"/> Real Estate Investment Trust (D)		\$300	<input type="checkbox"/> Foreign Statutory Trust (S)		\$300

Name of Business

*Behavioral Health Navigators Center*

Mailing Address

*8703 Dorian Lane  
Clinton, MD 20735*

Email Address

*bernice.griffin@behavioral-health-navigators.org*

Check here if this is a change of address

DEPARTMENT ID NUMBER		FEDERAL EMPLOYER IDENTIFICATION NUMBER	
ID# PREFIX	<i>D 1</i>	<i>4766463</i>	<i>80-0834064</i>
DATE OF INCORPORATION OR FORMATION	STATE OF INCORPORATION OR FORMATION	FEDERAL PRINCIPAL BUSINESS CODE	
<i>7/9/12</i>	<i>Maryland</i>		
TRADING AS NAME			

ID # PREFIX  
Type or Print Department ID Number Here

**SECTION I**

- A. Is any business conducted in Maryland? Yes Date began: 7/9/12  
(Yes or No)
- B. Nature of business conducted in Maryland: Behavioral Health
- C. Does the business own, lease or use personal property located in Maryland? Yes If No, skip SECTION II.  
(Yes or No)

**ONLY CORPORATIONS COMPLETE ITEM D**

D. Names and addresses of officers and names of directors (type or print):

	Names	Addresses
President	<i>Bernice Griffin</i>	<i>8703 Dorian Lane, Clinton, MD 20735</i>
Vice-President	<i>J. Cox</i>	<i>2326 Portland Ave NW, Kille, Va 24017</i>
Secretary	<i>Michelle Jackson</i>	<i>115 Franklin St. NW, 1431 WDC 20002</i>
Treasurer	<i>A. Armando CPA</i>	<i>4710 Arkh Place St, Ste 505</i>

	Names	Names
	<i>Dr. Cephas</i>	<i>Camp SP95, MD 20746</i>
	<i>Robert Mumford</i>	
	<i>Diana Tushman</i>	

INCLUDE DEPARTMENT ID NUMBER ON CHECK

PLEASE STAPLE CHECK HERE

**BUSINESS TANGIBLE PERSONAL PROPERTY LOCATED IN MARYLAND**

EACH QUESTION MUST BE ANSWERED—SEE INSTRUCTIONS

ROUND CENTS TO THE NEAREST WHOLE DOLLAR

2016

Form 1  
continued  
Page 2 of 4

**SECTION II**

A. **IMPORTANT:** Show exact location of all personal property owned and used in the State of Maryland, including county, town, and street address (PO Boxes are not acceptable). This assures proper distribution of assessments. If property is located in two or more jurisdictions, provide breakdown by locations by completing additional copies of Section II for each location.

8703 Doran Lane, Clinton, MD 20735 (County) Prince Georges  
(Address, Number and Street) (Zip Code)

Check here if this location has changed from the prior year return.

Is the property located inside the limits of an incorporated town?

Yes (Yes or No)

(Incorporated Town) Clinton

Note: If all of the personal property of this business is located entirely in the following exempt counties: Dorchester, Frederick, Garrett, Kent, Queen Anne's, or Talbot, you may be eligible to skip the remainder of Section II. Refer to Specific Instructions, Section II, A for more information.

① **Furniture, fixtures, tools, machinery and equipment not used for manufacturing or research and development.** State the original cost of the property by year of acquisition and category of property as described in the Depreciation Rate Chart on page 4. Include all fully depreciated property and property expensed under IRS rules.

Columns B through G require an explanation of the type of property being reported. Use the lines provided below. If additional space is needed, provide a supplemental schedule. Failure to explain the type of property will result in the property being treated as Category A property (see instructions for example). Refer to the Depreciation Rate Chart on page 4 for computer equipment rates for categories B and D.

Year Acquired	ORIGINAL COST BY YEAR OF ACQUISITION						TOTAL COST
	A	SPECIAL DEPRECIATION RATES (SEE PAGE 4)					
	B	C	D	E	F	G	
2015							/
2014							
2013							
2012							
2011							
2010							
2009							
2008 & prior							
TOTAL COST COLUMNS A-G →							0

DESCRIBE B through G PROPERTY HERE:

② **Commercial Inventory.** Furnish an average of 12 monthly inventory values taken in Maryland in prior year at cost or market value of merchandise and stock in trade. Include products manufactured by the business and held for retail sale and inventory held on consignment. (Do not include raw materials or supplies used in manufacturing.) Note: LIFO prohibited in computing inventory value.

Average Commercial Inventory  \$ 0 Furnish from the latest Maryland Income Tax return:  
 Opening Inventory - date \_\_\_\_\_ amount \$ \_\_\_\_\_  
 Closing Inventory - date \_\_\_\_\_ amount \$ \_\_\_\_\_

Note: Businesses that need a Trader's License must report commercial inventory here.

③ **Supplies.** Furnish the average cost of consumable items not held for sale (e.g., contractor's supplies, office supplies, etc.).

