

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 **2022** 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		D Employer identification number 43-1201653
	Doing business as National Alliance on Mental Illn		E Telephone number 703-524-7600
	Number and street (or P.O. box if mail is not delivered to street address) 4301 Wilson Blvd	Room/suite 300	G Gross receipts \$ 67,550,689.
	City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 22203-1867		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: Daniel Gillison same as C above		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: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **www.nami.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1979** **M** State of legal domicile: **AZ**

Part I Summary		Prior Year	Current Year
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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	171
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,603.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	30,900,460.	63,137,024.
	9 Program service revenue (Part VIII, line 2g)	370,214.	703,184.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	483,358.	584,057.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,997.	183,452.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,878,029.	64,607,717.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,604,973.	6,412,597.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,335,251.	14,564,813.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,581,653.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,747,933.	13,360,157.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,688,157.	34,337,567.	
19 Revenue less expenses. Subtract line 18 from line 12	9,189,872.	30,270,150.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 50,401,603.	End of Year 77,926,202.
	21 Total liabilities (Part X, line 26)	14,017,467.	15,335,925.
	22 Net assets or fund balances. Subtract line 21 from line 20	36,384,136.	62,590,277.

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			
	David Levy, Chief Financial Officer	6/6/23			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Yong Zhang, CPA	Yong Zhang	06/06/23	<input type="checkbox"/>	P01249785
Preparer Use Only	Firm's name	Firm's EIN			
	Rogers & Company PLLC	58-2676261			
Preparer Use Only	Firm's address	Phone no. (703) 893-0300			
	8300 Boone Boulevard, Suite 600 Vienna, VA 22182				

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,448,410. including grants of \$ 6,274,291.) (Revenue \$ 228,942.) Public Awareness, Partnerships and Outreach:

COMMUNITY CONVERSATIONS MEET PEOPLE WHERE THEY ARE NAMI seeks to advance the mental wellness of all people living in the U.S. We know the tools people need will depend on age, background, location, language, family ties and much more. Throughout 2022, we improved and expanded our offerings for communities across the country, including many whose needs have long been overlooked.

See Schedule O for additional Public Awareness, Partnerships and Outreach highlights in 2022

4b (Code:) (Expenses \$ 2,177,249. including grants of \$ 32,956.) (Revenue \$ 433,068.) Public Policy and Advocacy:

RECORD-BREAKING ADVOCACY DRIVES PROGRESS FOR MILLIONS In 2022, we reached a watershed moment in mental health, thanks to the nonstop activity of NAMI advocates nationwide. Thousands of volunteers affiliated with NAMI's Government Relations and Policy & Advocacy teams pressed for laws and policies that will reap benefits for millions.

See Schedule O for additional Public Policy and Advocacy highlights in 2022

4c (Code:) (Expenses \$ 3,463,913. including grants of \$ 105,350.) (Revenue \$ 223,125.) Information, Support and Education:

EDUCATION AND SUPPORT GROUPS REVEAL THE POWER OF A COMMUNITY THAT CARES Throughout 2022, NAMI found new ways to enrich and expand our community-based education and peer support programs, drawing on the wisdom and lived experience of people who are devoted to helping others learn, grow and thrive.

See Schedule O for additional Information, Support and Education highlights in 2022

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

4e Total program service expenses 29,089,572.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4 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>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 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)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 171		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	17	
b	Enter the number of voting members included on line 1a, above, who are independent	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AL, CA, CT, FL, IL, GA, KS, MA, MD, MN, ME
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
The Organization - 703-524-7600
4301 Wilson Blvd, 300, Arlington, VA 22203-1867

See Schedule O for full list of states

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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, box 6 of 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			352,880.	0.	33,304.	
(2) Kenneth Duckworth Chief Medical Officer	37.50					X	281,196.	0.	32,599.	
(3) David Levy Chief Financial Officer	37.50			X			197,193.	0.	30,898.	
(4) Glenn O'Neal Chief Communications Officer	37.50					X	195,334.	0.	9,810.	
(5) Sean Stickle Chief Operating Officer	37.50			X			178,782.	0.	25,913.	
(6) Lisa Lewis Chief Human Resources Officer	37.50					X	177,401.	0.	17,394.	
(7) Hannah Wesolowski Chief Advocacy Officer	37.50					X	161,175.	0.	16,787.	
(8) Jennifer Snow Butler National Dir, Government Relations &	37.50					X	164,231.	0.	8,413.	
(9) Sherman Gillums Chief Strategy & Impact Officer	37.50			X			102,113.	0.	4,738.	
(10) Joyce Campbell First VP through 6/30/22; President	25.00	X		X			0.	0.	0.	
(11) Vanessa Fernandes-Randall First VP as of 7/1/22	25.00	X		X			0.	0.	0.	
(12) Micah Pearson Secretary through 6/30/22, Second VP	25.00	X		X			0.	0.	0.	
(13) Cathryn Nacario Secretary as of 7/1/22	25.00	X		X			0.	0.	0.	
(14) Jeff Fladen Director through 6/30/22; Treasurer	25.00	X		X			0.	0.	0.	
(15) Amy Brinkley Director	15.00	X					0.	0.	0.	
(16) Lisa Dixon Director	15.00	X					0.	0.	0.	
(17) Joseph Gatto 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) Sheldon Jacobs Director	15.00	X					0.	0.	0.	
(19) Carlos Larrauri Director	15.00	X					0.	0.	0.	
(20) Ray Charles Lay Director	15.00	X					0.	0.	0.	
(21) Pooja Mehta Director	15.00	X					0.	0.	0.	
(22) Connie Mom-Chhing Director	15.00	X					0.	0.	0.	
(23) Vanessa Price Director	15.00	X					0.	0.	0.	
(24) Jeremiah Rainville Director	15.00	X					0.	0.	0.	
(25) Lauren Siimonds Director	15.00	X					0.	0.	0.	
(26) Glenda Wrenn-Gordon Director	15.00	X					0.	0.	0.	
1b Subtotal							1,810,305.	0.	179,856.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,810,305.	0.	179,856.	

