

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| | | | |
|--|---|--|--|
| A For the 2020 calendar year, or tax year beginning | | and ending | |
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization NAMI National | | D Employer identification number 43-1201653 |
| | Doing business as National Alliance on Mental Illness | | E Telephone number 703-524-7600 |
| | Number and street (or P.O. box if mail is not delivered to street address) 4301 Wilson Blvd | Room/suite 300 | |
| | City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 22203-1867 | | G Gross receipts \$ 27,551,090. |
| | F Name and address of principal officer: Daniel Gillison same as C above | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| J Website: ▶ www.nami.org | | H(b) Are all subordinates included? Yes No | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ | | L Year of formation: 1979 M State of legal domicile: AZ | |
| H(c) Group exemption number ▶ | | If "No," attach a list. See instructions | |

| Part I Summary | | | | |
|-----------------------------|--|---|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: Dedicated to improving the lives of persons and their families living with serious mental illness. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 113 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 81 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 8,369. |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 16,613,610. | 25,260,924. |
| | 9 | Program service revenue (Part VIII, line 2g) | 2,265,634. | 959,002. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 284,569. | 123,928. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 265,563. | 154,527. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 19,429,376. | 26,498,381. | |
| Expenses | | | 342,905. | 1,409,911. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 9,114,314. | 9,494,134. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 2,244,986. | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 8,541,556. | 8,460,383. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 17,998,775. | 19,364,428. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,430,601. | 7,133,953. | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 19,357,208. | 39,866,662. |
| | 21 | Total liabilities (Part X, line 26) | 1,909,599. | 14,130,394. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 17,447,609. | 25,736,268. | |

| | | | | |
|---|--|--------------------------------|-------------------------|--|
| 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 | ▶ | May 6, 2021 | | |
| | Signature of officer | Date | | |
| | ▶ David Levy, Chief Financial Officer | | | |
| | Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name Lori A. Collingsworth | Preparer's signature | Date 05/05/21 | Check if self-employed <input type="checkbox"/> PTIN P00639819 |
| | Firm's name ▶ Rogers & Company PLLC | Firm's EIN ▶ 58-2676261 | | Phone no. (703) 893-0300 |
| | Firm's address ▶ 8300 Boone Boulevard, Suite 600 Vienna, VA 22182 | | | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives. See Schedule O

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 10,455,352. including grants of \$ 1,069,361.) (Revenue \$ 637,554.) Public Awareness, Partnerships and Outreach:

In a time of isolation, uncertainty and tragedy, NAMI widened its outreach to serve millions more people in need. As a trusted grassroots mental health organization, NAMI met the nation's need for reliable information and practical solutions. We issued guidance, public statements and resources throughout the year, responding to record levels of interest from individuals, families and the media.

See Schedule O for additional Public Awareness, Partnerships and Outreach highlights in 2020

4b (Code:) (Expenses \$ 2,449,100. including grants of \$ 16,475.) (Revenue \$) Public Policy and Advocacy: NAMI fought for and won urgently needed mental health resources.

Working together, NAMI staff and tens of thousands of advocates faced the mental health crisis that many called "the epidemic within the pandemic," calling for bold action to address the nation's needs while continuing to fight for long-term objectives.

See Schedule O for additional Public Policy and Advocacy Accomplishments in 2020.

4c (Code:) (Expenses \$ 2,740,794. including grants of \$ 204,075.) (Revenue \$ 414,192.) Information, Support and Education: When COVID-19 made virtual gatherings and education a must, we responded.

Moving rapidly to deliver online courses, support groups and national meetings, NAMI reached more individuals and families than ever before. Our evidence-based programs became stronger and more relevant as we refreshed content and improved access.

See Schedule O for additional Information, Support and Education Accomplishments in 2020.

4d Other program services (Describe on Schedule O.) (Expenses \$ 121,803. including grants of \$ 120,000.) (Revenue \$)

4e Total program service expenses 15,767,049.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 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> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d 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? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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 "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | Yes | No |
|--|--|------------|----|
| 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 return | | |
| | 2a 113 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | X | |
| 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)? | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | 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 as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 16 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 16 | | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 on Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, 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? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, CA, CT, FL, IL, GA, KS, MA, MD, MN, ME**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
The Organization - 703-524-7600
4301 Wilson Blvd, No. 300, Arlington, VA 22203-1867

See Schedule O for full list of states

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Daniel Gillison Chief Executive Officer | 37.50 | | | X | | | 247,336. | 0. | 17,710. | |
| (2) David Levy Chief Financial Officer | 37.50 | | | X | | | 166,485. | 0. | 30,139. | |
| (3) Andrew Sperling Dir of Legislative & Policy Advocacy | 37.50 | | | | X | | 158,062. | 0. | 29,862. | |
| (4) Katrina Gay Interim Chief Development Officer | 37.50 | | | | X | | 157,767. | 0. | 16,846. | |
| (5) Angela Kimball Nat Dir Advocacy & Public Policy | 37.50 | | | | X | | 153,581. | 0. | 16,417. | |
| (6) Lisa Lewis Chief Human Resources Officer | 37.50 | | | | X | | 146,879. | 0. | 14,488. | |
| (7) Karen Gerndt Nat Dir Info, Support, Education | 37.50 | | | | X | | 138,271. | 0. | 15,546. | |
| (8) Sherman Gillums Chief Strategy Officer | 37.50 | | | X | | | 13,930. | 0. | 0. | |
| (9) Shirley Holloway-1st VP through 6/30/20; President beginning 7/1/20 | 25.00 | X | | X | | | 0. | 0. | 0. | |
| (10) Adrienne Kennedy President through 6/30/20 | 25.00 | X | | X | | | 0. | 0. | 0. | |
| (11) Joyce Campbell-Director through 6/30/20, 1st VP beginning 7/1/20 | 25.00 | X | | X | | | 0. | 0. | 0. | |
| (12) Charma Dudley- Director through 6/30/20; 2nd VP beginning 7/1/20 | 25.00 | X | | X | | | 0. | 0. | 0. | |
| (13) Vanessa Fernandes- 2nd VP through 6/30/20; Director beg 7/1/20 | 25.00 | X | | X | | | 0. | 0. | 0. | |
| (14) Dave Stafford Treasurer | 25.00 | X | | X | | | 0. | 0. | 0. | |
| (15) Carrie Roach- Director through 6/30/20; Secretary beginning 7/1/20 | 25.00 | X | | X | | | 0. | 0. | 0. | |
| (16) Carlos Larrauri- Secretary through 6/30/20; Dir. beg 7/1/20 | 25.00 | X | | X | | | 0. | 0. | 0. | |
| (17) Jim Hayes Director through 6/30/20 | 15.00 | X | | | | | 0. | 0. | 0. | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) Amanda Lipp Director through 6/30/20 | 15.00 | X | | | | | | 0. | 0. | 0. |
| (19) Lisa Carchedi Director | 15.00 | X | | | | | | 0. | 0. | 0. |
| (20) Lisa Dixon Director | 15.00 | X | | | | | | 0. | 0. | 0. |
| (21) Connie Mom-Chhing Director | 15.00 | X | | | | | | 0. | 0. | 0. |
| (22) Vanessa Price Director | 15.00 | X | | | | | | 0. | 0. | 0. |
| (23) Stacey Owens Director | 15.00 | X | | | | | | 0. | 0. | 0. |
| (24) Micah Pearson Director | 15.00 | X | | | | | | 0. | 0. | 0. |
| (25) Steve Pitman Director | 15.00 | X | | | | | | 0. | 0. | 0. |
| (26) Tracy Plouck Director | 15.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,182,311. | 0. | 141,008. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,182,311. | 0. | 141,008. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 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 | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| Fionta PO Box 223481, Chantilly, VA 20153 | CRM System | 326,782. |
| Masterprint 8401 Terminal Rd, Newington, VA 22122 | Publication Fulfillment | 308,990. |
| Hartman Executive Advisors, 1954 Greenspring Dr., #320, Timonium, MD 21093 | Consulting | 167,650. |
| Mal Warwick, 2550 Ninth St., Suite 103, Berkeley, CA 94710 | Direct Mail | 164,533. |
| Beekeeper Group, 1101 14th St NW Suite 200, Washington, DC 20005 | Consulting | 127,500. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **12**

