

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

2021

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

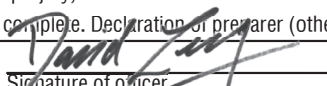

A For the 2021 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NAMI National Doing business as National Alliance on Mental Illness Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4301 Wilson Blvd 300 City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 22203-1867	D Employer identification number 43-1201653
	E Telephone number 703-524-7600	G Gross receipts \$ 39,610,063.
	F Name and address of principal officer: Daniel Gillison same as C above	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ www.nami.org	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1979	M State of legal domicile: AZ

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 2021 (Part V, line 2a)	5	136
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,556.
7b	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)	25,260,924.	30,900,460.
	9	Program service revenue (Part VIII, line 2g)	959,002.	370,214.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	123,928.	483,358.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	154,527.	123,997.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,498,381.	31,878,029.	
Expenses			1,409,911.	1,604,973.
	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)	9,494,134.	11,335,251.
	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)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,572,978.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,460,383.	9,747,933.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,364,428.	22,688,157.	
19	Revenue less expenses. Subtract line 18 from line 12	7,133,953.	9,189,872.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	39,866,662.	50,401,603.
	21	Total liabilities (Part X, line 26)	14,130,394.	14,017,467.
22	Net assets or fund balances. Subtract line 21 from line 20	25,736,268.	36,384,136.	

Part II Signature Block

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

Sign Here	Signature of officer:  Date: April 28, 2022	
	Type or print name and title: David Levy, Chief Financial Officer	
Paid Preparer Use Only	Print/Type preparer's name: Lori A. Collingsworth Preparer's signature:  Date: 04/28/22 Firm's name: Rogers & Company PLLC Firm's address: 8300 Boone Boulevard, Suite 600 Vienna, VA 22182	Check if self-employed: <input type="checkbox"/> PTIN: P00639819 Firm's EIN: 58-2676261 Phone no. (703) 893-0300

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 \$ 13,767,270. including grants of \$ 1,220,223.) (Revenue \$ 262,406.) Public Awareness, Partnerships and Outreach: REACHING UNDERREPRESENTED COMMUNITIES Working from a place of wisdom and cultural insight to achieve mental health equity for all. With the addition of our Cross-Cultural Innovation and Engagement Task Force, NAMI sought to deepen our impact in underserved communities while assuring that all NAMI programs are culturally responsive, equity-focused and aligned with our growing understanding of trauma-informed care. See Schedule O for additional Public Awareness, Partnerships and Outreach highlights in 2021

4b (Code:) (Expenses \$ 2,445,997. including grants of \$ 27,800.) (Revenue \$) Public Policy and Advocacy: REIMAGINING CRISIS RESPONSE Offering help, not handcuffs, when a mental health crisis hits. NAMI's new Justice Diversion Task Force helped strengthen our mission to keep people with mental health conditions from entanglement in the justice system, starting with the way we handle mental health emergencies on the ground. See Schedule O for additional Public Policy and Advocacy highlights in 2021

4c (Code:) (Expenses \$ 2,640,331. including grants of \$ 356,950.) (Revenue \$ 231,805.) Information, Support and Education: NAMI HOMEFRONT MENTAL HEALTH RESOURCES launched on Veterans Day in November, offering free online resources that active duty service members, veterans and their families can access anywhere, anytime. These new offerings build on the value of NAMI Homefront, the first and only evidence-based, peer-taught mental health course focused on families of active duty service members and veterans. See Schedule O for additional Information, Support and Education highlights in 2021

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

4e Total program service expenses 18,853,598.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the 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 line 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 on 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 on 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

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. [X] Own website [] Another's website [X] 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, 300, Arlington, VA 22203-1867

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			319,688.	0.	30,433.	
(2) Kenneth Duckworth Chief Medical Officer	37.50					X	201,180.	0.	10,843.	
(3) David Levy Chief Financial Officer	37.50			X			178,704.	0.	29,911.	
(4) Katrina Gay Chief Development Officer	37.50					X	172,460.	0.	17,222.	
(5) Glenn O'Neal Chief Communications Officer	37.50					X	179,074.	0.	1,636.	
(6) Lisa Lewis Chief Human Resources Officer	37.50					X	162,886.	0.	16,752.	
(7) Sherman Gillums Chief Strategy & Impact Officer	37.50			X			169,224.	0.	3,518.	
(8) Sean Stickle Chief of Staff/ Information Officer	37.50					X	142,666.	0.	20,927.	
(9) Shirley Holloway President	25.00	X		X			0.	0.	0.	
(10) Joyce Campbell First Vice President	25.00	X		X			0.	0.	0.	
(11) Charma Dudley Second Vice President	25.00	X		X			0.	0.	0.	
(12) Tracy Plouck Treasurer	25.00	X		X			0.	0.	0.	
(13) Dave Stafford Treasurer through 6/30/2021	25.00	X		X			0.	0.	0.	
(14) Micah Pearson Secretary	25.00	X		X			0.	0.	0.	
(15) Carrie Roach Secretary through 6/30 Director 7/1	25.00	X		X			0.	0.	0.	
(16) Carlos Larrauri Director	15.00	X					0.	0.	0.	
(17) Connie Mom-Chhing Director	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Glenda Wrenn-Gordon Director beginning 7/2021	15.00	X						0.	0.	0.
(19) Jeff Fladen Director beginning 7/2021	15.00	X						0.	0.	0.
(20) Jim Reiser Director	15.00	X						0.	0.	0.
(21) Lauren Simonds Director beginning 7/2021	15.00	X						0.	0.	0.
(22) Lisa Dixon Director	15.00	X						0.	0.	0.
(23) Lisa R. Carchedi Director through 7/19/21	15.00	X						0.	0.	0.
(24) Mohammed Farshori Director beginning 10/2021	15.00	X						0.	0.	0.
(25) Ray Lay Director beginning 7/2021	15.00	X						0.	0.	0.
(26) Stacey Owens Director through 7/2021	15.00	X						0.	0.	0.
1b Subtotal								1,525,882.	0.	131,242.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,525,882.	0.	131,242.