Average Cost  \$ 0

④ **Manufacturing/Research and Development (R&D) Inventory.** Furnish an average of 12 monthly inventory values taken in Maryland during prior year at cost or market value of raw materials, supplies, goods in process and finished products used in and resulting from manufacturing/R&D by the business. (Do not include manufactured products held for retail sale.)

Average Manufacturing/R&D Inventory  \$ 0 Furnish from the latest Maryland Income Tax return:  
 Opening Inventory - date \_\_\_\_\_ amount \$ \_\_\_\_\_  
 Closing Inventory - date \_\_\_\_\_ amount \$ \_\_\_\_\_



5 Tools, machinery and equipment used for manufacturing or research and development: State the original cost of the property by year of acquisition. Include all fully depreciated property and property expensed under IRS rules.

If the property is located in a taxable jurisdiction, a detailed schedule by depreciation category should be included to take advantage of higher depreciation allowances.

Table with 4 columns: Year Acquired / Original Cost (2015, 2014, 2013, 2012) and Year Acquired / Original Cost (2011, 2010, 2009, 2008 & prior)

TOTAL COST \$ 0

6 Vehicles with Interchangeable Registration (dealer, recycler, finance company, special mobile equipment, and transporter plates) and unregistered vehicles should be reported here. See specific instructions.

Table with 4 columns: Year Acquired / Original Cost (2015, 2014) and Year Acquired / Original Cost (2013, 2012 & prior)

TOTAL COST \$ 0

7 Non-farming livestock \$ (Book Value) \$ (Market Value)

8 Other personal property Total Cost File separate schedule giving a description of property, original cost and the date of acquisition.

\$ 0

9 Property owned by others and used or held by the business as lessee or otherwise Total Cost File separate schedule showing names and addresses of owners, lease number, description of property, installation date and separate cost in each case.

\$ 0

10 Property owned by the business but used or held by others as lessee or otherwise Total Cost File separate schedule showing names and addresses of lessees, lease number, description of property, installation date and original cost by year of acquisition for each location.

\$ 0

SECTION III This Section must be completed.

A. Total Gross Sales, or amount of business transacted during prior year in Maryland: \$ 11,000

B. If the business operates on a fiscal year, state beginning and ending dates:

C. If this is the business' first Maryland personal property return, state whether or not it succeeds an established business and give name:

D. Does the business own any fully depreciated and/or expensed personal property located in Maryland? [ ] yes [X] no

E. Does the submitted balance sheet or depreciation schedule reflect personal property located outside of Maryland? [ ] yes [ ] no

F. Has the business disposed of assets or transferred assets in or out of Maryland during the prior year? [ ] yes [X] no

PLEASE READ "IMPORTANT REMINDERS" ON PAGE 4 BEFORE SIGNING

I declare under the penalties of perjury, pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Behavioral Health Navigators Centre

B. Griffin CEO

X Bernice Griffin SIGNATURE OF PREPARER

X B. Griffin SIGNATURE OF CORPORATE OFFICER OR PRINCIPAL 2/9/16

443-761-0198 PREPARER'S PHONE NUMBER

887-532-5571 BUSINESS PHONE NUMBER

bernice.griffin@behavioral-health-navigators.org See top of page 4 for correct mailing address

behavioral-health-navigators.org

## MAILING INSTRUCTIONS

Use the address below for:

- Initially filed returns.

State of Maryland  
Department of Assessments & Taxation  
Personal Property Division  
PO Box 17082  
Baltimore, Maryland 21207-1052

- Do **not** send Certified Mail to this PO Box. See box at right.

Use the address below for:

- US Postal Service Certified Mail.
- all overnight delivery service mail.
- amended returns, correspondence, appeals, applications, etc.
- late filing penalty payments.

State of Maryland  
Department of Assessments & Taxation  
Personal Property Division  
301 W Preston St  
Baltimore, Maryland 21201-2395

# 2016

**Form 1**  
continued  
**Page 4 of 4**

### IMPORTANT REMINDERS

- Rules for personal property extensions:  
Internet extension requests are due by April 15th and are free of charge.  
Paper extension requests are due on or before March 16th and require a \$20 processing fee for each entity.
- The annual report filing fee is \$300 for most legal entities. Be sure to enclose the correct fee with the Form 1.
- Manufacturing/R&D application deadline is September 1st. Exception for tax years beginning after June 30, 2009 - an exemption application may be filed within 6 months after the date of the first assessment notice for the taxable year that includes the manufacturing personal property. See instruction 11 for more information. A manufacturing exemption cannot be granted unless a timely application is filed. Once filed, no additional applications are required in subsequent years.
- Entities requesting a revised assessment due to other missed exemptions (vehicles, software, charitable organizations, etc.) must file that request within three years of the April 15th date the return was originally due.
- Do not prepay late filing penalties or pay personal property taxes to this Department.
- Business entities that require a Trader's License must report commercial inventory on line item ②.
- This return must be accompanied by Form 4A (Balance Sheet) or latest available balance sheet, and Form 4B (Depreciation Schedule), unless the business does not own any personal property in Maryland. All information on pages 2 and 3 of this report and supporting schedules are held confidential by the Department and are not available for public inspection. Page 1 is public record (Tax-Property Article 2-212).
- If you discontinued business prior to January 1, notify the Department immediately, stating to whom and the date all personal property was sold. If the business is sold on or after January 1 and before July 1, submit statement of sale, including value of personal property, date of sale, name and address of the buyer on or before October 1.
- To ensure proper posting to your account, please include your Department ID number on your return and in all communications with the Department.
- This return must be signed by an officer or principal of the business.
- Make check for filing fee payable to Department of Assessments and Taxation. Place the Department ID number on the check.
- Place the Department ID number on page 1.