See Part VII, Section A Continuation sheets

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Row 1: (27) Jim Reiser, Director, 15.00 hours, Individual trustee or director (checked), 0.00, 0.00, 0.00.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|---|---|---------------------------------------|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 51,565. | | | | |
| | b Membership dues | 1b | 282,581. | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,592,100. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 23,334,678. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 358,617. | | | | |
| | h Total. Add lines 1a-1f | | | 25,260,924. | | | |
| | Program Service Revenue | 2 a Government Contracts | Business Code | 900099 | 637,554. | 637,554. | |
| b Walks | | | 900099 | 321,448. | 321,448. | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | 959,002. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 192,956. | | 192,956. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 751,953. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 820,981. | | | |
| | c Gain or (loss) | 7c | | -69,028. | | | |
| d Net gain or (loss) | | | -69,028. | | -69,028. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 324,472. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | 231,728. | | | | |
| c Net income or (loss) from sales of inventory | | | 92,744. | 92,744. | | | |
| Miscellaneous Revenue | 11 a Commission/ Rebates/ Refunds | Business Code | 900099 | 53,414. | | 53,414. | |
| | | | 541800 | 8,369. | 8,369. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| e Total. Add lines 11a-11d | | | 61,783. | | | | |
| 12 Total revenue. See instructions | | | 26,498,381. | 1,051,746. | 8,369. | 177,342. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,382,298. | 1,382,298. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 27,613. | 27,613. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 475,600. | 327,525. | 110,592. | 37,483. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 7,316,477. | 5,038,539. | 1,701,308. | 576,630. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 246,124. | 169,495. | 57,232. | 19,397. |
| 9 Other employee benefits | 883,929. | 608,723. | 205,541. | 69,665. |
| 10 Payroll taxes | 572,004. | 393,914. | 133,009. | 45,081. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 126,659. | 110,680. | 12,554. | 3,425. |
| c Accounting | 47,852. | | 47,852. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 54,149. | | 54,149. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 2,787,165. | 1,974,271. | 438,252. | 374,642. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,113,630. | 867,453. | 610,217. | 635,960. |
| 14 Information technology | 994,446. | 533,072. | 418,182. | 43,192. |
| 15 Royalties | | | | |
| 16 Occupancy | 1,120,064. | 6,093. | 1,113,971. | |
| 17 Travel | 88,075. | 72,551. | 1,892. | 13,632. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 11,173. | 8,929. | 1,624. | 620. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 862,627. | 737,553. | 125,074. | |
| 23 Insurance | 45,355. | | 45,355. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Dues and subscriptions | 124,339. | 98,020. | 19,562. | 6,757. |
| b Temporary labor | 55,264. | 50,950. | | 4,314. |
| c Taxes and registrations | 29,585. | | 14,633. | 14,952. |
| d Overhead allocation | 0. | 3,359,370. | -3,758,606. | 399,236. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 19,364,428. | 15,767,049. | 1,352,393. | 2,244,986. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 4,095,750. | 1 | 13,690,036. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 177,371. | 3 | 10,781. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 218,891. | 8 | 142,033. |
| | 9 Prepaid expenses and deferred charges | 721,578. | 9 | 857,929. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,428,896. | | |
| | b Less: accumulated depreciation | 10b 293,125. | 1,449,954. | 10c 2,135,771. |
| | 11 Investments - publicly traded securities | 12,498,000. | 11 | 14,083,601. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 0. | 14 | 768,497. |
| | 15 Other assets. See Part IV, line 11 | 195,664. | 15 | 8,178,014. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 19,357,208. | 16 | 39,866,662. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,685,301. | 17 | 2,888,855. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 23,980. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 200,318. | 25 | 11,241,539. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,909,599. | 26 | 14,130,394. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 11,283,698. | 27 | 17,729,393. |
| | 28 Net assets with donor restrictions | 6,163,911. | 28 | 8,006,875. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 17,447,609. | 32 | 25,736,268. |
| 33 Total liabilities and net assets/fund balances | 19,357,208. | 33 | 39,866,662. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 26,498,381. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,364,428. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,133,953. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 17,447,609. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,154,706. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 25,736,268. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 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 on Schedule O. | X | |
| 3a 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? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NAMI National

Employer identification number

43-1201653

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 11,374,695. | 13,034,302. | 15,078,323. | 16,613,610. | 25,260,924. | 81,361,854. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 11,374,695. | 13,034,302. | 15,078,323. | 16,613,610. | 25,260,924. | 81,361,854. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 1,538,885. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 79,822,969. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 11,374,695. | 13,034,302. | 15,078,323. | 16,613,610. | 25,260,924. | 81,361,854. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 121,721. | 149,406. | 209,012. | 288,233. | 192,956. | 961,328. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 82,323,182. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 11,416,459. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))..... | 14 | 96.96 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 96.78 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | Yes | No |
| 2a | | | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

NAMI National

Employer identification number

43-1201653

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization NAMI National | Employer identification number 43-1201653 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>1,668,277.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>1,500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>1,592,100.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization NAMI National | Employer identification number 43-1201653 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization NAMI National | Employer identification number 43-1201653 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization NAMI National | Employer identification number 43-1201653 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part 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 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 9,377. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 66,116. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 75,493. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 19,225,790. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 19,301,283. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | 984,728. | 923,784. | 1,000,000. | 1,000,000. | 3,908,512. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,862,768. |
| c Total lobbying expenditures | 1,000. | 850. | | 75,493. | 77,343. |
| d Grassroots nontaxable amount | 246,182. | 230,946. | 250,000. | 250,000. | 977,128. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,465,692. |
| f Grassroots lobbying expenditures | 1,000. | 850. | | 9,377. | 11,227. |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization NAMI National **Employer identification number** 43-1201653