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 **25**

	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
Mal Warwick & Associates, Inc., 2550 Ninth St., Suite 103, Berkeley, CA 94710	Direct Mail	799,813.
Vomela Commercial (Previously know as Maste 8401 Terminal Rd, Newington, VA 22122	Publication Fulfillment	579,696.
Little Dot Studios LLC 6060 Center Dr., Los Angeles, CA 90045	Consulting	414,450.
Video West, Inc 1050 N. 52 Street, Phoenix, AZ 85008	Video Services	269,606.
Rubenstein Associates, Inc. 828 Eight Avenue, New Yprk, NY 10019	Consulting	231,147.

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 **15**

See Part VII, Section A Continuation sheets

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 (check all that apply)						(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			
(27) Steve Pitman Director through 7/2021	15.00	X						0.	0.	0.
(28) Vanessa Fernandes Director	15.00	X						0.	0.	0.
(29) Vanessa Price Director	15.00	X						0.	0.	0.
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					
	b Membership dues	1b	277,126.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	30,623,334.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 400,002.				
	h Total. Add lines 1a-1f		30,900,460.				
Program Service Revenue	2 a Government Contracts	Business Code					
		900099	262,406.	262,406.			
	b Conference	611710	96,965.	96,965.			
	c Other program income	900099	10,843.	10,843.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		370,214.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		429,439.			429,439.	
	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	7,603,120.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,549,201.				
	c Gain or (loss)	7c	53,919.				
	d Net gain or (loss)		53,919.			53,919.	
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		300,274.				
b Less: cost of goods sold	10b	182,833.					
c Net income or (loss) from sales of inventory		117,441.	117,441.				
Miscellaneous Revenue	11 a Advertising	Business Code					
		541800	6,556.		6,556.		
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		6,556.					
12 Total revenue. See instructions		31,878,029.	487,655.	6,556.	483,358.		

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	1,577,473.	1,577,473.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	27,500.	27,500.		
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	731,478.	513,069.	169,207.	49,202.
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	8,685,845.	6,092,370.	2,009,241.	584,234.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	263,016.	184,483.	60,842.	17,691.
9 Other employee benefits	974,883.	683,796.	225,514.	65,573.
10 Payroll taxes	680,029.	476,982.	157,307.	45,740.
11 Fees for services (nonemployees):				
a Management				
b Legal	235,674.	171,333.	63,860.	481.
c Accounting	43,455.		43,455.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	98,617.		98,617.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,535,434.	2,765,353.	294,552.	475,529.
12 Advertising and promotion				
13 Office expenses	2,446,980.	908,009.	727,528.	811,443.
14 Information technology	1,240,443.	569,243.	616,984.	54,216.
15 Royalties				
16 Occupancy	942,607.		942,607.	
17 Travel	52,725.	34,882.	16,960.	883.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,125.	27,030.	576.	-1,481.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	743,922.	607,149.	136,773.	
23 Insurance	63,712.		63,712.	
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	187,465.	123,102.	41,499.	22,864.
b Temporary labor	114,721.	71,335.		43,386.
c Taxes and registrations	16,053.		2,274.	13,779.
d Overhead allocation	0.	4,020,489.	-4,409,927.	389,438.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,688,157.	18,853,598.	1,261,581.	2,572,978.
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 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	13,690,036.	1	8,216,508.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	10,696.	3	16,014.
	4 Accounts receivable, net	85.	4	1,009.
	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	142,033.	8	174,743.
	9 Prepaid expenses and deferred charges	857,929.	9	1,188,879.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,453,964.		
	b Less: accumulated depreciation	10b 429,996.		
	11 Investments - publicly traded securities	2,135,771.	10c	2,023,968.
	12 Investments - other securities. See Part IV, line 11	14,083,601.	11	30,330,122.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	768,497.	13	
	15 Other assets. See Part IV, line 11	8,178,014.	14	1,001,562.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,866,662.	15	7,448,798.	
		16	50,401,603.	
Liabilities	17 Accounts payable and accrued expenses	2,888,855.	17	2,875,146.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	111,563.
	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	11,241,539.	25	11,030,758.
	26 Total liabilities. Add lines 17 through 25	14,130,394.	26	14,017,467.
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	17,729,393.	27	22,598,705.
	28 Net assets with donor restrictions	8,006,875.	28	13,785,431.
	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	25,736,268.	32	36,384,136.
33 Total liabilities and net assets/fund balances	39,866,662.	33	50,401,603.	