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 28

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	855,731.
The Bridgespan Group, 2 Copley Place, Suite 3700B, Boston, MA 02116	Consulting	728,156.
Daniel J. Edelman 21992 Network Place, Chicago, IL 60673	Consulting	652,725.
The Hannon Group, 10903 Indian Head Hwy., Suite 503, Fort Washington, MD 20744	Consulting	314,940.
C2 Imaging (Previously Vomela) 8401 Terminal Rd, Newington, VA 22122	Publication Fulfillment	303,705.

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 25

See Part VII, Section A Continuation sheets

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Darien Wright, Shirley Holloway, Charma Dudley, Tracy Plouck, Carrie Roach, and Mohammed Farshori.

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	258,763.				
	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	62,878,261.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 119,998.				
	h Total. Add lines 1a-1f		63,137,024.				
Program Service Revenue	2 a Government Contracts	Business Code					
		900099	228,943.	228,943.			
	b Book project	900099	223,125.	223,125.			
	c Other program income	900099	140,051.	140,051.			
	d Conference	611710	111,065.	109,565.		1,500.	
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		703,184.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		656,217.			656,217.	
	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				
			(ii) Other				
				2,676,027.			
	b Less: cost or other basis and sales expenses	7b	2,748,187.				
	c Gain or (loss)	7c	-72,160.				
d Net gain or (loss)		-72,160.			-72,160.		
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		364,634.				
			194,785.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory		169,849.	169,849.				
Miscellaneous Revenue	11 a Advertising	Business Code					
		541800	13,603.		13,603.		
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		13,603.					
12 Total revenue. See instructions		64,607,717.	871,533.	13,603.	585,557.		

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	6,368,822.	6,368,822.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,775.	43,775.		
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	925,820.	649,240.	192,470.	84,110.
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	11,282,065.	7,911,643.	2,345,443.	1,024,979.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	313,227.	219,653.	65,117.	28,457.
9 Other employee benefits	1,204,125.	844,402.	250,327.	109,396.
10 Payroll taxes	839,576.	588,760.	174,541.	76,275.
11 Fees for services (nonemployees):				
a Management				
b Legal	157,637.	55,897.	66,142.	35,598.
c Accounting	49,710.		49,710.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,638.		103,638.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,343,602.	5,502,700.	215,162.	625,740.
12 Advertising and promotion				
13 Office expenses	2,366,260.	1,055,120.	435,784.	875,356.
14 Information technology	1,107,421.	485,418.	547,361.	74,642.
15 Royalties				
16 Occupancy	919,516.		919,516.	
17 Travel	546,442.	438,726.	70,419.	37,297.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	578,956.	540,161.	36,800.	1,995.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	608,114.	469,996.	138,118.	
23 Insurance	75,060.		75,060.	
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 Temporary labor	299,003.	193,444.	64,272.	41,287.
b Dues and subscriptions	178,705.	138,654.	19,885.	20,166.
c Taxes and registrations	26,093.		4,572.	21,521.
d Overhead allocation	0.	3,583,161.	-4,107,995.	524,834.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,337,567.	29,089,572.	1,666,342.	3,581,653.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,216,508.	1	16,631,176.
	2 Savings and temporary cash investments		2	4,155,451.
	3 Pledges and grants receivable, net	16,014.	3	7,604.
	4 Accounts receivable, net	1,009.	4	362.
	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	174,743.	8	167,151.
	9 Prepaid expenses and deferred charges	1,188,879.	9	1,141,457.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,453,964.		
	b Less: accumulated depreciation	10b 568,114.		
	11 Investments - publicly traded securities	2,023,968.	10c	1,885,850.
	12 Investments - other securities. See Part IV, line 11	30,330,122.	11	45,659,446.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	1,001,562.	13	
	15 Other assets. See Part IV, line 11	7,448,798.	14	1,093,167.
16 Total assets. Add lines 1 through 15 (must equal line 33)	50,401,603.	15	7,184,538.	
		16	77,926,202.	
Liabilities	17 Accounts payable and accrued expenses	2,875,146.	17	4,558,098.
	18 Grants payable		18	
	19 Deferred revenue	111,563.	19	63,750.
	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	11,030,758.	25	10,714,077.
	26 Total liabilities. Add lines 17 through 25	14,017,467.	26	15,335,925.
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	22,598,705.	27	49,122,229.
	28 Net assets with donor restrictions	13,785,431.	28	13,468,048.
	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	36,384,136.	32	62,590,277.
33 Total liabilities and net assets/fund balances	50,401,603.	33	77,926,202.	

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	64,607,717.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,337,567.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,270,150.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,384,136.
5	Net unrealized gains (losses) on investments	5	-4,064,009.
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	62,590,277.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 _____		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,078,323.	16,613,610.	25,260,924.	30,900,460.	63,137,024.	150,990,341.
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	15,078,323.	16,613,610.	25,260,924.	30,900,460.	63,137,024.	150,990,341.
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)						3,889,352.
6 Public support. Subtract line 5 from line 4.						147,100,989.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15,078,323.	16,613,610.	25,260,924.	30,900,460.	63,137,024.	150,990,341.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	209,012.	288,233.	192,956.	429,439.	656,217.	1,775,857.
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						152,766,198.
12 Gross receipts from related activities, etc. (see instructions)					12	8,259,346.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	96.29 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.35 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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?		
b A family member of a person described on line 11a above?		
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 .		
11a		
11b		
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.		
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.		
1		
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?		
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).		
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.		
1		
2		
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.			
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.			
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 .			
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.			
2a			
2b			
3a			
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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

2022

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/>	\$ 30,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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) 2022

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)	42,820.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	109,573.													
c	Total lobbying expenditures (add lines 1a and 1b)	152,393.													
d	Other exempt purpose expenditures	34,022,850.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	34,175,243.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures		75,493.	91,655.	152,393.	319,541.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures		9,377.	43,273.	42,820.	95,470.