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,186,418. | 1,004,130. | 1,054,391. | 919,301. | 864,258. |
| b Contributions | 196,223. | 30,000. | 30,000. | 20,000. | |
| c Net investment earnings, gains, and losses | 145,761. | 169,788. | -64,261. | 129,590. | 55,043. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 27,500. | 17,500. | 16,000. | 14,500. | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,500,902. | 1,186,418. | 1,004,130. | 1,054,391. | 919,301. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 100.00 %
 - c Term endowment 0.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 2,259,445. | 124,407. | 2,135,038. |
| d Equipment | | 169,451. | 168,718. | 733. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,135,771. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) Deposits | 148,764. |
| (2) Operating lease right-of-use asset | 8,029,250. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 8,178,014. |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) Charitable Gift Annuities | 140,109. |
| (3) Operating lease liability | 11,101,430. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 11,241,539. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 28,282,967. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 1,154,706. | |
| b | Donated services and use of facilities | 2b | 684,029. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 1,838,735. |
| 3 | Subtract line 2e from line 1 | | 3 | 26,444,232. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 54,149. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 54,149. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 26,498,381. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 19,994,308. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 684,029. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 684,029. |
| 3 | Subtract line 2e from line 1 | | 3 | 19,310,279. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 54,149. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 54,149. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 19,364,428. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

Funding for the payment of obligations and mission-related expenses, administrative expenses and the growth of financial surplus while seeking to maintain the purchasing power of the endowment funds.

Part X, Line 2:

Management has evaluated NAMI's tax positions and concluded that there are no significant uncertain tax positions that qualify for either recognition or disclosure in the accompanying financial statements.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **NAMI National** Employer identification number **43-1201653**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| McLean Hospital-McLean Hospital 0607 - 115 Mill Street, Mail Stop 126 - Belmont, MA 02478 | 04-2697981 | 501(c)(3) | 60,000. | 0. | N/A | N/A | Research |
| The Regents of the U-RegentsUnivMichigan - 1000 Victors Way - Ann Arbor, MI 48108 | 38-6006309 | 501(c)(3) | 135,000. | 0. | N/A | N/A | Research |
| CIT International, I-081720 2825 E. Cottonwood Parkway, Suite 5 Salt Lake City, UT 84121 | 80-0263969 | 501(c)(3) | 16,475. | 0. | N/A | N/A | Research |
| Foundation for the National Institutes of Health - 11400 Rockville Pike, Suite 600 - North Bethesda, MD 20852 | 52-1986675 | 501(c)(3) | 38,000. | 0. | N/A | N/A | Research |
| Massachusetts Genera-10.8.2020 125 Nashua St Boston, MI 02114 | 04-1564655 | 501(c)(3) | 75,000. | 0. | N/A | N/A | Research |
| NAMI Washington 1107 NE 45th St., Suite 230 Seattle, WA 98105 | 91-1689067 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **111.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Kansas PO Box 675 Topeka, KS 66601 | 48-1061361 | 501(c)(3) | 15,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Alabama 1401 I-85 Montgomery, AL 36106 | 63-0977897 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Alaska PO Box 201753 Anchorage, AK 99520 | 92-0111673 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Arizona 5025 E. Washington St., STE 112 Phoenix, AZ 85034 | 86-0464872 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Arkansas 1012 Autumn Rd. Little Rock, AR 72211 | 71-0569165 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Athens 100 Hospital Dr. Athens, OH 45701 | 31-1543181 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Berks County PA 640 Centre Ave. Reading, PA 19601 | 81-1913011 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Buffalo & Erie PO Box 146 Buffalo, NY 14223 | 22-2573563 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI California 1851 Heritage Ln Suite #150 Sacramento, CA 95815 | 94-2676057 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Central Texas 4110 Guadalupe St., Bldg 781, Romm Austin, TX 78751 | 74-2374858 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Coastal Virginia 291 Independence Blvd, Suite 542 Virgina Beach, VA 23462 | 23-7086575 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Colorado 3333 South Bannock St., Suite 430 Englewood, CO 80110 | 74-2240544 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Columbia County PO Box 269 Valatie, NY 12184 | 45-4307089 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Connecticut 1030 New Britain Ave. West Hartford, CT 06110 | 22-2605701 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Davidson Co. 392 Harding Place, Ste 203 Nasville, TN 37211 | 80-0597038 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI DC 422 8th St. SE Washington, DC 20003 | 52-1258678 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Delaware & Morrow Counties 814 Bowtown Rd. Delaware, OH 43015 | 28-3448885 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Delaware 2400 West 4th St. Wilmington, DE 19803 | 22-2490797 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Eastside 16225 NE 87th St. A-9 Redmonds, WA 98052 | 91-2106510 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI El Paso PO Box 9771 El Paso, TX 79995 | 74-2377105 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Florida PO Box 961 Tallahassee, FL 32302 | 59-2859337 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Georgia 4120 Presidential Parkway Suite 200 Atlanta, GA 30340 | 58-1466482 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Greater Cleveland 2012 W 25th Suite 600 Cleveland, OH 44113 | 20-2254268 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Greater Los Angeles Co. 3600 Wilshire Blvd Ste 1804 Los Angeles, CA 90010 | 95-4049720 | 501(c)(3) | 15,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Greater Mississippi Valley 1035 W. Kimberly Rd., Suite 4 Davenport, IA 52806 | 42-1188963 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Greenville 2320 E. North St., Suite L Greenville, SC 29607 | 57-0810748 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Gulf Coast PO Box 4096 Alvin, TX 77512 | 76-0276724 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Hawaii State 770 Kapiolani Blvd, Suite 613 Honolulu, HI 96813 | 99-0272540 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Idaho 1985 E 25th St Idaho Falls, ID 83404 | 94-3141046 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Illinois 218 West Lawrence Springfield, IL 62704 | 36-3305804 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Indiana, Inc 921 East 86th St. Suite 130 Indianapolis, IN 46420 | 35-1640701 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Iowa 3839 Mirle Hay Rd. Ste 229 Des Moines, IA 50310 | 23-7084780 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Jacksonville Fl 6300 Beach Blvd. Jacksonville, FL 32216 | 59-2931035 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Johnson County 1105 Gilbert Ct. #200 Iowa Cloty, IA 52240 | 42-1310908 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Kentucky 2441 S Hwy 27 Somerset, KY 42501 | 61-1140329 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Keystone Pennsylvania 105 Braunlich Dr. Suite 200 Pittsburgh, PA 15237 | 25-1477291 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Lake County OH One Victoria Square Painesville, OH 44077 | 01-0917297 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Lorain County 6125 S. Broadway Lorain, OH 44053 | 34-1577593 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Louisiana PO Box 40517 Baton Rouge, LA 70835 | 72-1038877 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Maine 1 Bangor St. Augusta, ME 04330 | 01-0406214 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Maryland 10630 Little Patuxent Parkway, Suite Columbia, MD 21044 | 52-1295484 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Massachusetts 529 Main St., Suite 1M17 Boston, MA 02129 | 04-2777012 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Mercer NJ 1235 Whitehorse Mercerville Rd. Hamilton, NJ 08619 | 22-2587453 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Metropolitan Baltimore 6600 York Rd, Suite 204 Baltimore, MD 21212 | 52-1301154 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Miami-Dade County 299 Alhambra Circle, Suite 224 Coral Gables, FL 33133 | 59-2207150 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Michigan 401 S. Washington Ave. Suite 104 Lansing, MI 48933 | 38-2643038 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Mid Carolina PO Box 2526 Columbia, SC 29202 | 57-0793024 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Mid-Hudson PO Box 787 Poughkeepsie, NY 12602 | 11-2622795 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Minnesota 1919 University Ave W Ste 400 Saint Paul, MN 55104 | 41-1317030 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Mississippi 2618 Southerland St Jacksonville, MS 39216 | 64-0786349 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Missouri 3405 West Truman Blvd., Suite 102 Jefferson City, MO 65109 | 43-1398666 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Montana PO Box 1021 Helena, MT 59624 | 81-0441706 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Montgomery County 9210 Corporate Boulevard, Suite 170 Rockville, MD 20850 | 52-1150412 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Nebraska 415 S. 25 Avenue Amex Building Omaha, NE 68131 | 36-3460128 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Nevada 3100 Mill st. Suite 206 Reno, NV 89502 | 88-0278206 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI New Hampshire 85 N. State St. Concord, NH 03301 | 22-2760743 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI New Jersey 1562 Route 130 North Brunswick, NJ 08902 | 22-2619966 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI New Mexico 2015 Wyoming Blvd., NE, Suite E Albuquerque, NM 87112 | 85-0333255 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI New York State 99 Pine St, Suite 105 Albany, NY 12207 | 22-2571353 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI North Carolina 309 Millbrook Rd., Suite 121 Raleigh, NC 27609 | 56-1438623 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI North Texas 2812 Swiss Ave. Dallas, TX 75204 | 75-1875023 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Northern Nevada PO Box 50564 Sparks, NV 89435 | 88-0240074 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Northside Atlanta PO Box 244043 Atlanta, GA 30324 | 45-1227396 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Ohio 1225 Dublin Rd., Suite 125 Columbus, OH 43215 | 31-1073968 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Oklahoma 3812 N Santa Fe Ave., Suite 305 Oklahoma City, OK 73118 | 73-1248588 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Oregon 4701 SE 24th Ave., Suite E Portland, OR 97202 | 93-0875209 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Palm Beach County 5205 Greenwood Ave., Suite 110 West Palm Beach, FL 33407 | 59-2301320 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Pierce County PO Box 111923 Tacoma, WA 98411 | 91-1802437 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Pinellas County 8800 49th St. North #302 Pinellas Park, FL 33782 | 59-2819044 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Queens/Nassau 1981 Marcus Ave., Suite C117 Lake Success, NY 11042 | 11-2666397 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Rhode Island 154 Waterman St., Suite 5B Providence, RI 02906 | 22-2805141 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Rochester Good Mtn St. Suite 102 Rochester, NY 14607 | 22-2797794 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Rockland 140 Old Orangeburg Rd., Building 57 Orangeburg, NY 10962 | 13-3196573 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI San Antonio 6800 Park Ten Blvd. Suite 248-E San Antonio, TX 78213 | 74-2361886 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI San Mateo Count 2755 Campus Dr. Ste 210 San Mateo, CA 94403 | 94-2650681 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Santa Clara County 1150 South Bascom Ave. Suite 24 San Jose, CA 94128 | 94-2430956 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Sarasota County 1226 North Tamiami Trail #301 Unit Sarasota, FL 34236 | 59-2464505 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Seattle 802 NW 70th St. Seattle, WA 98117 | 91-1043712 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Skagit 2222 Riverside Dr. Skagit City, WA 98273 | 91-1973521 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Solano County PO Box 3334 Fairfield, CA 94533 | 94-3024777 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI South Carolina 1735 St. Julian Pl., Ste 300 Columbia, SC 29204 | 57-0822032 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI South Dakota PO Box 88808 Sioux Falls, SD 57109 | 36-3593027 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Southwest Iowa PO Box 31 Clarinda, IA 51032 | 82-3642615 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Southwest Ohio 4055 Executive Park Dr., Suite 450 Cincinnati, OH 45241 | 31-0998076 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Spokane 10 N Post Street, Suite 638 Spokane, WA 99201 | 91-1153510 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI St. Louis 1810 Craig Rd, Suite 124 St. Louis, MO 63146 | 43-1143899 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI St. Tammany 23515 Hwy 190 Mandeville, LA 70448 | 58-1866671 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Tallahassee PO Box 14842 Tallahassee, FL 32317 | 59-2967900 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Tennessee 1101 Kermit Dr. Ste 605 Nashville, TN 37217 | 58-1679614 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Texas 4110 Guadalupe St, Austin, TX 78751 | 74-2380175 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Thurston-Mason 4305 Lacey Blvd., SE, Suite #28 Lacey, WA 98503 | 91-1362711 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Urban Greater Cincinnati 1558 Blair Ave. Cincinnati, OH 45207 | 45-3130617 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Utah 1600 West 2200 Sout #202 West Valley City, UT 84119 | 87-0432972 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Valley Of The Sun 5025 E. Washington St STE 112 Phoenix, AZ 85034 | 86-0586718 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Vermont 600 Blair Park Rd., Suite #301 Williston, VT 05495 | 03-0297954 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Virginia PO Box 8260 Richmond, VA 23226 | 54-1267632 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Wake County 120 W Hargett St. Raleigh, NC 27605 | 56-1552949 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI West Central Indiana 913 Columbia St. Lafayette, IN 47901 | 35-1707937 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Westchester 100 Clearbrook Rd Elmsford, NY 10523 | 13-3099544 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |