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	31,878,029.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,688,157.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,189,872.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,736,268.
5	Net unrealized gains (losses) on investments	5	1,457,996.
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	36,384,136.

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 on 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)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,034,302.	15,078,323.	16,613,610.	25,260,924.	30,900,460.	100,887,619.
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	13,034,302.	15,078,323.	16,613,610.	25,260,924.	30,900,460.	100,887,619.
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)						2,456,867.
6 Public support. Subtract line 5 from line 4.						98,430,752.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	13,034,302.	15,078,323.	16,613,610.	25,260,924.	30,900,460.	100,887,619.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149,406.	209,012.	288,233.	192,956.	429,439.	1,269,046.
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						102,156,665.
12 Gross receipts from related activities, etc. (see instructions)					12	9,665,633.
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 2021 (line 6, column (f), divided by line 11, column (f)).....	14	96.35 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	96.96 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on 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 on 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.		Yes	No
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.			
2a			
b Did the activities described on 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

Name of organization NAMI National	Employer identification number 43-1201653
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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>1,500,000.</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>2,042,119.</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>981,200.</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
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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
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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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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.**

Open to Public Inspection

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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)	43,273.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	48,382.													
c	Total lobbying expenditures (add lines 1a and 1b)	91,655.													
d	Other exempt purpose expenditures	22,497,885.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	22,589,540.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
2a	Lobbying nontaxable amount	923,784.	1,000,000.	1,000,000.	1,000,000.	3,923,784.
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,885,676.
c	Total lobbying expenditures	850.		75,493.	91,655.	167,998.
d	Grassroots nontaxable amount	230,946.	250,000.	250,000.	250,000.	980,946.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,471,419.
f	Grassroots lobbying expenditures	850.		9,377.	43,273.	53,500.

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

2021

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?

Yes No

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)?

Yes No

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

▶ \$ _____

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

Schedule D (Form 990) 2021

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	1,500,902.	1,186,418.	1,004,130.	1,054,391.	919,301.
b Contributions	15,000.	196,223.	30,000.	30,000.	20,000.
c Net investment earnings, gains, and losses	185,688.	145,761.	169,788.	-64,261.	129,590.
d Grants or scholarships					
e Other expenditures for facilities and programs	27,500.	27,500.	17,500.	16,000.	14,500.
f Administrative expenses					
g End of year balance	1,674,090.	1,500,902.	1,186,418.	1,004,130.	1,054,391.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100.0000 %
 - c Term endowment .0000 %
- 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		2,284,513.	261,180.	2,023,333.
d Equipment		169,451.	168,816.	635.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,023,968.

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	7,300,034.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,448,798.

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) Operating lease liability	11,030,758.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,030,758.

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	33,963,700.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,457,996.	
b	Donated services and use of facilities	2b	726,292.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,184,288.
3	Subtract line 2e from line 1		3	31,779,412.
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	98,617.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	98,617.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	31,878,029.

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	23,315,832.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	726,292.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	726,292.
3	Subtract line 2e from line 1		3	22,589,540.
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	98,617.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	98,617.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	22,688,157.

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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Massachusetts General Hospital 125 Nashua St Boston, MI 02114	04-1564655	501(c)(3)	100,000.	0.	N/A	N/A	Research
The Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	100,000.	0.	N/A	N/A	Research
The Regents of the University of Michigan - 1000 Victors Way - Ann Arbor, MI 48108	38-6006309	501(c)(3)	100,000.	0.	N/A	N/A	Research
WETA 3939 Campbell Avenue Arlington, VA 22206	53-0242992	501(c)(3)	100,000.	0.	N/A	N/A	Production of a movie
NAMI Lorain County 6125 S. Broadway Lorain, OH 44053	34-1577593	501(c)(3)	67,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Charleston Area PO Box 2251 Mount Pleasant, SC 29465	57-0629658	501(c)(3)	65,000.	0.	N/A	N/A	Covid Relief and Program Assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **51.**