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 expenditures 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

2022

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 July 25, 2006, 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 \$ _____

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	1,674,090.	1,500,902.	1,186,418.	1,004,130.	1,054,391.
b Contributions		15,000.	196,223.	30,000.	30,000.
c Net investment earnings, gains, and losses	-238,651.	185,688.	145,761.	169,788.	-64,261.
d Grants or scholarships					
e Other expenditures for facilities and programs	28,400.	27,500.	27,500.	17,500.	16,000.
f Administrative expenses					
g End of year balance	1,407,039.	1,674,090.	1,500,902.	1,186,418.	1,004,130.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.	399,298.	1,885,215.
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.)				1,885,850.

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	7,035,774.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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	10,714,077.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	61,161,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a -4,064,009.		
	b Donated services and use of facilities	2b 720,966.		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	-3,343,043.
3	Subtract line 2e from line 1		3	64,504,079.
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 103,638.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	103,638.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	64,607,717.

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	34,954,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a 720,966.		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	720,966.
3	Subtract line 2e from line 1		3	34,233,929.
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 103,638.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	103,638.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	34,337,567.

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

2022

**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
NAMI Minnesota 1919 University Ave W, Ste 400 Saint Paul, MN 55104	41-1317030	501(c)(3)	172,250.	0.			General Support and Program Assistance
NAMI Wisconsin 4233 Beltline Hwy Madisocn, WI 53711	39-1397227	501(c)(3)	155,250.	0.			General Support and Program Assistance
NAMI Keystone PA 105 Braunlich Dr., Suite 200 Pittsburgh, PA 15237	25-1477291	501(c)(3)	154,000.	0.			General Support and Program Assistance
NAMI New York State 99 Pine St, Suite 105 Albany, NY 12207	22-2571353	501(c)(3)	152,500.	0.			General Support and Program Assistance
NAMI Ohio PO Box 244043 Atlanta, GA 30324	45-1227396	501(c)(3)	151,500.	0.			General Support and Program Assistance
NAMI California 1851 Heritage Ln Suite #150 Sacramento, CA 95815	94-2676057	501(c)(3)	151,000.	0.			General Support and Program Assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **106.**