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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI Western Nevada PO Box 4633 Carson City, NV 89702 | 46-5129475 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Whatcom PO Box 5571 Bellingham, WA 98227 | 91-1245978 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Wisconsin Inc. 4233 Beltline Hwy Madisocn, WI 53711 | 39-1397227 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI Wood County PO Box 432 Bowling Green, OH 43402 | 34-1719628 | 501(c)(3) | 7,500. | 0. | N/A | N/A | Covid Relief |
| NAMI Wyoming PO Box 1883 Casper, WY 82602 | 83-0277780 | 501(c)(3) | 10,000. | 0. | N/A | N/A | Covid Relief |
| NAMI New York City Metro 505 8th Ave. Ste 113 New York, NY 10018 | 13-3077692 | 501(c)(3) | 22,500. | 0. | N/A | N/A | Covid Relief |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| Grant to participate in NAMIHomefront Advisory Group | 14 | 113. | 0. | N/A | N/A |
| NAMI Scientific Research Award | 1 | 27,500. | 0. | N/A | N/A |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

NAMI monitors use of grant funds through review of financial and performance report of grantees.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NAMI National

Employer identification number

43-1201653

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Daniel Gillison Chief Executive Officer | (i) | 227,342. | 18,410. | 1,584. | 0. | 17,710. | 265,046. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) David Levy Chief Financial Officer | (i) | 153,288. | 12,300. | 897. | 7,038. | 23,101. | 196,624. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) Andrew Sperling Dir of Legislative & Policy Advocacy | (i) | 152,344. | 5,149. | 569. | 6,915. | 22,947. | 187,924. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) Katrina Gay Interim Chief Development Officer | (i) | 148,468. | 8,792. | 507. | 6,415. | 10,431. | 174,613. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) Angela Kimball Nat Dir Advocacy & Public Policy | (i) | 147,373. | 5,725. | 483. | 6,307. | 10,110. | 169,998. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) Lisa Lewis Chief Human Resources Officer | (i) | 141,937. | 4,489. | 453. | 4,389. | 10,099. | 161,367. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) Karen Gerndt Nat Dir Info, Support, Education | (i) | 133,402. | 4,427. | 442. | 5,850. | 9,696. | 153,817. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **NAMI National** Employer identification number: **43-1201653**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 37 | 358,617. | Traded Market Value |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other () | | | | |
| 26 | Other () | | | | |
| 27 | Other () | | | | |
| 28 | Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NAMI National

Employer identification number

43-1201653

Form 990, Part I, Doing Business As:

National Alliance on Mental Illness

Form 990, Part III, Line 1, Organization Mission:

Our Vision:

NAMI envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares.