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

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Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI Virginia PO Box 8260 Richmond, VA 23226	54-1267632	501(c)(3)	29,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Pasco County PO Box 412 Elfers, FL 34680	59-2904264	501(c)(3)	27,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Washington 1107 NE 45th St., Suite 230 Seattle, WA 98105	91-1689067	501(c)(3)	20,500.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Colorado 3333 South Bannock St., Suite 430 Englewood, CO 80110	74-2240544	501(c)(3)	20,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Greater Houston 9401 SW FWY, Suite 1234 Houston, TX 77074	76-0242186	501(c)(3)	20,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Keystone Pennsylvania 105 Braunlich Dr. Suite 200 Pittsburgh, PA 15237	25-1477291	501(c)(3)	19,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Minnesota 1919 University Ave W Ste 400 Saint Paul, MN 55104	41-1317030	501(c)(3)	19,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Maryland 10630 Little Patuxent Parkway, Suite Columbia, MD 21044	52-1295484	501(c)(3)	17,500.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI South Dakota PO Box 88808 Sioux Falls, SD 57109	36-3593027	501(c)(3)	17,000.	0.	N/A	N/A	Covid Relief and Program Assistance

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI Idaho 1985 E 25th St Idaho Falls, ID 83404	94-3141046	501(c)(3)	16,800.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Greater Wheeling PO Box 6027 Wheeling, WV 26003	27-2764151	501(c)(3)	15,500.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Indiana 921 East 86th St. Suite 130 Indianapolis, IN 46420	35-1640701	501(c)(3)	15,500.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Alabama 1401 I-85 Montgomery, AL 36106	63-0977897	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Alaska PO Box 201753 Anchorage, AK 99520	92-0111673	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Arizona 5025 E. Washington St., STE 112 Phoenix, AZ 85034	86-0464872	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Arkansas 1012 Autumn Rd. Little Rock, AR 72211	71-0569165	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI California 1851 Heritage Ln Suite #150 Sacramento, CA 95815	94-2676057	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Connecticut 1030 New Britain Ave West Hartford, CT 06110	22-2605701	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI DC 422 8th St. SE Washington, DC 20003	52-1258678	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Delaware 2400 West 4th St. Wilmington, DE 19803	22-2490797	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Hawaii State 770 Kapiolani Blvd, Suite 613 Honolulu, HI 96813	99-0272540	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Iowa 3839 Mirle Hay Rd. Ste 229 Des Moines, IA 50310	23-7084780	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Kansas PO Box 675 Topeka, KS 66601	48-1061361	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Kentucky 2441 S Hwy 27 Somerset, KY 42501	61-1140329	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Massachusetts 529 Main St., Suite 1M17 Boston, MA 02129	04-2777012	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Mississippi 2618 Southerland St Jacksonville, MS 39216	64-0786349	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Missouri 3405 West Truman Blvd., Suite 102 Jefferson City, MO 65109	43-1398666	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI Montana PO Box 1021 Helena, MT 59624	81-0441706	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Nebraska 415 S. 25 Avenue Amex Building Omaha, NE 68131	36-3460128	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Nevada 3100 Mill st. Suite 206 Reno, NV 89502	88-0278206	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI New Hampshire 85 N. State St. Concord, NH 03301	22-2760743	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI North Texas 2812 Swiss Ave. Dallas, TX 75204	75-1875023	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Ohio PO Box 244043 Atlanta, GA 30324	45-1227396	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Oklahoma 1225 Dublin Rd., Suite 125 Columbus, OH 43215	31-1073968	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Oregon (0245) 4701 SE 24th Ave., Suite E Portland, OR 97202	93-0875209	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Rhode Island 154 Waterman St., Suite 5B Providence, RI 02906	22-2805141	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI Tennessee 1101 Kermit Dr. Ste 605 Nashville, TN 37217	58-1679614	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Texas 4110 Guadalupe St, Austin, TX 78751	74-2380175	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Vermont 600 Blair Park Rd., Suite #301 Williston, VT 05495	03-0297954	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Wisconsin Inc. 4233 Beltline Hwy Madison, WI 53711	39-1397227	501(c)(3)	15,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI New York State 99 Pine St, Suite 105 Albany, NY 12207	22-2571353	501(c)(3)	12,500.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Louisiana PO Box 40517 Baton Rouge, LA 70835	72-1038877	501(c)(3)	12,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Illinois 218 West Lawrence Springfield, IL 62704	36-3305804	501(c)(3)	10,000.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Ruston PO Box 1585 Grambling, LA 71273	72-1145751	501(c)(3)	6,550.	0.	N/A	N/A	Covid Relief and Program Assistance
NAMI Southern Nevada 4525 S. Sandhill Rd., Ste 116 Las Vegas, NV 89121	94-2922504	501(c)(3)	5,500.	0.	N/A	N/A	Covid Relief and Program Assistance

Schedule I (Form 990)

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
NAMI Scientific Research Award	2	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

2021

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) 2021

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 and/or 1099-NEC 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)	302,739.	15,439.	1,510.	12,319.	18,114.	350,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kenneth Duckworth Chief Medical Officer	(i)	200,457.	0.	723.	8,798.	2,045.	212,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) David Levy Chief Financial Officer	(i)	172,255.	5,468.	981.	8,230.	21,681.	208,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Katrina Gay Chief Development Officer	(i)	162,737.	8,879.	844.	7,360.	9,862.	189,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Glenn O'Neal Chief Communications Officer	(i)	178,204.	522.	348.	341.	1,295.	180,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Lisa Lewis Chief Human Resources Officer	(i)	157,795.	4,570.	521.	7,079.	9,673.	179,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Sherman Gillums Chief Strategy & Impact Officer	(i)	168,585.	437.	202.	1,016.	2,502.	172,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Sean Stickle Chief of Staff/ Information Officer	(i)	138,465.	4,037.	164.	3,154.	17,773.	163,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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.