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

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI North Carolina 309 W Millbrook Rd., Suite 121 Raleigh, NC 27609	56-1438623	501(c)(3)	151,000.	0.			General Support and Program Assistance
NAMI Texas 4110 Guadalupe St Austin, TX 78751	74-2380175	501(c)(3)	151,000.	0.			General Support and Program Assistance
NAMI Louisiana PO Box 40517 Baton Rouge, LA 70835	72-1038877	501(c)(3)	149,375.	0.			General Support and Program Assistance
NAMI Florida PO Box 961 Tallahassee, FL 32302	59-2859337	501(c)(3)	142,750.	0.			General Support and Program Assistance
NAMI Washington 1107 NE 45th St., Suite 230 Seattle, WA 98105	91-1689067	501(c)(3)	126,893.	0.			General Support and Program Assistance
NAMI Kansas PO Box 675 Topeka, KS 66601	48-1061361	501(c)(3)	122,250.	0.			General Support and Program Assistance
NAMI Maryland 10630 Little Patuxent Parkway, Suite Columbia, MD 21044	52-1295484	501(c)(3)	119,750.	0.			General Support and Program Assistance
NAMI New Jersey 1562 Route 130 North Brunswick, NJ 08902	22-2619966	501(c)(3)	118,750.	0.			General Support and Program Assistance
NAMI Tennessee 1101 Kermit Dr., Ste 605 Nashville, TN 37217	58-1679614	501(c)(3)	117,250.	0.			General Support 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 Georgia 4120 Presidential Parkway, Suite 20 Atlanta, GA 30340	58-1466482	501(c)(3)	114,750.	0.			General Support and Program Assistance
NAMI Kentucky 2441 S Hwy 27 Somerset, KY 42501	61-1140329	501(c)(3)	114,750.	0.			General Support and Program Assistance
NAMI Virginia PO Box 8260 Richmond, VA 23226	54-1267632	501(c)(3)	114,750.	0.			General Support and Program Assistance
NAMI Illinois 218 West Lawrence Springfield, IL 62704	36-3305804	501(c)(3)	114,375.	0.			General Support and Program Assistance
NAMI Massachusetts 529 Main St., Suite 1M17 Boston, MA 02129	04-2777012	501(c)(3)	114,000.	0.			General Support and Program Assistance
NAMI Michigan 401 S. Washington Ave., Suite 104 Lansing, MI 48933	38-2643038	501(c)(3)	114,000.	0.			General Support and Program Assistance
NAMI Oregon 4701 SE 24th Ave., Suite E Portland, OR 97202	93-0875209	501(c)(3)	114,000.	0.			General Support and Program Assistance
NAMI Indiana 921 East 86th St., Suite 130 Indianapolis, IN 46420	35-1640701	501(c)(3)	111,500.	0.			General Support and Program Assistance
NAMI Iowa 3839 Mirle Hay Rd., Ste 229 Des Moines, IA 50310	23-7084780	501(c)(3)	111,500.	0.			General Support 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 Delaware 2400 West 4th St. Wilmington, DE 19803	22-2490797	501(c)(3)	100,250.	0.			General Support and Program Assistance
NAMI Maine 52 Water St Hallowell, ME 04347	01-0406214	501(c)(3)	96,000.	0.			General Support and Program Assistance
NAMI Mississippi 2618 Southerland St Jacksonville, MS 39216	64-0786349	501(c)(3)	92,250.	0.			General Support and Program Assistance
NAMI Nevada 3100 Mill st. Suite 206 Reno, NV 89502	88-0278206	501(c)(3)	92,250.	0.			General Support and Program Assistance
NAMI Nebraska 415 S. 25 Avenue, Amex Building Omaha, NE 68131	36-3460128	501(c)(3)	90,750.	0.			General Support and Program Assistance
NAMI Missouri 3405 West Truman Blvd., Suite 102 Jefferson City, MO 65109	43-1398666	501(c)(3)	87,750.	0.			General Support and Program Assistance
NAMI Idaho 1985 E 25th St Idaho Falls, ID 83404	94-3141046	501(c)(3)	86,893.	0.			General Support and Program Assistance
NAMI Connecticut 1030 New Britain Ave West Hartford, CT 06110	22-2605701	501(c)(3)	86,750.	0.			General Support and Program Assistance
NAMI New Mexico 3900 Osuna Rd., NE Albuquerque, NM 87109	85-0333255	501(c)(3)	86,500.	0.			General Support 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 Alaska PO Box 201753 Anchorage, AK 99520	92-0111673	501(c)(3)	85,250.	0.			General Support and Program Assistance
NAMI Vermont 600 Blair Park Rd., Suite #301 Williston, VT 05495	03-0297954	501(c)(3)	85,250.	0.			General Support and Program Assistance
NAMI New Hampshire 85 N. State St. Concord, NH 03301	22-2760743	501(c)(3)	84,750.	0.			General Support and Program Assistance
NAMI South Carolina 1735 St. Julian Pl., Ste 300 Columbia, SC 29204	57-0822032	501(c)(3)	84,750.	0.			General Support and Program Assistance
NAMI Utah 1600 West 2200 South, #202 West Valley City, UT 84119	87-0432972	501(c)(3)	83,500.	0.			General Support and Program Assistance
NAMI South Dakota PO Box 88808 Sioux Falls, SD 57109	36-3593027	501(c)(3)	83,143.	0.			General Support and Program Assistance
NAMI Alabama 1401 I-85 Montgomery, AL 36106	63-0977897	501(c)(3)	82,000.	0.			General Support and Program Assistance
NAMI Oklahoma 1225 Dublin Rd., Suite 125 Columbus, OH 43215	31-1073968	501(c)(3)	81,500.	0.			General Support and Program Assistance
NAMI Arizona 5025 E. Washington St., Ste 112 Phoenix, AZ 85034	86-0464872	501(c)(3)	81,000.	0.			General Support 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 Arkansas 1012 Autumn Rd. Little Rock, AR 72211	71-0569165	501(c)(3)	81,000.	0.			General Support and Program Assistance
NAMI DC 422 8th St. SE Washington, DC 20003	52-1258678	501(c)(3)	81,000.	0.			General Support and Program Assistance
NAMI Hawaii 770 Kapiolani Blvd, Suite 613 Honolulu, HI 96813	99-0272540	501(c)(3)	81,000.	0.			General Support and Program Assistance
NAMI Montana PO Box 1021 Helena, MT 59624	81-0441706	501(c)(3)	81,000.	0.			General Support and Program Assistance
NAMI Rhode Island 154 Waterman St., Suite 5B Providence, RI 02906	22-2805141	501(c)(3)	81,000.	0.			General Support and Program Assistance
NAMI Wyoming PO Box 1883 Casper, WY 82602	83-0277780	501(c)(3)	81,000.	0.			General Support and Program Assistance
University of Wisconsin 2033 E. Hartford Ave. Milwaukee, WI 53211	39-1805963	501(c)(3)	75,000.	0.			Research
NAMI North Texas 2812 Swiss Ave. Dallas, TX 75204	75-1875023	501(c)(3)	60,000.	0.			General Support and Program Assistance
NAMI Pinellas County 8800 49th St North, #302 Pinellas Park, FL 33782	59-2819044	501(c)(3)	46,250.	0.			General Support 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 Greater Wheeling PO Box 6027 Wheeling, WV 26003	27-2764151	501(c)(3)	40,500.	0.			General Support and Program Assistance
NAMI Piedmont Tri County PO Box 3626 Rock Hill, SC 29732	57-0913289	501(c)(3)	40,000.	0.			General Support and Program Assistance
NAMI Metropolitan Baltimore 6600 York Rd., Suite 204 Baltimore, MD 21212	52-1301154	501(c)(3)	19,393.	0.			General Support and Program Assistance
NAMI Colorado 3333 South Bannock St., Suite 430 Englewood, CO 80110	74-2240544	501(c)(3)	18,500.	0.			General Support and Program Assistance
NAMI Johnson County IA 1105 Gilbert Ct., Suite 200 Iowa City, IA 52240	42-1310908	501(c)(3)	16,000.	0.			General Support and Program Assistance
