

Hope starts
with you.



20 Annual
14 Report



National Alliance on Mental Illness

MILLIONS OF AMERICANS,

1 in 5 or nearly 60 million people, face the day-to-day reality of living with a mental illness. We get it. We've been there. We offer help and hope; we improve lives and take a stand.



NAMI MEANS MORE

than simply hope—we educate families and those living with mental illness and advocate night and day to ensure better lives for everyone.

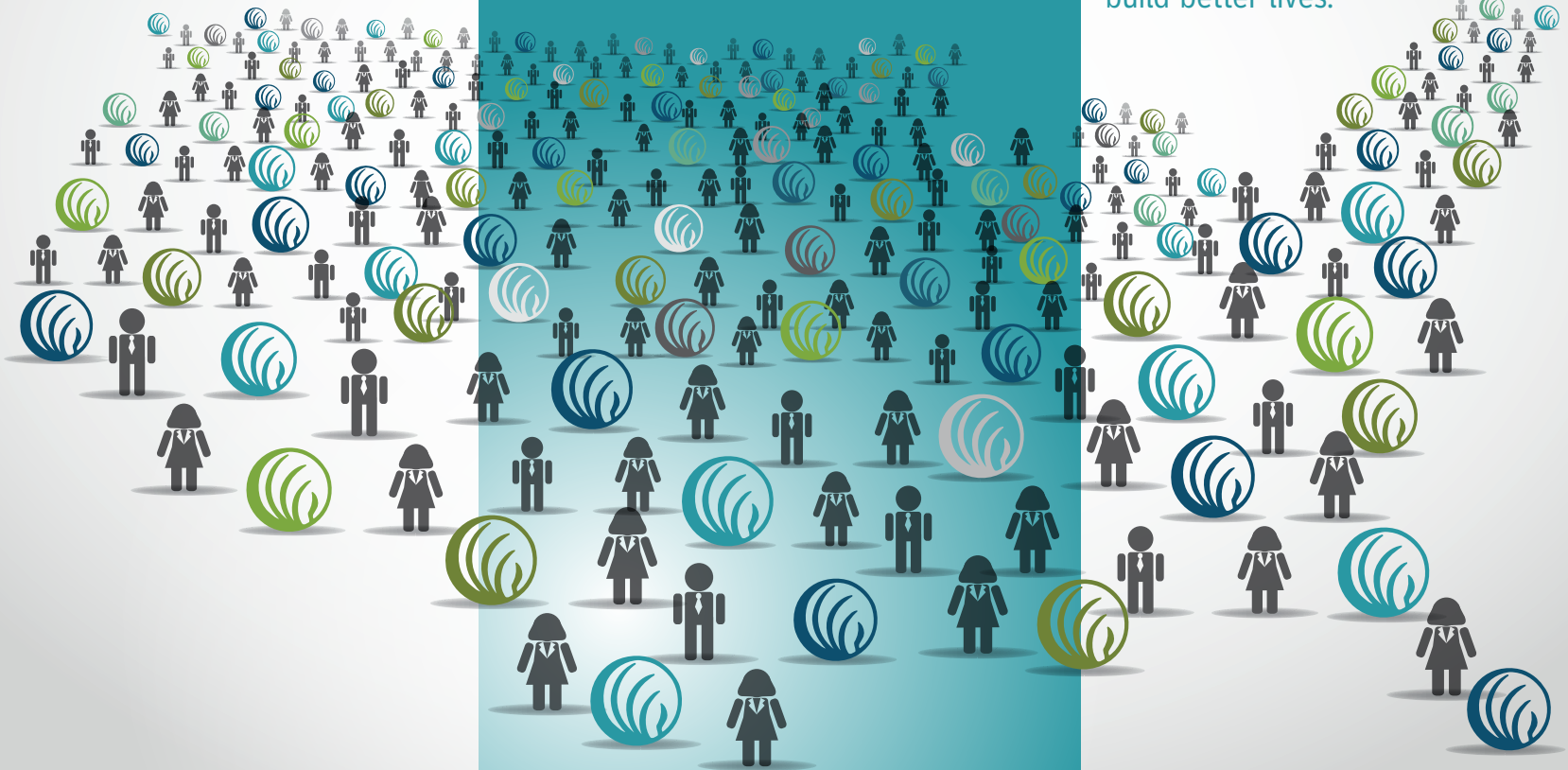
WE ARE



NAMI

National Alliance on Mental Illness

an association of hundreds of local affiliates, state organizations and volunteers who work in communities across the country. We are the nation's largest grassroots mental health organization providing advocacy, education, support and public awareness so that individuals and families affected by mental illness can build better lives.