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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	54	400,002.	Fair 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) 2021

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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Form 990, Item C, Doing Business As:

National Alliance on Mental Illness

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

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health. Today, we are an alliance of more than 600 local Affiliates and 48 State Organizations who work in your community to raise awareness and provide support and education that was not previously available to those in need.

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

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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.

Diversity, Equity and Inclusion

At NAMI, we believe a diverse, inclusive and equitable organization (or Alliance) is one where all employees, volunteers and members - regardless of gender, race, gender identity, ethnicity, national origin, age, sexual orientation, education, disability, veteran status or other dimension of diversity - feel valued and respected.

We are committed to a nondiscriminatory approach and to providing equal opportunity for employment, participation and advancement in all programs and worksites.

Form 990, Part III, Line 4a, Public Awareness, Partnerships and Outreach:
GROUNDBREAKING PROGRAMS FOR COMMUNITIES OF COLOR went live as we

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introduced NAMI Sharing Hope and NAMI Compartiendo Esperanza. Aimed at the specific needs of Black and Hispanic/Latinx communities, these programs help NAMI grassroots leaders address racism, institutional bias, discrimination and other issues that stand in the way of better mental health care for these populations. Both programs - featuring new videos and facilitation guides - launched during Bebe Moore Campbell National Minority Mental Health Awareness Month in July.

A NEW PARTNERSHIP WITH THE STEVE FUND helped NAMI expand mental health support for Black families and communities of color. More than 6,000 people viewed the virtual town hall discussion, where leaders examined structural inequities and the financial strain of the pandemic, sharing support options for people of color.

FOCUSING ON YOUTH

Facing the mental health crisis among children, teens and young adults.

In the wake of the pandemic, young people in every community struggled to cope with unrelenting stress, fear, anxiety and loss. NAMI's new Youth and Young Adult Initiatives Task Force was created to focus on youth mental health and tackle the issue head on.

NAMI JOINED PEDIATRIC EXPERTS in declaring a national emergency in youth mental health, taking a stand as a national partner in "Sound the Alarm for Kids," a broad-based campaign to demand more resources, services and support for young people in all communities.

A LIVE-STREAMED PANEL DISCUSSION on COVID-19's impact on adolescent

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lives aired with NAMI support and partnership with Harvard University's T.H. Chan School of Public Health. Moderated by Juju Chang, co-anchor of ABC-TV's "Nightline," this virtual conversation with top mental health experts drew more than 7,500 attendees.

NAMI CEO DANIEL H. GILLISON, JR. took a leadership stand on children's mental health in meetings with top administration officials, where ideas for improving access to care for all young people were discussed.

AN INSIGHTFUL NAMI POLL conducted by research firm Ipsos asked parents and other adults about the mental well-being of their youngest family members.

- 87% called for more mental health education in schools
- 70% said they support school mental health days
- 84% said they saw resilience in their kids during the pandemic
- 89% stated that their child's mental health matters more than academic achievement

STRENGTHENING THE NAMI ALLIANCE

Showing resilience that helps us rise together. In a year of relentless challenge and disruption, NAMI's alliance found innovative ways to learn, share resources and expand our nationwide capacities.

BUILDING ON THE GLOBAL SUCCESS of our first-ever virtual conference in 2020, NAMIcon 2021 welcomed more than 6,000 registrants from 46 states and 17 countries. Before the main session, NAMI field leaders, staff and volunteers enjoyed a Field Day with networking and programs planned

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exclusively for them. Our plenary session featured Michelle Williams, a Grammy Award-winning artist and author of "Checking In: How Getting Real About Depression Saved My Life - And Can Save Yours."

THE 15TH ANNUAL EXECUTIVE DIRECTORS' LEADERSHIP EXCHANGE went virtual as the event's executive committee reshaped this yearly, four-day live event into two virtual meetings in January and December. Though members missed engaging with each other in person, the move enabled four times as many NAMI leaders to attend, benefiting from a broad exchange of best practices, resources and peer-led networking.

AN ALLIANCE-WIDE SURVEY designed to identify strengths and areas of opportunity across our organization rolled out in pilot form in October and November. As the full Organizational Health Assessment Survey goes to NAMI State Organizations and selected Affiliates in 2022, we will gain a clearer picture of our capacities, resources and challenges - all leading to strategic investments that will build NAMI's collective impact countrywide.

In 2021, NAMI distributed \$3.5 MILLION in cash grants of \$500 to \$150,000 each, advancing the work of Affiliates and State Organizations countrywide.

MOVING FOR CHANGE - NAMIWalks

Uniting to raise funds, awareness and hope.

Live and virtual NAMIWalks events across the country reflected our vision of a community that cares.