Our Mission:

NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

Our Values:

HOPE

We believe in the possibility of recovery, wellness and the potential in all of us.

INCLUSION

We embrace diverse backgrounds, cultures and perspectives.

EMPOWERMENT

We promote confidence, self-efficacy and service to our mission.

COMPASSION

We practice respect, kindness and empathy.

FAIRNESS

We fight for equity and justice.

Name of the organization

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DIVERSITY, EQUITY AND INCLUSION

The drive to end mental health disparities begins with NAMI's unwavering commitment to social justice.

NAMI is committed to breaking down the systemic barriers that keep millions from receiving the care, understanding and support they deserve. In 2020, this fight reached new levels as we spoke out against all forms of discrimination and affirmed our resolve to make diversity, equity and inclusion (DEI) an integral part of everything we do.

SEEING RACISM AS A MENTAL HEALTH CRISIS

In the wake of George Floyd's death, NAMI issued a statement on the searing mental health impact of racially motivated violence.

NAMI's National Board of Directors adopted a resolution condemning all acts of prejudice, stating that all people deserve equitable health outcomes and full inclusion.

In an editorial for STAT, a health care publication, CEO Dan Gillison affirmed NAMI's fight to end discrimination that puts people with mental illness behind bars, emphasizing justice for people of color.

NAMI also publicly condemned the tragic deaths of Daniel Prude in Rochester, N.Y., and Walter Wallace, Jr., in Philadelphia, leading the call for alternatives to law enforcement first response that will save lives during a mental health crisis.

INGRAINING DEI (DIVERSITY, EQUITY AND INCLUSION) INTO OUR DNA

NAMI embedded our commitment to achieving equal opportunity in

Name of the organization

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Employer identification number

43-1201653

employment, participation and advancement into "Who We Are," a philosophy that drives all levels of our organization. By investing in and cultivating an inclusive environment that embraces, encourages and supports the diversity of our employees, leadership and staff, we better reflect - and respect - the communities that we are committed to serve.

WIDER ACCESS TO OUR WEBSITE CONTENT

A new accessibility tool helped make NAMI's website more user-friendly and inclusive. The tool enables users to enlarge screen displays, translate text from English to other languages and hear content read aloud.

RESPONDING TO COVID-19

EVOKING NEW, MORE INCLUSIVE CONVERSATIONS ON MENTAL HEALTH

By turning our quarterly Ask the Expert webinars into monthly events, NAMI found new opportunities to engage people who have long been overlooked by the mental health system. Webinar hosts held discussions on the unfair burden COVID-19 placed on underserved communities, the need for greater cultural competence in mental health care and much more. We developed new content for our identity and culture pages on NAMI.org addressing the intersection between culture, identity and mental health, identifying the current barriers to effective care and showing where people can turn to for help. Facts, perspectives and tools are offered for people who identify as Black/African American, Hispanic/Latinx, LGBTQI, Asian American/Pacific Islander or Indigenous, as well as people living with disabilities.

Name of the organization

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Form 990, Part III, Line 4a, Public Awareness, Partnerships and Outreach:

AWARENESS AND COMMUNITY

In a time of isolation, uncertainty and tragedy, NAMI widened its outreach to serve millions more people in need.

As a trusted grassroots mental health organization, NAMI met the nation's need for reliable information and practical solutions. We issued guidance, public statements and resources throughout the year, responding to record levels of interest from individuals, families and the media.

30,700 media articles nationwide

14,000 articles on COVID-19

510% more articles mentioning NAMI's HelpLine

1,000+ article links drove 24,000 visitors to NAMI.org

DR. KEN APPEARS ON CNN, BBC WORLD NEWS

As the pandemic captured global attention, NAMI Chief Medical Officer Ken Duckworth, M.D., appeared on the BBC's London evening newscast, offering suggestions for coping with social isolation. In April, CNN's "Chris Cuomo Prime Time Show" welcomed Dr. Ken to a two-hour special on COVID-19. He returned to the show to explore mental health and substance use risks created by lockdown.

WIDER COVERAGE ON MORE NEWS OUTLETS

NAMI reached new audiences through stories in Agence France-Presse, Bloomberg Businessweek, the Center for Public Integrity, CNN's "Vive la Salud," National Geographic, Newsweek, Telemundo: PULSO NEWS,

| | |
|---|--|
| Name of the organization NAMI National | Employer identification number 43-1201653 |
|---|--|

Today.com, Univision Radio's "Buenos Dias America," Vogue and the Wall Street Journal.

REFRESH OF OUR NATIONAL WEBSITE

We introduced a new look and feel for NAMI.org, making information easier to find. The site helps users on their journey for support and delivers updated mental health facts and figures, policy statements, and updated content on our identity and culture web section.

THE ADVOCATE GOES DIGITAL

NAMI's flagship magazine debuted on both desktop and mobile-friendly platforms with a responsive format that lets readers browse past issues.

"STRENGTH OVER SILENCE" VIDEOS FEATURE NEW VOICES

New installments in our ongoing series highlighted the mental health stories of Yulanda Ming Blackson, a NAMI In Our Own Voice presenter from Maryland; Rosemary Ketchum, the first-ever politically-elected trans woman in West Virginia; and Pooja Mehta, a rising leader in the Asian American/Pacific Islander mental health community.

SOCIAL MEDIA ENGAGEMENT SOARS

NAMI gained followers on all platforms, with a 10% surge in engagement over 2019.

117 MILLION impressions

6 MILLION engagements

1.1 MILLION click-throughs (+40%)

174,000 NEW FOLLOWERS (+24%)

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NAMI BLOG LEADS AGAIN

For the second year, the NAMI Blog was recognized as a leading depression blog by Healthline Magazine.

4.5 MILLION PAGE VIEWS in our blog archive (+13%)

278,000 VIEWS IN JANUARY, our top month (+14%)

RESPONDING TO COVID-19**"YOU ARE NOT ALONE" FOSTERS CONNECTION AND HOPE**

NAMI's refreshed "You Are Not Alone" campaign reflected the isolation often felt by people living with mental illness - a theme that resonated powerfully in 2020. Throughout the year, we emphasized the healing value of connecting in safe ways, prioritizing mental health and acknowledging that it's okay to feel not okay. NAMI's blogs, personal stories and digital toolkits fostered a strong sense of community and caring. The campaign led to a 300% increase in visits to NAMI.org during May's Mental Health Awareness Month.