OUR WORK

SUPPORT

EDUCATION

AWARENESS

ADVOCACY



nami



SUPPORT

We reach out and respond to those in need.



EDUCATION

We get it. We've been there. With the understanding unique to those with lived experience, we provide an array of no-cost education programs.



AWARENESS

We promote a unified voice on mental illness, aiming to replace ignorance with understanding through NAMIWalks, media relations, public presentations, outreach initiatives and more.



ADVOCACY

NAMI is the voice of reason, advocating tirelessly at the national, state and local levels, promoting common-sense solutions to solve our nation's mental health care crisis and promoting research advances.

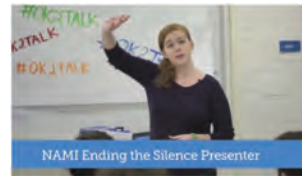
A YEAR IN THE LIFE OF NAMI National Alliance on Mental Illness

JANUARY

After serving as a Section Chief in the Office for Civil Rights at the U.S. Department of Health and Human Services since 2008, Mary Giliberti, J.D., became NAMI's new executive director. She previously served for three years as NAMI's Director of Public Policy and Advocacy for federal and state issues.



Results from the NAMI Ending the Silence pilot, NAMI's new presentation program for high school students, indicated that 9 out of 10 students said they know the early warning signs of mental illness, and 94% reported knowing how to help themselves or a friend if they notice warning signs after the presentation.



FEBRUARY

Actress Halle Berry was featured on the cover of the spring issue of *The NAMI Advocate*, highlighting the film *Frankie & Alice*, and the impact of mental health stigma.



MARCH

Mary Giliberti released a statement regarding a House of Representatives oversight hearing titled "Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage," to bring light to the fact that other mental health services are also being drastically cut.

NAMI Orange County (Calif.) announced co-sponsorship of an event with Saddleback Church and the Roman Catholic Diocese of Orange County, an event, *The Gathering on Mental Health* and the Church. The event aimed to equip church leaders to provide effective, compassionate ministry to individuals and families who confront mental illness.



NAMIWalks launched their 12th annual events to great success. With more than 83 events held during the year, which involved more than 150,000 walkers and supporters, NAMIWalks successfully raised more than \$11 million dollars.



Calling for strong leadership and accountability, NAMI issued a statement in response to the Fort Hood tragedy, emphasizing the seriousness in which mental health needs to be taken in the public sphere.

NAMI honored 23 doctors as Exemplary Psychiatrists at the American Psychiatric Association's (APA) annual conference in New York City on May 4.

Following the resignation of the U.S. Secretary of Veterans Affairs (VA), General Eric Shinneski, NAMI called on President Obama to nominate quickly a proven leader who has demonstrated a commitment to timely access to quality mental health care.

Over 160 new state trainers in eight NAMI signature education programs, as well as several new trainers from Mexico for De Familia a Familia de NAMI were trained in Arlington, Va. at the NAMI Training of Trainers event.

Along with the Cigna Foundation, NAMI announced and held the "It's Time to Take Action: Innovative Community Approaches to Children's Mental Health," a forum to help create an open dialogue on a much needed issue. The Forum was attended by thought leaders and major national colleague organizations.

APRIL

NAMI called for nationwide expansion of Crisis Intervention Teams (CIT) to reduce fatal events involving police and people living with mental illness in testimony submitted to a U.S. Senate Judiciary subcommittee hearing on April 29 on "Law Enforcement Responses to Disabled Americans."

Six pilot states, Illinois, Maryland, New York, North Carolina, Ohio and South Carolina, participated in the first online teacher training conducted by NAMI for one of its education programs. The training was for NAMI's newest signature education program, NAMI Homefront.

MAY

NAMI Basics, NAMI's education program for parents and caregivers of children and teens, was launched in Nevada with their first training of teachers in May, making it the first NAMI program to be trained using tele-health technology.