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NAMI WAS RECOGNIZED AS FUNDRAISING ORGANIZATION OF THE YEAR by the Peer-to-Peer Professional Forum, reflecting our success in gathering 31% more funds than in 2020. For the second year in a row, NAMIWalks also made the Forum's prestigious list of the top 30 peer-to-peer fundraisers in the nation.

WE KEPT COMMUNITIES SAFE by aligning our events with local COVID-19 health guidelines. Thanks to the flexibility of NAMIWalks Your Way, organizers brought thousands of NAMI supporters together to create a nationwide wave of support for mental health.

122 NAMIWalks Your Way events

40,200+ participants

93,000+ donations

\$13.1 million raised nationwide - 31% more than in 2020

BUILDING AWARENESS IN OUR COMMUNITY

Maintaining the strongest media presence of any mental health organization in the country.

In times of struggle, uncertainty and unrest, people know NAMI will be there for them with timely, relevant, trauma-informed care and resources.

70% OF ALL MEDIA COVERAGE featuring mental health organizations mentioned NAMI, reflecting the trust that media and the public place in us.

A NEW LEADERSHIP BLOG from NAMI CEO Dan Gillison, Jr. shared heartfelt

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stories and insights on topics such as men's mental health, the power of mental health research to foster hope, and back-to-school resources for young people and families.

ACCOLADES FOR THE ANIMATED VIDEO from NAMI's #Vote4MentalHealth campaign won a 2021 Communications Award of Excellence from the Academy of Interactive and Visual Arts, along with a Telly Award for Branded or Public Awareness Content.

THE MOST POPULAR STORY IN THE NAMI BLOG, "When I Missed the Signs that My Son Has Schizophrenia," received 46,000 views. Our blog archive received 4.5 million views during the year.

OUR MEDIA IMPACT Year-over-year growth compared with 2020

37,000+ media mentions, a 20% increase

163.7+ million social media impressions, showing 38% growth

83,800 new followers across all NAMI social media platforms, a 9.4% increase

25% growth on our new TikTok channel

28% more followers on YouTube

15.2+ million users visited NAMI.org, representing 17% more traffic

15% more visits to NAMI.org during Mental Health Awareness Month in May

MORE TV SEGMENTS THAN ANY PREVIOUS YEAR

NAMI made appearances on major TV networks, streaming channels and syndicated local news outlets.

ABC News Live

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America's Black Forum

Apple TV+

BBC World News

CBS This Morning

CBS News Philly

Good Morning America: Weekend

Gray Television

NBC LX

Scripps Networks

Stephanie Ruhle Reports on MSNBC

The TODAY Show with Hoda & Jenn

EXPANDING NAMI'S REACH

Changing the mental health conversation, together.

NAMI's nationwide impact grows through partnerships with corporations, media leaders, influencers and personal ambassadors who actively share their mental health stories.

OPRAH AND PRINCE HARRY produced a new Apple TV+ documentary series, "The Me You Can't See," welcoming NAMI Chief Medical Officer Dr. Ken Duckworth to weigh in on mental health stigma, treatment and more. Dr. Ken appeared in several of the six segments alongside guests, such as Lady Gaga and Glenn Close.

NAMI WILL JOIN MTV ENTERTAINMENT GROUP and the Biden-Harris administration in their new Mental Health Youth Action Forum. This multi-week program will be led by mentors from mental health nonprofits. Mentors will work in small groups to develop storytelling

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ideas focused on everyday mental health, the value of checking in with peers to offer support and services to seek out in a mental health crisis.

YOUTUBE STAR LEE STEINFELD, known to his 2 million followers as Leonhart, was NAMI's top DIY fundraiser for the third year in a row. Since 2019, Steinfeld has raised nearly \$700,000 for NAMI by opening rare, collectible Pokmon cards during a special series of videos on his YouTube channel.

"Siri, I'm feeling depressed" Thanks to Apple, anyone who raises this concern on an Apple mobile device will hear Siri recommend NAMI resources.

26 of the nation's Fortune 100 companies have become NAMI partners, working alongside us to create a world where all people affected by mental illness can live healthy, fulfilling lives.

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

NAMI CALLED FOR CHANGE when 988 goes live in July 2022. Local communities must be ready to support people and families in crisis who dial the new nationwide three-digit number for mental health and suicide crises. NAMI led the national call for the attention, vision and funding it will take to make 988 and the full continuum of crisis care a life-changing reality in every part of the country.

MORE THAN 68,000 ADVOCACY ACTIONS brought NAMI voices directly to policymakers, elevating the need to invest in mental health crisis

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services. Advocates pointed to policy solutions and investments required for effective mental health crisis response at the community level.

A GROUNDBREAKING VIRTUAL EVENT united NAMI with 40 partner organizations for "REIMAGINE: A Week of Action to Reimagine our National Response to People in Crisis." The momentum-building event, made possible with support from lululemon, drew 7,600+ registrants, all seeking to drive collective action to ensure a mental health response to a mental health crisis.