NAMI PARTNERSHIPS

The generosity and creativity of our strategic partners made our progress possible.

With the conversation on mental health reaching new dimensions, NAMI worked with new and existing partners to deliver the support, tools and insights that people urgently needed.

GROUNDBREAKING COALITION CREATES UNIFIED VISION

Name of the organization

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Employer identification number

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NAMI joined with the senior leaders of 14 partner organizations to create a shared vision for transforming mental health in the United States. Leaders agreed to focus their collective efforts on early intervention, better access to care and the creation of clear paths to recovery. This landmark coalition, dubbed the "CEO Huddle," is committed to working with state and local governments to improve mental health care infrastructure, increase resources and remove barriers to care.

PARTNERS AND AMBASSADORS ELEVATE CONVERSATIONS

During Bebe Moore Campbell Minority Mental Health Awareness Month, NAMI released the "Black Mental Health Matters" guide, which was promoted on Instagram's official account with more than 360 million followers. The guide offers in-depth facts and perspectives on the impact of culture and race on mental health. Throughout the month, NAMI Ambassadors from diverse backgrounds sparked discussions on race, racism and mental health through social media. More than 1.2 million people visited NAMI.org, where they found blogs and personal stories representing diverse perspectives on mental health.

STARBUCKS SUPPORTS EMPLOYEES, FRONTLINE HEROES

The longtime NAMI partner announced that all U.S. employees and eligible family members can receive up to 20 therapy sessions each year. Free coffee throughout December, along with a generous donation supporting NAMI Frontline Wellness, gave frontline workers a much-needed boost.

GOOGLE GUIDES THOUSANDS TO ANXIETY SCREENING TOOL

Name of the organization

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We teamed with Google to direct people searching for anxiety information to a screening tool that helps measure anxiety symptoms, enabling them to determine if they need professional help. Following the assessment, users were offered links to helpful information on NAMI.org.

ACCOLADES FROM THE CHILD MIND INSTITUTE

NAMI received the Institute's Change Maker 2020 Outstanding Organization Award, recognizing our work to create meaningful change for children struggling with mental health.

DIY FUNDRAISER GARNERS \$460,000

Lee Steinfeld, known to his YouTube followers as Leonheart, raised thousands for NAMI in a DIY fundraiser opening rare Pokmon cards. This was his second year as our top DIY fundraiser. In 2019, he gathered more than \$68,000 as he opened and shared the collectible cards via his YouTube channel.

RESPONDING TO COVID-19

NETFLIX HELPS NAMI REACH MORE YOUNG PEOPLE

As part of Netflix's "Wanna Talk About It?" series on Instagram Live, NAMI's Chief Medical Officer Ken Duckworth, M.D., and actor Noah Centineo reached teens and young adults with an open discussion on self-care. The series shared mental health facts and tips, including ways to stay safe without feeling isolated and how to maintain healthy routines and limit news intake to manage anxiety.

Form 990, Part III, Line 4b, Public Policy and Advocacy:

Name of the organization

NAMI National

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ADVOCACY

NAMI fought for and won urgently needed mental health resources.

Working together, NAMI staff and tens of thousands of advocates faced the mental health crisis that many called "the epidemic within the pandemic," calling for bold action to address the nation's needs while continuing to fight for long-term objectives.

988 CRISIS NUMBER BECOMES LAW

NAMI led coalition efforts to establish a nationwide, three-digit number to help people in mental health crises - an important step in building a more robust response system while reducing the role of law enforcement. Congress passed the National Suicide Hotline Designation Act, creating a national calling code, 988, for mental health crises and suicide prevention, to be available by July 2022.

LANDMARK WIN FOR VETERANS

Congress passed the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, which supports evidence-based suicide prevention programs, expanded telehealth, wider access to alternative therapies and more. Commander Hannon was a NAMI Montana advocate who shared his experiences with PTSD, traumatic brain injury and bipolar disorder to illuminate the struggles many veterans face.

FEDERAL FUNDING FOR CRISIS SERVICES

Lawmakers approved a first-ever increase in the federal community mental health block grant that sets aside funding specifically for crisis services. This provides seed money for states to develop and expand crisis response services such as mobile crisis teams.

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IMPROVING CARE FOR JUSTICE-INVOLVED PEOPLE WITH MENTAL ILLNESS

Congress passed bipartisan legislation to authorize new Department of Justice grants that will improve crisis stabilization services, provide better access to mental health care in jails and prisons, and offer continuity of care for former inmates as they return to the community.

WIDER ACCESS TO INPATIENT CARE

NAMI encouraged state waiver proposals to allow for Medicaid payment of inpatient care at certain facilities known as IMDs. This year, four more states successfully submitted IMD waivers to expand access to inpatient care.

NEW REPORTS HIGHLIGHT ISSUES AND OPPORTUNITIES

NAMI released in-depth reports, outlining ways to strengthen mental health care, keep people with mental illness out of the justice system, and the need to preserve the Affordable Care Act. A review of state-level wins in mental health legislation highlighted both progress and future opportunities.

RESPONDING TO COVID-19

BILLIONS IN EXPANDED FUNDING FOR MENTAL HEALTH

NAMI fought for COVID-19 relief provisions that came before Congress, securing more resources to meet the surge in demand for mental health care, suicide prevention, housing assistance, telehealth and more. Our advocacy efforts resulted in \$4.25 billion in expanded funding for the Substance Abuse and Mental Health Services Administration (SAMHSA), including an additional \$1.65 billion for the mental health block grant

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- more than double the annual block grant budget for 2021.

VOTE4MENTALHEALTH.ORG

Advocates prove that every #Vote4MentalHealth matters.

NAMI relaunched its #Vote4MentalHealth campaign, which included a new website filled with tools and resources for advocates seeking to exercise their right to vote. With tips for engaging candidates and resources for finding key election dates by state, the site also invited people to take the #Vote4MentalHealth pledge. NAMI received thousands of pledges as advocates shared what #Vote4MentalHealth meant to them and encouraged others to join the movement.

NAMI recognized a group of #Vote4MentalHealth All-Stars - NAMI State Organizations and Affiliates across the country who went above and beyond to get out the vote, highlighting the power of the ballot box in working for meaningful change.

"We wanted to get the power of voting into the hands of as many people as possible," said Nikki Dawson of NAMI Keystone Pennsylvania. "Using our local HelpLine to field voter assistance requests, we were able to help people register, find a polling location or dropbox, or understand their mail-in voting options."

Thanks to our campaign, many of our NAMI organizations were able to provide a much-needed service during the election season - helping thousands of mental health advocates exercise their right to vote.

| | |
|---|--|
| Name of the organization NAMI National | Employer identification number 43-1201653 |
|---|--|

NAMI FRONTLINE WELLNESS

We took bold, decisive action to support the mental health of frontline professionals across the country.

On World Mental Health Day in October, NAMI launched a powerful new initiative to meet the mental health needs of public safety and health care professionals. Starting with a dedicated website filled with free, confidential resources available 24/7, NAMI Frontline Wellness quickly expanded with special tools for NAMI State Organizations and Affiliates to use in local outreach.