NAMI Pasco County PO Box 412 Elfers, FL 34680	59-2904264	501(c)(3)	15,500.	0.			General Support and Program Assistance
NAMI Greater Houston 9401 SW Fwy, Suite 1234 Houston, TX 77074	76-0242186	501(c)(3)	13,750.	0.			General Support and Program Assistance
NAMI Palm Beach County 5205 Greenwood Ave., Suite 110 West Palm Beach, FL 33407	59-2301320	501(c)(3)	11,750.	0.			General Support and Program Assistance
NAMI Southern Nevada 4525 S. Sandhill Rd., Ste 116 Las Vegas, NV 89121	94-2922504	501(c)(3)	11,393.	0.			General Support 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 Miami-Dade County 299 Alhambra Circle, Suite 224 Coral Gables, FL 33134	59-2207150	501(c)(3)	11,250.	0.			General Support and Program Assistance
NAMI Contra Costa 2151 Salvio Street, Suite V Concord, CA 94520	68-0209474	501(c)(3)	9,750.	0.			General Support and Program Assistance
NAMI El Paso PO Box 9771 El Paso, TX 79995	74-2377105	501(c)(3)	9,750.	0.			General Support and Program Assistance
NAMI Kane South 400 Mercy Lane Aurora, IL 60506	36-3868548	501(c)(3)	9,750.	0.			General Support and Program Assistance
NAMI Louisville 708 W. Magazine St. Louisville, KY 40203	31-0969518	501(c)(3)	9,750.	0.			General Support and Program Assistance
NAMI Mt. San Jacinto PO Box 716 San Jacinto, CA 92581	95-3709350	501(c)(3)	9,750.	0.			General Support and Program Assistance
NAMI of Multnomah 524 NE 52nd Ave. Portland, OR 97213	93-0862647	501(c)(3)	9,750.	0.			General Support and Program Assistance
NAMI Prince George's 10201 Martin Luther King Jr. Hwy, Ste 240B - Office C - Bowie, MD 20720	52-1246659	501(c)(3)	9,750.	0.			General Support and Program Assistance
NAMI St. Louis 1810 Craig Rd, Suite 124 St Louis, MO 63146	43-1143899	501(c)(3)	9,750.	0.			General Support 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 DuPage 115 N. County Farm Rd. Wheaton, IL 60187	36-3412057	501(c)(3)	9,250.	0.			General Support and Program Assistance
NAMI Fairbanks PO Box 72543 Fairbanks, AK 99707	92-0109272	501(c)(3)	9,250.	0.			General Support and Program Assistance
NAMI Greater OKC PO Box 5304 Edmond, OK 73083	27-2136972	501(c)(3)	9,250.	0.			General Support and Program Assistance
NAMI South East Colorado PO Box 4 Canon City, CO 81215	47-2421000	501(c)(3)	9,250.	0.			General Support and Program Assistance
NAMI Wake County 120 W Hargett St. Raleigh, NC 27605	56-1552949	501(c)(3)	9,250.	0.			General Support and Program Assistance
NAMI Washtenaw 1100 Main St. Ann Arbor, MI 48104	38-2766001	501(c)(3)	9,250.	0.			General Support and Program Assistance
NAMI Sarasota and Manatee Counties, Inc - 2911 Fruitville Rd. - Sarasota, FL 34237	59-2464505	501(c)(3)	9,000.	0.			General Support and Program Assistance
NAMI Montgomery County, MD 9210 Corporate Boulevard, Suite 170 Rockville, MD 20850	52-1150412	501(c)(3)	8,000.	0.			General Support and Program Assistance
NAMI PA Montgomery County 100 West Street, Suite 204 Lansdale, PA 19446	23-3072123	501(c)(3)	8,000.	0.			General Support 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 New York City Metro 505 8th Ave., Ste 113 New York, NY 10018	13-3077692	501(c)(3)	7,750.	0.			General Support and Program Assistance
NAMI Clackamas 10202 SE 32nd Ave., Ste 501 Milwaukie, OR 97222	93-0967313	501(c)(3)	7,500.	0.			General Support and Program Assistance
NAMI of Kent County PO Box 3503 Grand Rapids, MI 49501	38-2342621	501(c)(3)	7,500.	0.			General Support and Program Assistance
NAMI San Antonio 6800 Park Ten Blvd., Suite 248-E San Antonio, TX 78213	74-2361886	501(c)(3)	7,500.	0.			General Support and Program Assistance
NAMI New Orleans 1538 Louisiana Ave New Orleans, LA 70115	72-0846349	501(c)(3)	7,200.	0.			General Support and Program Assistance
NAMI Greater Los Angeles County 3600 Wilshire Blvd, Ste 1804 Los Angeles, CA 90010	95-4049720	501(c)(3)	6,750.	0.			General Support and Program Assistance
NAMI Eastside WA 16307 NE 83rd St., Suite 203 Redmond, WA 98052	91-2106510	501(c)(3)	6,393.	0.			General Support and Program Assistance
NAMI Westchester 100 Clearbrook Rd. Elmsford, NY 10523	13-3099544	501(c)(3)	6,393.	0.			General Support and Program Assistance
NAMI Central Texas 4110 Guadalupe St., Bldg 781, Room Austin, TX 78751	74-2374858	501(c)(3)	6,250.	0.			General Support 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 Greater Cleveland 2012 W 25th, Suite 600 Cleveland, OH 44113	20-2254268	501(c)(3)	6,250.	0.			General Support and Program Assistance
NAMI Valley of the Sun 5025 E. Washington St, Ste 112 Phoenix, AZ 85034	86-0586718	501(c)(3)	6,200.	0.			General Support and Program Assistance
NAMI La Crosse County PO Box 595 La Crosse, WI 54602	39-1440863	501(c)(3)	6,000.	0.			General Support and Program Assistance
NAMI Rome 3 Central Plaza Rome, GA 30161	47-1607909	501(c)(3)	6,000.	0.			General Support and Program Assistance
NAMI Shoreline 800 Village Walk, Suite 208 Guilford, CT 06437	35-2350755	501(c)(3)	6,000.	0.			General Support and Program Assistance
NAMI Central Virginia 1904 Byrd Ave., Suite 207 Richmond, VA 23230	52-1206413	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Champlain 304 New York Rd Plattsburgh, NY 12903	76-0710744	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Douglas County PO Box 1224 Superior, WI 54880	81-0823930	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Fort Wayne Indiana 2200 Lake Ave., Suite 110 Fort Wayne, IN 46805	35-1641126	501(c)(3)	5,500.	0.			General Support 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 Lee, Charlotte and Hendry Co 891 College Parkway, Suite 201 Fort Meyers, FL 33919	65-0122844	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Metro West PO Box 123 Marlborough, MA 01752	04-2706033	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Mid Carolina PO Box 2526 Columbia, SC 29202	57-0793024	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Missoula 202 Brooks Ave. Missoula, MT 59801	81-0405416	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Ocean County PO Box 1436 Toms River, NJ 08754	22-3091473	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Shoals 749 Thompson St, Suite A Florence, AL 35630	63-0998100	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Southern New Mexico PO Box 2556 Las Cruces, NM 88044	85-3325435	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Upper Valley PO Box 2462 Idaho Falls, ID 83403	82-0511926	501(c)(3)	5,500.	0.			General Support and Program Assistance
NAMI Urban Greater Cincinnati Network on Mental Illness - 1558 Blair Ave. - Cincinnati, OH 45207	45-3130619	501(c)(3)	5,500.	0.			General Support 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
CIT International Scholarships	61	15,375.	0.		
NAMI Scientific Research Award	1	28,400.	0.		

