

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NAMI		D Employer identification number 43-1201653
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2107 WILSON BLVD., COLONIAL PLACE THREE 300		E Telephone number 703-524-7600
		City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201-3042		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="checkbox"/>

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.NAMI.ORG**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **11,778,962.**

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	9,185,475.		
	b Indirect public support	1b	95,210.		
	c Government contributions (grants)	1c	357,630.		
	d Total (add lines 1a through 1c) (cash \$ 9,585,002. noncash \$ 53,313.)	1d			9,638,315.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,279,018.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			93,409.
	5 Dividends and interest from securities	5			72,566.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe STMT 1)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	233,905.	8a			
	241,006.	8b			
	<7,101.>	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			<7,101.>	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 492,988. of contributions reported on line 1a)	9a	16,212.			
b Less: direct expenses other than fundraising expenses	9b	16,212.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2		0.	
10 a Gross sales of inventory, less returns and allowances	10a	229,127.			
	b Less: cost of goods sold	10b	2,280.		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 3		226,847.
11 Other revenue (from Part VII, line 103)	11			216,410.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			11,519,464.	
Expenses	13 Program services (from line 44, column (B))	13		6,964,966.	
	14 Management and general (from line 44, column (C))	14		1,611,315.	
	15 Fundraising (from line 44, column (D))	15		1,574,846.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			10,151,127.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,368,337.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,359,572.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4		95,977.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			5,823,886.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>446,476.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22	446,476.	446,476.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. **	25	439,780.	156,535.	235,008.	48,237.
26 Other salaries and wages	26	3,893,897.	2,839,056.	606,575.	448,266.
27 Pension plan contributions	27	136,116.	102,522.	17,319.	16,275.
28 Other employee benefits	28	453,974.	323,606.	76,812.	53,556.
29 Payroll taxes	29	310,463.	215,753.	59,000.	35,710.
30 Professional fundraising fees	30	0.	0.	0.	0.
31 Accounting fees	31	26,630.	0.	26,630.	0.
32 Legal fees	32	21,846.	0.	21,846.	0.
33 Supplies	33	190,982.	129,147.	33,027.	28,808.
34 Telephone	34	131,633.	73,258.	52,749.	5,626.
35 Postage and shipping	35	350,411.	164,267.	31,376.	154,768.
36 Occupancy	36	689,117.	479,105.	130,844.	79,168.
37 Equipment rental and maintenance	37	73,090.	17,872.	43,414.	11,804.
38 Printing and publications	38	665,481.	404,772.	23,938.	236,771.
39 Travel	39	479,888.	401,938.	21,762.	56,188.
40 Conferences, conventions, and meetings	40	409,269.	352,084.	4,196.	52,989.
41 Interest	41		0.	0.	0.
42 Depreciation, depletion, etc. (attach schedule)	42	268,796.	186,797.	51,082.	30,917.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 5	43g	1,163,278.	671,778.	175,737.	315,763.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	10,151,127.	6,964,966.	1,611,315.	1,574,846.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 6

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a PROGRAM & MEMBER SUPPORT - NAMI BUILDS SUPPORT PROGRAMS BY PROVIDING TECHNICAL ASSISTANCE AND RESOURCE MATERIALS TO OVER 1,000 AFFILIATED GROUPS. THESE GROUPS PROVIDE SUPPORT AND EDUCATION TO THOSE SUFFERING FROM A MENTAL ILLNESS.	
(Grants and allocations \$ 330,438.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,949,704.
b EDUCATION SERVICES - THROUGH PUBLIC EDUCATION AND OUTREACH CAMPAIGNS, NAMI SEEKS TO EDUCATE THE GENERAL PUBLIC WITH UP-TO-DATE INFORMATION. NAMI ALSO PROVIDES REFERRALS TO AFFILIATES PERTAINING TO MENTAL ILLNESS GROUPS BY MAIL AND PHONE.	
(Grants and allocations \$ 97,800.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	978,035.
c ADVOCACY - NAMI SEEKS TO IMPROVE THE QUALITY OF LIFE FOR THE MENTALLY ILL BY DEVELOPING POLICIES, EVALUATING SPECIFIC LAWS AND REGULATIONS, AND COMMUNICATING WITH FEDERAL, STATE AND LOCAL LEGISLATURES.	
(Grants and allocations \$ 18,238.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,037,227.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	6,964,966.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	748.	889,465.
	46 Savings and temporary cash investments	2,996,475.	4,328,094.
	47 a Accounts receivable	51,707.	
	b Less: allowance for doubtful accounts		51,707.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		180,000.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	49,533.	51,268.
	53 Prepaid expenses and deferred charges	28,104.	142,289.
	54 Investments - securities STMT 9 STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,057,450.	1,564,751.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other		
	57 a Land, buildings, and equipment: basis	2,627,811.	
	b Less: accumulated depreciation	2,160,792.	467,019.
58 Other assets (describe ▶ _____)			
59 Total assets (must equal line 74). Add lines 45 through 58	5,842,247.	7,674,593.	
Liabilities	60 Accounts payable and accrued expenses	1,041,796.	1,105,166.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ SEE STATEMENT 10)	440,879.	745,541.
66 Total liabilities. Add lines 60 through 65)	1,482,675.	1,850,707.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,038,372.	1,943,172.
	68 Temporarily restricted	2,914,192.	3,452,976.
	69 Permanently restricted	407,008.	427,738.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,359,572.	5,823,886.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,842,247.	7,674,593.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	11,589,791.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	54,115.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>GALA EXPENSES</u>	b4	16,212.
	Add lines b1 through b4	b	70,327.
c	Subtract line b from line a	c	11,519,464.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	11,519,464.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	10,167,339.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>GALA EXPENSES</u>	b4	16,212.
	Add lines b1 through b4	b	16,212.
c	Subtract line b from line a	c	10,151,127.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	10,151,127.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL FITZPATRICK 2107 WILSON BLVD, SUITE 300 ARLINGTON, VA 22201	EXECUTIVE DIRECTOR 35.00	196,030.	7,372.	0.
WILLIAM SNYDER 2107 WILSON BLVD, SUITE 300 ARLINGTON, VA 22201	CFO 35.00	103,670.	20,181.	0.
DEBORAH BORTON 2107 WILSON BLVD, SUITE 300 ARLINGTON, VA 22201	COO 35.00	107,489.	5,038.	0.
SEE ATTACHED LIST FOR NON-COMPENSATED OFFICERS AND DIRECTORS.	0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 16		
75 b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		X
75 c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?		X
<p>Note. Related organizations include section 509(a)(3) supporting organizations.</p> <p>If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.</p>			
75 d	Does the organization have a written conflict of interest policy?	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
78 b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
80 b	If "Yes," enter the name of the organization SEE STATEMENT 12 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.		
81 b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed SEE STATEMENT 13
b Number of employees employed in the pay period that includes March 12, 2005 90b 64
91 a The books are in care of NAMI Telephone no. 703-524-7600
Located at 2107 WILSON BLVD, STE 300, ARLINGTON, VA ZIP + 4 22201
b 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)? 91b X
If "Yes," enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONVENTION REVENUE					343,934.
b WALK REVENUE					588,612.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					346,472.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	93,409.	
96 Dividends and interest from securities			14	72,566.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<7,101.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					226,847.
103 Other revenue:					
a SUBLEASE INCOME			16	158,469.	
b ROYALTIES			15	1,199.	
c MISCELLANEOUS					56,742.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		318,542.	1,562,607.
105 Total (add line 104, columns (B), (D), and (E))					1,881,149.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 12/21/06
 Type or print name and title: WILLIAM H. SNYDER CFO