To mark the program's launch, volunteers from NAMI New York City Metro and NAMI Greater Los Angeles County joined Starbucks and Operation Gratitude to deliver 1,000 care packages to health care and public safety facilities in both cities. Packages shared helpful resources and products generously donated by our partners.

Even after the pandemic has passed, NAMI will continue this crucial program of support for physicians, nurses, emergency dispatchers, police officers, firefighters and other professionals who often face life-and-death decisions.

NAMI Frontline Wellness addresses the pressures that can cause depression, post-traumatic stress disorder, substance use and even suicide among frontline professionals. A dedicated blog will serve as an ongoing channel for professionals seeking to share personal stories, videos and messages of encouragement for their colleagues.

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HEARTFELT THANKS TO OUR PARTNERS

NAMI Frontline Wellness was developed with generous funding from our lead partner, #FirstRespondersFirst, and additional support from Starbucks, KIND Snacks, Frontline Impact Project, the Johnson & Johnson Foundation, Thrive Global, The T.H. Chan School of Public Health at Harvard University and the CAA Foundation. Ongoing partner support will expand the program's impact through grants to NAMI Affiliates nationwide.

Form 990, Part III, Line 4c, Information, Support and Education:

EDUCATION AND SUPPORT

When COVID-19 made virtual gatherings and education a must, we responded. Moving rapidly to deliver online courses, support groups and national meetings, NAMI reached more individuals and families than ever before. Our evidence-based programs became stronger and more relevant as we refreshed content and improved access.

WELCOMING 12,500+ ATTENDEES TO NAMICON ONLINE

We turned our annual convention into a virtual event that drew thousands from across the U.S. and the globe. Meeting online made it possible to share key mental health resources, research updates and programming with more individuals, families, friends, allies and advocates ever - at a time when people needed it most.

TOP AWARDS FOR NAMI BASICS ON DEMAND

The Brandon Hall Group, a leader in health care management research and analysis, recognized the online version of NAMI's signature education program with a Gold Award for best advance in competencies and skill

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development, a Silver Award for best advance in learning technology implementation, and Bronze Awards for best use of blended learning and social collaborative learning.

CORE PROGRAM UPDATED TO BETTER SERVE FAMILIES

In early 2020, we rolled out a new curriculum for NAMI Family-to-Family, our flagship education program for caregivers and families. Drawing on input from thousands of teachers, trainers and past participants, we updated course content and structure to reach underserved groups. The revised course features simpler, more inclusive language and fresh new audiovisual content with animated videos.

EMPOWERING LAW ENFORCEMENT WITH OUR STORIES

NAMI released new blended training sessions for NAMI Sharing Your Story with Law Enforcement, a program that teaches NAMI volunteers how to participate in crisis intervention training sessions that help police officers work safely and effectively with people living with mental illness. More than 7,600 volunteers enrolled in the blended sessions, which combine online training and coaching with in-person instruction, conducted safely in selected locations.

RESPONDING TO COVID-19

THE DRIVE TO REACH MORE PEOPLE ONLINE

As NAMI State Organizations and Affiliates rapidly mobilized to offer classes, presentations and support groups in virtual environments, our national team created standards and support to make the transition easier. We helped leaders and teams across the Alliance to address concerns such as privacy and confidentiality, which virtual platform to

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choose and how to smoothly host online sessions. A new video series offered step-by-step technical guidance for meeting leaders, helping them deliver the best possible experience for online attendees.

BUILDING OUR ALLIANCE

The challenges of 2020 made NAMI even stronger.

Facing unprecedented demands for support, resources and expertise, our NAMI State Organizations and Affiliates shared solutions and embraced new tools for planning, learning and leading.

NAMI-CREATED BOARD TRAINING MOVES ONLINE

New and existing members of our NAMI State Organization Boards benefited from virtual talks and resources on board roles and responsibilities, sustainable growth and more. These new tools reached more than 600 Board members across the country.

NONPROFIT LEADERSHIP LAB LAUNCHES

Leading nonprofit expert Joan Garry created a special edition of her educational and community-building lab exclusively for NAMI, helping state leaders across the country strengthen their fundraising skills, engage local board members and increase local membership.

RESOURCES FOR MANAGING THROUGH THE PANDEMIC

We doubled down on our efforts to support the operation of NAMI State Organizations and Affiliates. Local teams received tips to help them build virtual workplaces, secure funds through the federal Payroll Protection Plan loan program, and updates on national HelpLine

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operations.

PBS "WELL BEINGS" LAUNCHES AT NAMIcon 2020

We partnered with WETA, the flagship PBS station in the nation's capital, on this new campaign, a major public media initiative that addresses the mental health needs of Americans. Our integrated efforts include a 34-city tour involving regional and local NAMI Affiliates over the next two years, culminating in the Ken Burns documentary, "Hidden in Plain Sight: The Youth Mental Health Crisis."

POWERFUL WEBINARS FOR MEDIA PROFESSIONALS

Collaborating with NETA, the National Educational Telecommunications Association, NAMI hosted timely webinars for public media professionals. One episode featured leaders from NAMI Mid-Carolina, NAMI Georgia and NAMI New York City, who discussed the emotional impact of the pandemic and how all levels of the NAMI Alliance can serve as a resource for audiences across the country.

A STANDARDIZED PATH FOR FORMING NEW AFFILIATES

Following the reaffiliation of all NAMI Affiliates in 2018, we introduced a new process for organizers who want to form Affiliates in their communities. This aligns potential Affiliates with our Standards of Excellence, building NAMI's collective strength nationwide.

RESPONDING TO COVID-19

VIRTUAL TOWN HALLS KEEP OUR ALLIANCE CONNECTED

As COVID-19 made it even more difficult for everyone to feel connected, NAMI launched a series of monthly town hall meetings for all levels of

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the Alliance to share perspectives, resources and support. Meeting topics spanned best practices for offering NAMI programs and training sessions online, how to provide local support for people feeling overwhelmed by stress, and a vital series on race and mental health. The series will continue in 2021 as we strive to offer support throughout the pandemic.

NAMIWALKS

Tens of thousands "united" to raise funds and show their support for our mission.

When the pandemic made live events impossible, we launched NAMIWalks Your Way - a virtual platform empowering NAMI Affiliates and State Organizations to gather grassroots support in new ways.

Drawing on the momentum of NAMI's "Mental Health for All" campaign, organizers reached out to local partners and supporters who took part in 119 virtual events. Nearly 90% of all events took place on two United Days of Hope to maximize impact. Through strong collaboration and mutual support, organizers raised more than 80% of funds gathered in 2019's record-breaking year, a result that far exceeded our expectations.

For the first time, NAMIWalks was named one of the 30 largest U.S. peer-to-peer fundraising campaigns in 2020 by the Peer-to-Peer Professional Forum. NAMI was one of only two mental health organizations included in this prestigious group.

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119 EVENTS

40,000+ PARTICIPANTS

NEARLY 6,000 TEAMS

\$10 MILLION RAISED

NAMI HELPLINE

With every call and every message answered, we eased fears and offered hope.

As COVID-19 swept across the country, NAMI HelpLine team members rapidly moved to safe remote operations, handling a record level of calls with few disruptions in service.