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

2022

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) 2022

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)	325,155.	25,439.	2,286.	15,015.	18,289.	386,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kenneth Duckworth Chief Medical Officer	(i)	270,429.	9,579.	1,188.	12,420.	20,179.	313,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) David Levy Chief Financial Officer	(i)	189,541.	6,465.	1,187.	9,178.	21,720.	228,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Glenn O'Neal Chief Communications Officer	(i)	188,967.	5,982.	385.	8,503.	1,307.	205,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Sean Stickle Chief Operating Officer	(i)	172,576.	5,843.	363.	8,135.	17,778.	204,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Lisa Lewis Chief Human Resources Officer	(i)	171,290.	5,467.	644.	7,831.	9,563.	194,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Hannah Wesolowski Chief Advocacy Officer	(i)	155,821.	5,220.	134.	7,275.	9,512.	177,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Jennifer Snow Butler National Dir, Government Relations &	(i)	159,086.	5,014.	131.	7,157.	1,256.	172,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	32	119,999.	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 3 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) 2022

**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

2022

Open to Public
Inspection

Name of the organization

NAMI National

Employer identification number

43-1201653

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 49 State Organizations who work in your community to raise awareness and provide support and education that once was not available for many who needed it.

Our Vision

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

Our Values

HOPE

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

Name of the organization NAMI National	Employer identification number 43-1201653
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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: SHARING HOPE, NAMI's outreach program for people of Black and African ancestry, grew from 13 locations in 2021 to more than 56 communities.

COMPARTIENDO ESPERANZA, our national program devoted to people of

Name of the organization

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Latino heritage, also reached new audiences. Both programs create a safe space to talk about mental health symptoms and treatment, explore ways to find effective care and advocate for more community resources.

CROSS-CULTURAL INITIATIVES gained momentum as NAMI worked with historically Black colleges and universities (HBCUs) and youth-focused groups such as the Boys and Girls Club of America to offer urgently needed mental health education and support for young people.

PATHWAYS TO HOPE, a nationwide conference organized by NAMI FaithNet, welcomed nearly 3,000 people of different faith traditions, who explored a blend of local and national programming. Emphasizing the role that houses of worship can play in supporting people who struggle with mental health, attendees talked about ways to reduce stigma, build grassroots support and tap local resources that will benefit members and the larger community.

MENTAL HEALTH RESOURCES FOR YOUTH, SHAPED BY YOUNG VOICES

NAMI was one of the first mental health organizations to join with others in declaring a national emergency in youth mental health. To address this need, we are creating age-appropriate resources and building a robust network that unites parents, teachers, coaches, caregivers, lawmakers, community leaders and others to create hope for young people.

BACK-TO-SCHOOL time can trigger mental health concerns, and this fall NAMI stood ready with a new online suite of free tools. In just two months, visitors logged 35,000 page views as they explored resources for educators, parents, caregivers and children.

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A NEW MENTAL HEALTH COLLEGE GUIDE microsite, created in partnership with The Jed Foundation, went live in August. In just five months, 25,000 unique visitors found practical advice on stress management, navigating relationships, self-advocacy and how to find mental health resources on campus.

NAMI ENDING THE SILENCE 2.0, a comprehensive update to our signature mental health program for middle-school and high-school students, launched in May. By year-end, more than 3,000 students, educators and parents had come together in 73 locations to talk about the warning signs of mental health issues and what to do when young people need help.

THE AMERICAN FEDERATION OF TEACHERS created a NAMI account on their Share My Lesson site, offering lesson plans and professional development tools centered on mental health. The account gives teachers access to NAMI's full range of back-to-school tools along with blogs, videos and other resources ready for classroom use.

MEET LITTLE MONSTER, NAMI's free coloring and activity book, gives adults a positive way to start mental health conversations with children. Available in five languages, this new resource was downloaded more than 23,000 times in 2022.

BUILDING TEAMWORK, INNOVATION AND ENGAGEMENT ACROSS THE ALLIANCE
NAMI's community-level work flows through 650 NAMI Affiliates and 49 NAMI State Organizations across the country. More than 50% are

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volunteer run, working with the active support and programs created by NAMI's Alliance Relations, Development and Field Governance Team (ARDFG).

NAMI ALLIANCE DAY 2022 offered leadership development sessions for more than 600 attendees, who gave the June gathering top ratings for effectiveness. More than 87% said they found fresh opportunities to strengthen the Alliance through ongoing learning and partnerships.

NAMI's ANNUAL EXECUTIVE DIRECTORS' LEADERSHIP EXCHANGE welcomed 100 participants, a record number, for an in-person session filled with innovative ideas.

NEW FIELD ASSESSMENTS studied NAMI's organizational health, operating model and establish a baseline of cultural and linguistic competency. Data from these unique assessments will support targeted, sustainable decisions to help expand NAMI's impact across the country.

NAMI UNIVERSITY, a new database for leadership courses, toolkits, templates and proven practices, went live in 2022. A course for new NAMI leaders launched in August, drawing 500+ enrollees who praised the course's ability to help them get up to speed quickly and effectively.

NAMICON 2022: TOGETHER FOR MENTAL HEALTH, hosted virtually for the safety and well-being of the NAMI community, NAMIcon 2022 welcomed more than 6,000 registrants with a 234% year-over-year growth in youth attendees. Before the main session, NAMI field leaders, staff and volunteers enjoyed an Alliance Day with networking and programs planned

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exclusively for them. Our plenary session featured actor, author and mental health advocate Mayim Bialik who spoke about living stigma-free.

NAMIWALKS REACH NEW LEVELS OF EXCELLENCE

Successful community events are a tangible benchmark of grassroots support for all nonprofit organizations. In 2022, NAMI showed just how deep this support goes with NAMIWalks hosted in 122 communities from coast to coast.

NAMI-NYC RAISED A RECORD \$1 MILLION at its NAMIWalks event in May, drawing on the dedication of 5,500 participants and a host of generous sponsors.

SEVEN NEW NAMIWALKS raised funds and awareness in Evansville, Indiana; Four Rivers, Mississippi; Missoula, Montana; Far North Idaho and three Florida locations - Gainesville, Hillsborough and Pasco.

THE PEER-TO-PEER PROFESSIONAL FORUM (P2P), a leading network for producers of peer-to-peer fundraising events, named NAMIWalks its Organization of the Year 2022. NAMI also ranked among P2P's Top 30 Fundraising Events for the second consecutive year.