A NEW NAMI WEBINAR SERIES, Help Not Handcuffs, outlined ways to improve emergency response outcomes nationwide. The four-part series, part of NAMI's popular Ask the Expert webinars, drew 10,500+ people across 50 states, 24 countries and territories representing 150+ NAMI State Organizations and Affiliates.

A NEW POLL REVEALED BROAD SUPPORT for building a robust mental health crisis response system at the community level. NAMI partnered with research firm Ipsos to survey more than 2,000 adults across the U.S., who expressed overwhelming support for federal and local action that will get people and families in crisis the resources they need.

A POWERFUL AWARENESS CAMPAIGN called on NAMI volunteers and advocates to take action during Suicide Prevention and Awareness Month in September. "Together for Mental Health Awareness" will continue in 2022, with emphasis on creating clear standards of care for people in crisis and ways to elevate their stories.

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NAMI PROVIDED EXPERT CONGRESSIONAL TESTIMONY before the House Appropriations Committee focused on funding crisis services, confirming our leadership in the push to transform the way we respond to mental health emergencies.

ADVOCATING FOR CHANGE

Calling for decisive action in Congress and our communities. NAMI advocates took a stand on the issues that matter most, seeking crisis resources and sustained action on long-term mental health priorities.

EMERGENCY RELIEF FOR MENTAL HEALTH became a top priority as NAMI pushed for enactment of the American Rescue Plan Act of 2021, federal COVID-19 relief legislation adopted in March. Thanks to NAMI's advocacy, this law included never before seen investments to address crisis-level pressures on our mental health system, including \$1.5 billion more for the Community Mental Health Services Block Grant - funding that states can use to fill dangerous gaps in programs and services.

WORKING WITH CONGRESS AND THE WHITE HOUSE, NAMI addressed top policy priorities aimed at broader investment in mental health. The result: More funding for mobile crisis teams, suicide prevention, broader mental health screening, mental health services in schools, mental health support for health care professionals and first responders, and much more.

CRIMINAL JUSTICE BY THE NUMBERS, a new one-page infographic, drew on

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NAMI's robust knowledge base to offer clarity and perspective for advocates working on justice diversion efforts at the state level.

TOP HONORS FOR NAMI ADVOCACY came at the October conference of Women in Government Relations, when we received an Excellence in Advocacy Award recognizing NAMI's work on a federal campaign that used personal stories to show how COVID-19 has harmed the nation's mental health.

WITH 330+ MENTIONS IN CONGRESS, NAMI was cited by federal legislators more often than any other mental health organization in 2021

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

ENGAGING WEBINARS AND WORKSHOPS held at NAMIcon, our annual convention, reached thousands with virtual discussions on topics surrounding mental health equity, fairness, discrimination and more. Session topics included:

- Anti-Semitism
- Advocating with Black Voices
- Anti-Asian Racism and Mental Health
- Culturally Competent Education to Address Disparities
- Mental Health Conversations in LGBTQIA and Black Communities

OUR NAMI ASK THE EXPERT SERIES hosted "Promoting Mental Health Equity in Black Churches," an insightful session where leaders discussed the role that faith-based organizations play in advancing mental well-being and equity in Black communities.

REAL-WORLD TOOLS FOR KIDS, TEENS AND YOUNG ADULTS arrived right on time

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as NAMI delivered new online resources in August and September. These included an updated Kids, Teens and Young Adult journey section on NAMI.org, a Back-to-School Wellness Guide, and practical advice for students and parents looking for local support, crisis resources and suggestions for opening healing conversations.

NEW TRAINING GRANTS helped NAMI Affiliates prepare local leaders who present community-based NAMI programs in Spanish. In total, 34 grants were awarded, with Affiliates reserving 30% of training seats for leaders in other states - maximizing our effort to serve more Spanish-speaking groups nationwide.

NAMI SMARTS FOR ADVOCACY went virtual for the first time, preparing 44 new teachers from 19 NAMI State Organizations in a single online session. Together, they will expand the reach of our nationwide advocacy training program, which prepares grassroots advocates for success with policymakers.

A ONE-TO-MANY APPROACH helped us train dozens of NAMI trainers in 2021 - the leaders who prepare local presenters of our community-based education programs. We followed a new approach that paired independent coursework with a 12-hour, live-taught, virtual training weekend for 44 trainers, who will expand the presenter base for NAMI Connection, NAMI Family Support Group and NAMI Peer-to-Peer programs nationwide.

HELPING PEOPLE IN NEED - NAMI HelpLine

Delivering one-on-one mental health support for a record number of

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individuals and families.

The NAMI HelpLine, our free, nationwide resource and referral service, added more hours and tripled its volunteer force to meet an unprecedented level of need.

WORK-FROM-ANYWHERE CLOUD TECHNOLOGY helped us rapidly expand the NAMI HelpLine team in 2021. Eight employees - twice as many as last year - worked with 100+ volunteers across the country, all drawing on their lived mental health experience to provide resources and support.