JUNE

Results from the multi-year University of Maryland study showed the effectiveness of NAMI Parents & Teachers as Allies, NAMI's program targeted to education professionals. Nine out of 10 participants indicated positive or very positive satisfaction on all ten items on the satisfaction scale and showed a dramatic and significant increase in knowledge of mental illness in children and adolescents.

One year after its launch, NAMI adopted OK2Talk.org from the National Association of Broadcasters. OK2Talk.org is an online community where teens and young adults struggling with mental health problems can talk about what they're experiencing by sharing their personal stories of recovery, tragedy or hope.



Road to Recovery: Employment and Mental Illness was released along with a toolkit that included model state legislation and other resources for the NAMI grassroots on employment. The report received significant media attention, including from *USA Today*, Kaiser Health News and Stateline.

JULY

During National Minority Mental Health Month, NAMI highlighted the importance of mental health in diverse communities by publishing new content on racial disparities in mental health care and engaging in conversations on social media.



With the National Council for Behavioral Health and Otsuka America Pharmaceutical, Inc. and Lundbeck, we announced the launch of the *Connect 4 Mental Health® (C4MH) Community Innovation Awards* program to support program efforts in communities, as well as access to a one-on-one Mentorship Program to learn from exemplary community-based programs that were recognized as “national success communities” in 2013.

AUGUST

On Aug. 11, Robin Williams, one of the truly great performers of our time, died by suicide. Following his passing, Mary Giliberti issued a statement offering our deepest condolences to his family and reminding people that although mental illness is isolating, it doesn't have to be; education, support and intervention can save lives.

NAMI's National Day of Action held in conjunction with the NAMI National Convention generated over 200 meetings with Congressional offices, 6,082 emails to Congress, 23,108 original Tweets of #Act4Mental Health, and over 422,000 “likes” on an Instagram photo of singer, songwriter and actress Demi Lovato holding a NAMI folder with “#Act4MentalHealth.” Former U.S. Representative Patrick Kennedy and Virginia Senator Creigh Deeds were also in attendance.



SEPTEMBER

Mark Landis, subject of the documentary *Art and Craft*—and one of the world's best art forgers—came to the NAMI National Convention to participate in a q-and-a after a screening of the film. Landis, who lives with schizophrenia, was greeted with admiration and support for sharing such a unique story.





During Mental Illness Awareness Week, we created resources available to Affiliates and the general public to raise awareness for mental health issues. Our posts on social media reached hundreds of thousands of individuals affected by mental illness.

OCTOBER

Ahead of the elections in November, we galvanized our grassroots community to reach out to candidates to express the importance of mental health services in local communities. We provided questions to ask candidates and handouts to help explain why improving mental health care is vital.

Lisa Dixon, M.D., received the 2014 NAMI Scientific Research Award. Dixon helped establish NAMI Family-to-Family as an evidence-based practice. In addition to her work with Family-to-Family, Dr. Dixon is the principal investigator on the NIMH Recovery After Initial Schizophrenia Episode (RAISE) Implementation and Evaluation Study, and is leading an innovative program, OnTrackNY, a statewide initiative designed to improve outcomes and reduce disability for the population of individuals experiencing their first episode of psychosis.



Following months of advocacy, NAMI publicly showed gratitude to the Federal Fifth Circuit Court of Appeals for staying the scheduled execution of Scott Panetti, a man who has lived with schizophrenia for more than 30 years.

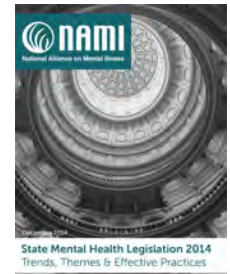
NOVEMBER

NAMI conducted a survey that showed approximately 24% of people with a diagnosed mental illness find that the holidays make their condition “a lot” worse and 40% “somewhat” worse. NAMI responded with a media outreach campaign that included promotion of a list of resources and suggestions to help people who live with mental illness during the holiday season.

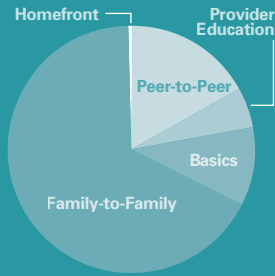


DECEMBER

NAMI's report *State Mental Health Legislation 2014* showed that momentum for reform of the nation's mental health care system slowed during the year as a result of failure by Congress to enact comprehensive mental health care legislation and a decrease in the number of states strengthening investment in mental health services. The report served as a call to action for more aggressive implementation of mental health insurance parity.