SUCCESS CAME IN ALL SIZES, with NAMIWalks setting and exceeding fundraising goals as modest as \$5,000 and as ambitious as \$1 million. Events took place in large cities; in desert, mountain and oceanside communities; on riverfronts, rural trails, suburban parks and more.

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NAMI EXTENDS ITS GRATITUDE for the thousands of local sponsors who made NAMIWalks possible in 2022 - and those who will help us achieve even more in the years ahead.

122 NAMIWalks Your Way events countrywide

71% increase in registered participants

\$12.4 million raised nationwide, up 14% year-over-year

THE MOST TRUSTED VOICE IN MENTAL HEALTH TODAY

Every day, NAMI seeks to reach a larger share of the millions of people affected by mental illness in the United States. Through strategic and highly successful outreach, we elevate stories of hope, wisdom, progress, advocacy and courage that reflect NAMI's commitment to the health of individuals, families and communities.

WITH MORE THAN 1 MILLION SOCIAL MEDIA FOLLOWERS in 2022, NAMI gained influence on popular platforms people turn to for news, connection and inspiration.

NAMI BLOGS DREW 4.2 MILLION VIEWS as visitors explored topics such as the value of music, faith, and comedy in easing mental health symptoms, addressing trauma among first responders, building mental health resilience and many more.

NAMI CEO DANIEL GILLISON, JR., spoke at Politico's first-ever health summit, "From Shadows to Solutions: The Future of U.S. Health Care." He joined Dr. Anita Everett, director of SAMHSA's Center for Mental Health Services; Amy Knight, president of the Children's Hospital Association

Name of the organization NAMI National	Employer identification number 43-1201653
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and Andrew Kolodny, medical director of opioid policy research, Heller School for Social Policy and Management at Brandeis University for an in-depth discussion of the mental health crisis, which many have termed "a shadow pandemic."

OUR MEDIA IMPACT Year-over-year growth compared with 2021

11.1 MILLION+ visitors came to NAMI.org, 5% more than in 2021

121% GROWTH In social media impressions year-over-year

> 32% more impressions during Bebe Moore Campbell National Minority Mental Health Month in July

> 82% more impressions during Suicide Prevention Awareness Month in September

> 3,489% more impressions and 5,332% more engagements on YouTube

25% INCREASE year-over-year in earned media mentions, with 46,394 total articles

Form 990, Part III, Line 4a, Public Awareness, Partnerships and Outreach:
NAMI BREAKS NEW GROUND WITH FIRST-EVER BOOK AND PODCAST

"YOU ARE NOT ALONE: THE NAMI GUIDE TO MENTAL HEALTH" hit hometown and online bookstores in September, quickly capturing a spot on USA Today's Best-Selling Books List. Written by NAMI Chief Medical Officer Dr. Ken Duckworth, the book blends research-based insights with clear, actionable advice and wisdom. Readers and reviewers praised Dr. Ken's decision to center the book on personal stories gathered from more than 130 people living with mental illness or caring for someone who does.

Name of the organization

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"HOPE STARTS WITH US," NAMI's first-ever podcast, launched in July with healing perspectives from special guests representing virtually all aspects of mental health. NAMI CEO Daniel Gillison, Jr., and other hosts, dove into topics such as back-to-school anxiety, trauma that moves through generations and the experience of losing a loved one to suicide. In its first week, the show ranked in the top 25% of all active podcasts, with 5,700+ downloads by year-end.

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

THE 2022 FEDERAL APPROPRIATIONS PACKAGE contained unprecedented funding for mental health, including a four-fold increase in support for the 988 Suicide and Crisis Lifeline.

THE BIPARTISAN SAFER COMMUNITIES ACT made major investments in our nation's mental health system. NAMI led efforts to ensure the bill did not link gun violence with mental illness, creating a statement endorsed by 59 other organizations.

THE LORNA BREEN HEALTH CARE PROVIDER PROTECTION ACT invested \$135 million over three years to improve mental health and prevent suicide among mental health providers.

NAMI ADVOCACY LEADERS from our national policy team testified in Congress, drawing praise from House Appropriations Committee Chair Rosa DeLauro, who referred to NAMI as "the gold standard" among mental

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health advocates.

NAMI ADVOCATES FROM GEORGIA, OHIO AND NEVADA represented our Alliance at White House events centered on community action for mental health.

988 SUICIDE AND CRISIS LIFELINE GOES LIVE

After years of advocacy and preparation, 988 became the new number to call for mental health, substance use and suicide crises anywhere in the country.

49 partners joined NAMI's #ReimagineCrisis coalition to support successful 988 rollout

4x increase in 988 funding year-over-year

NAMI podcasts, webinars and roundtable discussions explored 988's lifesaving impact

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

NAMI PEER SUPPORT GROUPS reached out to welcome new audiences thanks to a successful awareness campaign paired with effective training that widened the field of facilitators ready to lead new groups. NAMI Connection groups served tens of thousands living with a mental health condition while NAMI Family Support Groups focused on the unique needs of parents, spouses, and others offering ongoing care for someone they love.

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NAMI HEARTS+MINDS, a new education program launched in May, reminds all of us that mental health is physical health. An all-new curriculum helps people manage their overall wellness with a blend of online resources, in-person sessions and peer wellness support. Five NAMI Affiliates and NAMI State Organizations introduced the free course in their areas, with a full rollout set for 2023.

NAMI HOMEFRONT is a free course devoted to the mental health needs of military Veterans and their friends, families and caregivers. Through a partnership with the Department of Veterans Affairs, NAMI offered live courses in five cities with large military populations in 2022. More than 2,000 registered users tapped into NAMI Homefront's online resources, with 73% asking to receive more resources via email.

NAMI's free education courses also include:

NAMI BASICS, a foundational course for parents, guardians and others caring for people with mental health symptoms.

NAMI FAMILY-TO-FAMILY, a learning space for spouses, partners, friends and family of adults with mental health challenges.

NAMI PEER-TO-PEER, a place where adults living with a mental health diagnosis can learn, grow and offer mutual aid.