WE EXPANDED OUR OPERATING HOURS TWICE to better support people in the evening hours and improve service to the West Coast. NAMI HelpLine is now open from 10 a.m. to 10 p.m. ET, Monday to Friday, benefiting help seekers across all time zones.

NEWLY ADDED LIVE CHAT ON NAMI.org is the latest innovation in our response capabilities. The new feature, which allows help seekers to have instant message conversations with NAMI HelpLine specialists, tracks with research that shows young people and individuals from diverse backgrounds prefer digital support.

2021 SNAPSHOT NAMI HELPLINE

2 in 5 adults experienced mental health symptoms in 2021, nearly twice as many as before the pandemic

373,000 help seekers received support in 2021

71,000 received direct help via phone, email, regular mail, social media and chat

302,000 found help online through the NAMI HelpLine Knowledge Center

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Top 10 Conditions and Concerns Addressed:

1. Depression
2. Anxiety
3. Schizophrenia
4. Bipolar Disorder
5. Dual Diagnosis
6. PTSD
7. Suicide Ideation
8. Anosognosia
9. Borderline Disorder
10. Early Psychosis

25% fewer missed calls, thanks to our expanded team

LEADING ON RESEARCH

Building the knowledge base that drives life-changing innovation. From the beginning, NAMI has sought funding and public support for mental health research while launching its own studies of the attitudes and beliefs that influence mental health outcomes.

A NEW NATIONAL SURVEY ON MOOD DISORDERS examined what people think about bipolar disorder, major depression, dysthymia and related conditions. Study leaders took a close look at individual and family experiences, noting the effect on loved ones, and the barriers that still block the way to effective care. Specific questions delved into telehealth and the unique issues facing people of color, young individuals, and health care and public safety professionals. Though we have a long way to go, hopeful findings show that people realize mental

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health struggles can happen to anyone - and the conversation on mental health is more open and supportive than ever.

52% with mood disorders say HIGH COSTS keep them from trying new treatments

84% believe that STIGMA keeps people from getting treatment

79% say that many people with mood disorders LACK ACCESS to quality care

INSPIRING HOPE THROUGH RESEARCH, our annual event recognizing top mental health researchers, was held virtually for the second year in a row. Gail Daumit, M.D., MHS, FACP, and A. Eden Evins, M.D., MPH received NAMI's 2021 Scientific Research Award for their invaluable work in the mental health field. Supported by the Peter Corbin Kohn Endowment, the award honors researchers whose work improves our understanding and treatment of mental illness.

THE ACCELERATING MEDICINES PARTNERSHIP, a five-year, \$100 million public-private research effort, launched with substantial support from NAMI. This key initiative advances targeted research on schizophrenia led by the Foundation for the National Institutes of Health. NAMI is one of eight partners funding the project and has a voting seat on the Steering Committee. Carlos Larrauri, a member of NAMI's national Board of Directors, co-chaired this committee in 2021 - the only individual living with schizophrenia to serve on the committee. Members of the NAMI Research Team also serve on various workgroups in this project.

THE SOCIETY OF BIOLOGICAL PSYCHIATRY HONORED NAMI with its 2021

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Humanitarian Award, recognizing our service and advocacy for people living with mental illness.

NEW NAMI RESEARCH ON DIGITAL TOOLS for mental health appeared in the mental health edition of the Journal of Medical Internet Research.

Researchers spoke with caregivers and people living with mental illness to measure effectiveness and satisfaction with digital wellness platforms.

\$2.14 billion for mental health

NAMI advocates called for higher-than-ever National Institute of Mental Health funding.

NAMI HEARTS+MINDS, a program reminding everyone that mental health is physical health, launched in October with support from H&M. A new website served up videos and lessons that NAMI State Organizations and Affiliates used throughout 2021 to build awareness and community.

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

Research:

Form 990, Part VI, Section A, line 1a:

The Executive Committee is comprised of the President, the two Vice-Presidents, the Secretary, the Treasurer, who shall be members of the Board of Directors, and the Chief Executive Officer ex officio, non-voting. The President shall act as Chairman and the Secretary as Secretary of the Committee. In the interim between the meetings of the Board of Directors, the Executive Committee shall have and shall exercise all of the powers of

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the Board of Directors save and except only the powers to fill vacancies in the Board of Directors, and to remove officers elected or appointed by the Board of Directors. A majority of the members of the Board of Directors on the Committee shall constitute a quorum. All actions shall require a majority vote of the regular members present. The Committee shall keep minutes of all of its meetings and transactions, and such minutes shall be reported at each meeting of the Board of Directors for approval and ratification by the Board of Directors of actions taken by the Executive Committee.

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

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of the voting members at which a quorum is present, except as may be 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

Name of the organization

NAMI National

Employer identification number

43-1201653

indicate those conflicts in writing and send them to the Chief Financial 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:

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

Program service expenses	2,765,353.
Management and general expenses	294,552.
Fundraising expenses	475,529.
Total expenses	3,535,434.
Total Other Fees on Form 990, Part IX, line 11g, Col A	3,535,434.

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.