EDUCATIONAL CLASSES



21,000 PARTICIPANTS
 Basics
 Family-to-Family
 Homefront
 Peer-to-Peer
 Provider Education

65 CLASSES IN SPANISH

1,000 PARTICIPANTS

225 VETERAN/ SERVICE MEMBER CLASSES

550 PARTICIPANTS

5,500 PRESENTATIONS TO 120,000 AUDIENCE MEMBERS

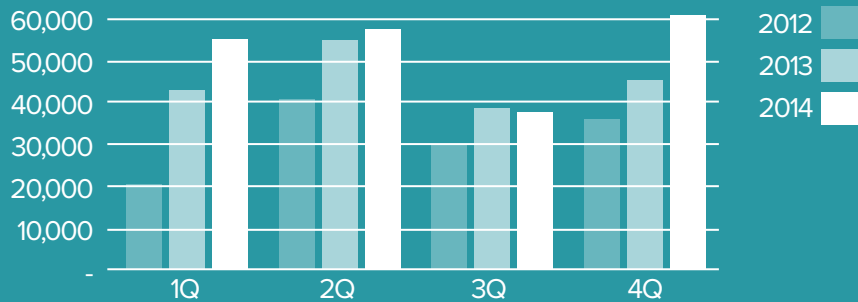


**Ending the Silence
 In Our Own Voice
 Parents & Teachers as Allies**

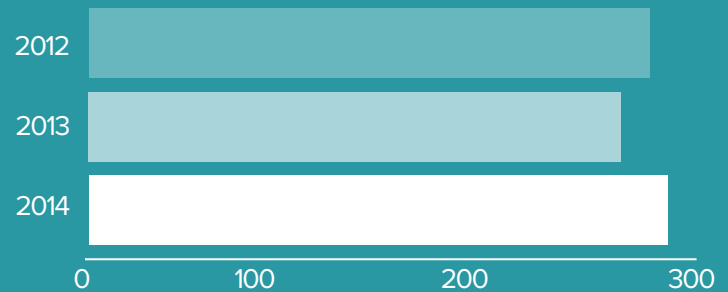
10 nami SIGNATURE PROGRAMS

**Connection
 Family Support Group**
**SUPPORT GROUPS
 98,000 PARTICIPANTS**
 90 meetings in Spanish, 700 participants
 3,100 Group meetings within the VA
 6,000 Veterans and family members

TOTAL NUMBER OF PARTICIPANTS IN ALL SIGNATURE PROGRAMS: 2012-2014



NAMI STATE TRAININGS FOR ALL SIGNATURE PROGRAMS: 2012-2014



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
NAMI

We have audited the accompanying financial statements of NAMI, which comprise the statements of financial position as of December 31, 2014 and 2013; the related statements of activities, functional expenses, and cash flows for the years then ended; and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

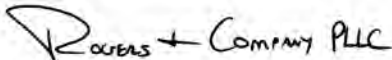
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NAMI as of December 31, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Vienna, Virginia
March 17, 2015

| | Unrestricted | Temporarily Restricted | Permanently Restricted | Total |
|--|---------------------|------------------------|------------------------|---------------------|
| Revenue and Support | | | | |
| Contributions | \$ 4,406,714 | \$ 3,803,016 | \$ 2,500 | \$ 8,212,230 |
| Walks | 1,059,498 | - | - | 1,059,498 |
| Government grants and contracts | 224,441 | - | - | 224,441 |
| Registrations | 378,400 | - | - | 378,400 |
| Dues | 393,572 | - | - | 393,572 |
| Investment income | 415,041 | - | - | 415,041 |
| Sales | 164,438 | - | - | 164,438 |
| Other revenue | 45,670 | - | - | 45,670 |
| Net assets released from restrictions: | | | | |
| Satisfaction of program restrictions | 2,280,413 | (2,280,413) | - | - |
| Satisfaction of time restrictions | 1,250,000 | (1,250,000) | - | - |
| Total revenue and support | 10,618,187 | 272,603 | 2,500 | 10,893,290 |
| Expenses | | | | |
| Program services: | | | | |
| Program and membership support | 5,290,846 | - | - | 5,290,846 |
| Education services | 1,032,229 | - | - | 1,032,229 |
| Advocacy | 1,688,159 | - | - | 1,688,159 |
| Total program services | 8,011,234 | - | - | 8,011,234 |
| Supporting services: | | | | |
| Administration | 1,352,457 | - | - | 1,352,457 |
| Development | 1,185,135 | - | - | 1,185,135 |
| Total supporting services | 2,537,592 | - | - | 2,537,592 |
| Total expenses | 10,548,826 | - | - | 10,548,826 |
| Change in Net Assets | 69,361 | 272,603 | 2,500 | 344,464 |
| Net Assets, beginning of year | 5,187,239 | 2,510,203 | 544,763 | 8,242,205 |
| Net Assets, end of year | \$ 5,256,600 | \$ 2,782,806 | \$ 547,263 | \$ 8,586,669 |