NAMI PROVIDER, a training program bringing the wisdom and insights of people with mental illness directly to physicians, nurses, social workers, direct care workers, administrators, talk and occupational

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therapists, psychologists and others. With 100 new facilitators in training, NAMI Provider is slated to grow in 2023 and beyond.

NAMI IN OUR OWN VOICE, a series of free presentations led by people who live with mental illness. These open, honest conversations foster understanding by challenging common attitudes, assumptions and ideas about what it's like to have a mental health condition.

88,000+ people attended NAMI peer support groups in 2022

30,000+ benefited from NAMI education courses in English and Spanish

NAMI HELPLINE PUTS HOPE AND RESOURCES IN PEOPLE'S HANDS

One of our earliest efforts to fight stigma and support people with mental illness, the NAMI HelpLine embodies our mission to make sure no one struggles alone.

From a single phone line in a small Washington, D.C. office to a nationwide network of NAMI volunteers responding through mobile, internet and voice channels, the NAMI HelpLine has dramatically expanded its reach. Volunteers, many with lived mental health experience, blend personal wisdom with facts and resources in NAMI's HelpLine Knowledge Center to enable people - including families, friends, caregivers, mental health professionals and the public - to find the answers they need.

TEXT CAPABILITIES were added in August, putting NAMI HelpLine within

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reach of everyone with a smartphone. The move will benefit people who may never have contacted NAMI before, especially teens and young adults, who overwhelmingly favor text as a way to find personal support. After text support rolled out, NAMI HelpLine served a record 7,000 people in a single month via all channels - a new benchmark.

Nearly 311,000 help-seekers served via NAMI HelpLine and Knowledge Center

81% said they would recommend NAMI HelpLine to others

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

Research:

RESEARCH TO IMPROVE TREATMENT, FOSTER UNDERSTANDING AND HOPE

NAMI's commitment to mental health research dates to the earliest days of the Alliance. In 2022, we shared new insights from brain science, genetics and treatment options while advocating for current and future research that will yield healing answers for millions.

NAMI TOOK PART IN 60 RESEARCH ENGAGEMENTS, including 12 research advisory groups and steering committees. We actively partnered with the American Academy of Pediatrics, the Accelerating Medicines Partnership Schizophrenia Steering Committee and Work Groups, the National Alliance on Caregiving, the National Rural Adolescent and Child Health Environmental Influences on Child Health Outcomes Training Center and many other groups devoted to mental health research.

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FIELD STUDIES AND SURVEYS DOCUMENTED THE VALUE of NAMI Basics and NAMI Peer-to-Peer education programs and the effectiveness of NAMI HelpLine operations. We also hosted focus groups where people shared personal stories of seeking mental health treatment, revealing the ups and downs of navigating our current care system.

NAMI PARTNERED WITH DARTMOUTH UNIVERSITY to organize a discussion of non-biological causes of early death in people with serious mental illness.

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 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:

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

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

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

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

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

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

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

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

Name of the organization

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the Board of Directors. Salary decisions for all employees are made using comparability data for similar positions in comparable organizations.

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

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

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

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

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

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

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

Subcontractors:

Program service expenses	5,502,700.
Management and general expenses	215,162.
Fundraising expenses	625,740.
Total expenses	6,343,602.
Total Other Fees on Form 990, Part IX, line 11g, Col A	6,343,602.

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NAMI National</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 4301 Wilson Blvd, 300</p> <p>City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 22203-1867</p>	<p>D Employer identification number 43-1201653</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 77,926,202.</p>			
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p>L The books are in care of The Organization Telephone number 703-524-7600</p>			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information
Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date <u>6/6/23</u>	Title Chief Financial Officer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Yong Zhang, CPA	<i>Yong Zhang</i>	06/06/23		P01249785
	Firm's name	Firm's address		Firm's EIN	Phone no.
Rogers & Company PLLC	8300 Boone Boulevard, Suite 600		58-2676261	(703) 893-0300	
	Vienna, VA 22182				

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization NAMI National	B Employer identification number 43-1201653
C Unrelated business activity code (see instructions) 541800	D Sequence: 1 of 1

E Describe the unrelated trade or business **Advertising**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10 3,750.		3,750.
11 Advertising income (Part IX)	11 9,853.	2,266.	7,587.
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 13,603.	2,266.	11,337.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	3,750.
13 Excess readership costs (Part IX)	13	7,587.
14 Other deductions (attach statement) See Statement 1	14	1,100.
15 Total deductions. Add lines 1 through 14	15	12,437.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-1,100.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-1,100.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: <u>Advertising-</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	3,750.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	3,750.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	58,686.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	3,750.

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A [] NAMI Advocate
B []
C []
D []

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows. Row 1: Gross advertising income (A: 9,853). Row 2: Add columns A through D (D: 9,853).

Table with 4 columns (A, B, C, D) and 2 rows. Row 1: Direct advertising costs by periodical (A: 2,266). Row 2: Add columns A through D (D: 2,266).

Table with 4 columns (A, B, C, D) and 4 rows. Row 1: Advertising gain (loss) (A: 7,587). Row 2: Readership costs (A: 142,734). Row 3: Circulation income (A: 1,093). Row 4: Excess readership costs (A: 141,641).

8 Excess readership costs allowed as a deduction... a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 7,587.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row at the bottom showing 0.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

Form 990-T (A)	Other Deductions	Statement	1
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<u>Description</u>	<u>Amount</u>
UBI Tax Preparation	1,100.
Total to Schedule A, Part II, line 14	1,100.

Form 990-T (A) Part VIII - Exploited Exempt Activity Income Statement 2

(1) Description of Activity	(2) Gross UBI	(3) UBI Expenses	(4) Net Income	(5) Gross Income	(6) Non UBI Expenses
Advertising- NAMI Now Banner	3,750.	0.	3,750.	0.	58,686.
Column Totals	3,750.	0.	3,750.	0.	58,686.

Form 990-T (A) Part VIII - Expenses Not Directly Connected with Production of Unrelated Business Income Statement 3

Description	Activity Number	Amount	Total
Website Expenses		58,686.	
- Subtotal -	1		58,686.
Total of Form 990-T, Schedule A, Part VIII, Column 6			58,686.