Calls, emails and callbacks doubled and tripled, eventually showing a 106% increase from April to June as compared with 2019 volume. Views to NAMI's HelpLine resource page on NAMI.org increased 106% over last year.

HelpLine efforts expanded with the publication of our COVID-19 Resource and Information Guide in April. The guide clarified the virus's potential impact on people already living with mental health conditions and others facing symptoms for the first time. Alongside resources for care, support and recovery, the guide also offered specific tips for keeping medication regimens in place and caring for loved ones in jail or prison. A Spanish-language version, NAMI COVID-19 Informacin y Recursos, brought key support to Hispanic communities.

Form 990, Part III, Line 4d, Other Program Services:

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Research:

We reached major milestones in our longstanding commitment to advance mental health research.

From its founding more than 40 years ago, NAMI has advocated for scientific studies that reveal new insights and strategies for treating mental illness. In 2020, we garnered substantial new funds for research and nurtured strong partnerships with scientific leaders across the country.

\$100 MILLION PARTNERSHIP FOR SCHIZOPHRENIA RESEARCH

Years of NAMI advocacy culminated in the creation of an Accelerating Medicines Partnership, an initiative approved and funded by the Foundation for the National Institutes of Health. The first effort of its kind focused on mental illness, this five-year partnership will integrate the efforts of government, the pharmaceutical industry, researchers and nonprofit organizations. Researchers will seek to identify biomarkers for schizophrenia and early-episode psychosis, findings that would transform diagnosis and treatment.

FIRST LONG-TERM STUDY OF BIPOLAR DISORDER

NAMI partnered with investigators at the University of Michigan and Massachusetts General Hospital to launch the Global Bipolar Cohort Collaboration. This international, multidisciplinary research group will conduct the first-ever longitudinal study of bipolar disorder, following a cohort of people over the course of their lifetimes.

PODCASTS SHED LIGHT ON SERIOUS MENTAL ILLNESS

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In partnership with the American Psychiatric Association's SMI Adviser, a SAMHSA-funded clinical support system for serious mental illness, NAMI launched the "Medical Mind" podcast series with NAMI Chief Medical Officer Ken Duckworth, M.D.

NEW SERIES ON SMOKING AND MENTAL HEALTH

Through a grant from the Smoking Cessation Leadership Center, NAMI created a series of videos and fact sheets explaining how tobacco use harms our physical and mental health. The series includes fast facts about the effects of smoking on people who live with mental health conditions and strategies for quitting.

In 2020, NAMI successfully advocated for a \$65.3 million increase in research funding for the National Institute of Mental Health, dollars that will spur scientific progress in 2021 and beyond.

GOING VIRTUAL DURING COVID-19

CELEBRATING NAMI'S RESEARCHER OF THE YEAR

Every year, NAMI recognizes one leading investigator at our Inspiring Hope Through Research event in Washington, DC. Our first-ever virtual event honored David C. Henderson, M.D., psychiatrist-in-chief at Boston Medical Center and professor and chair of psychiatry at Boston University School of Medicine. For 25 years, Dr. Henderson has worked tirelessly to find new insights and approaches for treating treatment-resistant schizophrenia, working internationally to advance field studies, mental health policy development and strategic planning and much more.

The NAMI Scientific Research Award is generously supported by the Peter

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Corbin Kohn Endowment.

NAMI Research Projects 2020

24 total projects

18 research partners

12 research populations

27% = original research projects

Expenses \$ 121,803. including grants of \$ 120,000. Revenue \$ 0.

Form 990, Part VI, Section A, line 6:

NAMI is a member organization. NAMI membership takes three forms: (1) individual members, who belong to local affiliates and whose enrollment determines their respective affiliate's voting power, (2) affiliates, the local NAMI presence and major voting unit within the organization, and (3) state organizations, which each have a vote and serve to support and coordinate the affiliates within their respective states. The affiliates and state organizations vote to elect the NAMI national board of directors and to amend the NAMI bylaws.

Form 990, Part VI, Section A, line 7a:

The annual meeting of the members of NAMI shall be held in the summer unless otherwise directed by the Board of Directors, on such dates and at such place as the Board of Directors shall designate. Voting members representing 20% of the voting power of the membership shall constitute a quorum at any meeting of the members. Voting members shall designate delegates to vote at the annual meeting. Voting members may be represented by written proxy. The delegates shall act by majority vote at any meeting of the voting members at which a quorum is present, except as may be

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specifically provided to the contrary elsewhere in the Bylaws.

Voting may be conducted by absentee ballot, or onsite. All affiliates and state organizations in good standing are eligible to vote. Those delegates whose affiliate or state organization is in good standing but who did not meet the credentialing deadlines may seek to vote on site. Every effort will be made to make this possible, assuming verification of the individual's role and identity can be confirmed.

Form 990, Part VI, Section A, line 7b:

Revisions or amendments may be proposed by any voting member, or by any Director. Any such proposed amendments shall be submitted in writing by United States Postal Service, either by registered mail, certified mail, Express Mail or Priority Mail, or any other USPS service offering Return Receipts or Signature Confirmation to a Bylaws Committee not less than ninety (90) days prior to the date of the next annual meeting. Each voting member shall receive all proposed revisions or amendments to the Bylaws not less than thirty (30) days prior to the next annual meeting. A two-thirds majority of the voting power of the membership voting shall be required to amend the Bylaws.

Form 990, Part VI, Section B, line 11b:

The entire board receives a copy of the return and meets to review, discuss and approve the return for filing.

Form 990, Part VI, Section B, Line 12c:

Any employee of NAMI who believes they may have a conflict of interest must indicate those conflicts in writing and send them to the Chief Financial

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Officer's confidential attention for resolution. The NAMI board monitors potential conflicts of interest by requiring an annual disclosure statement from each member which must be reviewed and updated quarterly, based on updated vendor and donor information, prior to each board meeting. Board members discuss their disclosures quarterly and determine what recusal or other action may be appropriate and under what circumstances. This process is codified in the board's operating policies and procedures manual.

Form 990, Part VI, Section B, Line 15:

The salary for the Chief Executive Officer is determined and approved by the Board of Directors. Salary decisions for all employees are made using comparability data for similar positions in comparable organizations.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,CA,CT,FL,IL,GA,KS,MA,MD,MN,ME,MI,MO,MS,ND,NH,NJ,NM,NY,OH,OK,OR,PA,RI
SC,TN,UT,VA,WI,WV

Form 990, Part VI, Section C, Line 18:

NAMI makes its Form 1023 available upon request. NAMI makes available a public disclosure copy of its Federal Form 990 on its website and upon request.

Form 990, Part VI, Section C, Line 19:

NAMI makes its governing documents, conflict of interest policy, strategic plan and audited financial statements available for view online.

Form 990, Part IX, Line 11g, Other Fees:

Subcontractors:

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| Program service expenses | 1,974,271. |
| Management and general expenses | 438,252. |
| Fundraising expenses | 374,642. |
| Total expenses | 2,787,165. |
| Total Other Fees on Form 990, Part IX, line 11g, Col A | 2,787,165. |

Form 990, Part XII, Line 2c:

NAMI's Finance and Audit Committee assumes responsibility for oversight of the audit of its financial statements and selection of its independent accountant. This process is consistent with previous years.