### LATE FILING PENALTY

#### DO NOT PAY PENALTIES AT TIME OF FILING RETURN

- A business which files an annual return postmarked after the due date of April 15th will receive an initial penalty of 1/10 of one percent of the county assessment, plus interest at the rate of two percent of the initial penalty amount for each 30 days or part thereof that the return is late.
- Businesses which fail to file this report will receive estimated assessments which will be twice the estimated value of the personal property owned.

### DEPRECIATION RATE CHART FOR 2015 RETURNS

#### STANDARD DEPRECIATION RATE

Category A: 10% per annum\*

All property not specifically listed below.

**SPECIAL DEPRECIATION RATES** (The rates below apply only to the items specifically listed. Use Category A for other assets.)

Category B: 20% per annum\*

Mainframe computers originally costing \$500,000 or more.

Category C: 20% per annum\*

Autos (unlicensed), bowling alley equipment, brain scanners, carwash equipment, contractor's heavy equipment (tractors, bulldozers), fax machines, hotel, motel, hospital and nursing home furniture and fixtures (room and lobby), MRI equipment, mobile telephones, model home furnishings, music boxes, outdoor Christmas decorations, outdoor theatre equipment, photocopy equipment, radio and T.V. transmitting equipment, rental pagers, rental soda fountain equipment, self-service laundry equipment, stevedore equipment, theatre seats, trucks (unlicensed), vending machines, x-ray equipment.

Category D: 30% per annum\*\*

Data processing equipment, canned software.

Category E: 33 1/3% per annum\*

Blinds, carpets, drapes, shades. The following applies to equipment rental companies only: rental stereo and radio equipment, rental televisions, rental video cassette recorders and rental DVDs and video tapes.

Category F: 50% per annum\*

Pinball machines, rental tuxedos, rental uniforms, video games.

Category G: 5% per annum\*

Boats, ships, vessels, (over 100 feet).

Long-lived assets

Property determined by the Department to have an expected life in excess of 10 years at the time of acquisition shall be depreciated at an annual rate as determined by the Department.

\* Subject to a minimum assessment of 25% of the original cost.

\*\* Subject to a minimum assessment of 10% of the original cost.

DATE OF ASSESSMENT NOTIFICATION

OFFICE USE ONLY

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## Information Copy.

Do not send to IRS.

Form 990-N

Department of the Treasury Internal Revenue Service

### Electronic Notice (e-Postcard)

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

OMB No. 1545-2085

2016

Open to Public Inspection

**A** For the **2016** Calendar year, or tax year beginning **2016-01-01** and ending **2016-12-31**

**B** Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

**C** Name of Organization: **BEHAVIORAL HEALTH NAVIGATORS CENTER**

**INCORPORATION**

**8703 Dorian Lane, Clinton, MD, US, 20735**

**D** Employee Identification Number **80-0834064**

**E** Website:

[www.behavioral-health-navigators.org](http://www.behavioral-health-navigators.org)

**F** Name of Principal Officer: **Bernice Griffin**

**8703 Dorian Lane, Clinton, MD, US, 20735**

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average time is 15 minutes.

**Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.**

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2015

Open to Public Inspection

A For the 2015 Calendar year, or tax year beginning 2015-01-01 and ending 2015-12-31

B Check if available

Terminated for Business

Gross receipts are normally \$45,000 or less

C Name of Organization: BEHAVIORAL HEALTH NAVIGATORS

CENTER INCORPORATION

8703 Dorian Lane, Clinton,

MD, US, 20735

D Employee Identification

Number 80-0834064

E Website:

www.behavioral-health-navigators.org

F Name of Principal Officer: Behavioral Health Navigators

Center

8703 Dorian Lane, Clinton,

MD, US, 20735

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

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**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Bernice D. Griffin</i>
	2 Business name/disregarded entity name, if different from above <i>Behavioral Health Navigators Center</i>
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) <i>8703 Dorian Lane</i>
	6 City, state, and ZIP code <i>Clinton, MD 20735</i>
	7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>																				
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Bernice D. Griffin</i>	Date ▶ <i>11/7/16</i>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.