NAMI

Statements of Financial Position
December 31, 2014 and 2013

| | 2014 | 2013 |
|---|----------------------|----------------------|
| Assets | | |
| Cash and cash equivalents | \$ 4,697,929 | \$ 3,067,295 |
| Contributions receivable | 284,060 | 633,589 |
| Grants and accounts receivable | 95,320 | 166,999 |
| Inventory | 87,341 | 46,701 |
| Investments | 6,995,977 | 5,876,698 |
| Prepaid expenses | 246,642 | 259,751 |
| Property and equipment, net | 1,004,305 | 1,021,545 |
| Deposits | 46,900 | 46,900 |
| Total assets | \$ 13,458,474 | \$ 11,119,478 |
| Liabilities and Net Assets | | |
| Liabilities | | |
| Accounts payable and accrued expenses | \$ 1,415,632 | \$ 1,507,136 |
| Deferred revenue | 93,170 | 111,230 |
| Deferred rent and lease incentive | 632,228 | 695,738 |
| Charitable gift annuities | 204,729 | 218,705 |
| Total liabilities | 2,345,759 | 2,532,809 |
| Net Assets | | |
| Unrestricted | 5,790,895 | 5,256,600 |
| Temporarily restricted | 4,521,761 | 2,782,806 |
| Permanently restricted | 800,059 | 547,263 |
| Total net assets | 11,112,715 | 8,586,669 |
| Total liabilities and net assets | \$ 13,458,474 | \$ 11,119,478 |

NAMI

Statements of Cash Flows
For the Years Ended December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---------------------|---------------------|
| Cash Flows from Operating Activities | | |
| Change in net assets | \$ 2,526,046 | \$ 344,464 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | | |
| Net realized gain on investments | (103,984) | (102,854) |
| Unrealized loss (gain) on investments | 36,754 | (217,366) |
| Donated investments | (227,061) | (132,888) |
| Contributions restricted for long-term purposes | (161,125) | (2,500) |
| Change in value of charitable gift annuities | 9,875 | (10,674) |
| Depreciation and amortization | 359,358 | 337,356 |
| Change in operating assets and liabilities: | | |
| (Increase) decrease in: | | |
| Contributions receivable | 349,529 | (125,579) |
| Grants and accounts receivable | 71,679 | (102,201) |
| Inventory | (40,640) | 4,187 |
| Prepaid expenses | 13,109 | 29,840 |
| Increase (decrease) in: | | |
| Accounts payable and accrued expenses | (91,504) | 377,632 |
| Deferred revenue | (18,060) | 41,075 |
| Deferred rent and lease incentive | (63,510) | (44,875) |
| Charitable gift annuity | (23,851) | (27,637) |
| Net cash provided by operating activities | 2,636,615 | 367,980 |
| Cash Flows from Investing Activities | | |
| Proceeds from sales of investments | 828,287 | 326,084 |
| Purchases of investments | (1,653,275) | (94,821) |
| Purchases of property and equipment | (342,118) | (192,291) |
| Net cash (used in) provided by investing activities | (1,167,106) | 38,972 |
| Cash Flows from Financing Activity | | |
| Contributions restricted for long-term purposes | 161,125 | 2,500 |
| Net cash provided by financing activity | 161,125 | 2,500 |
| Net Increase in Cash and Cash Equivalents | 1,630,634 | 409,452 |
| Cash and Cash Equivalents, beginning of year | 3,067,295 | 2,657,843 |
| Cash and Cash Equivalents, end of year | \$ 4,697,929 | \$ 3,067,295 |



National Alliance on Mental Illness

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