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 12/20/06
 Firm's name (or yours if self-employed), address, and ZIP + 4: RAFFA, RC
 1899 L STREET NW, SUITE 900
 WASHINGTON, DC 20036
 Check if self-employed:
 Preparer's SSN or PTIN: _____
 EIN: _____
 Phone no.: 202-822-5000

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization NAMI	Employer identification number 43 1201653
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ANDREW SPERLING</u> 2107 WILSON BLVD, ARLINGTON, VA 22201	DIR-LGLST AFFAIRS 35.00	117,387.	17,712.	0.
<u>CHARLES HARMAN</u> 2107 WILSON BLVD, ARLINGTON, VA 22201	DIR-CORP RELATIONS 35.00	116,706.	17,537.	0.
<u>RONALD HONBERG</u> 2107 WILSON BLVD, ARLINGTON, VA 22201	DIR-POLICY LGL AFRS 35.00	107,003.	11,738.	0.
<u>KATRINA GAY</u> 2107 WILSON BLVD, ARLINGTON, VA 22201	DIR-COMMUNICATIONS 35.00	108,040.	4,988.	0.
<u>KENNETH DUCKWORTH</u> 2107 WILSON BLVD, ARLINGTON, VA 22201	MEDICAL DIRECTOR 20.00	112,164.	253.	0.
Total number of other employees paid over \$50,000 ▶	31			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>STEVE LEONARD & ASSOCIATES</u> 22 BROOKWOOD ROAD, MT. LAUREL, NJ 08054	CONSULTANT FOR WALKS	66,000.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>CENTURY DIRECT</u> 30-00 47TH AVENUE, LONG ISLAND, NY 11101-3415	PRINTING SERVICES	306,614.
<u>TRAY BUSINESS SYSTEMS</u> P.O. BOX 2830, GLEN BURNIE, MD 21060-4830	PRINTING SERVICES	224,747.
<u>MASTER PRINT</u> 8401 TERMINAL RD., P.O. BOX 1467, NEWINGTON, VA	PRINTING SERVICES	64,965.

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>35,722.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 15	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,447,465.	7,737,785.	8,956,372.	7,183,525.	33,325,147.
16 Membership fees received	424,242.	449,693.	508,792.	605,938.	1,988,665.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,208,686.	557,153.	654,590.	951,179.	3,371,608.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	118,096.	27,461.	130,741.	189,941.	466,239.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	11,198,489.	8,772,092.	10,250,495.	8,930,583.	39,151,659.
24 Line 23 minus line 17	9,989,803.	8,214,939.	9,595,905.	7,979,404.	35,780,051.
25 Enter 1% of line 23	111,985.	87,721.	102,505.	89,306.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 715,601.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 16,222,019.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 35,780,051.
d Add: Amounts from column (e) for lines: 18 <u>466,239.</u> 19 _____ 22 _____ 26b <u>16,222,019.</u>					26d 16,688,258.
e Public support (line 26c minus line 26d total)					26e 19,091,793.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 53.3588%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		35,722.
38 Total lobbying expenditures (add lines 36 and 37)	38		35,722.
39 Other exempt purpose expenditures	39		10,131,617.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		10,167,339.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
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	41	658,367.
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		164,592.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	658,367.	571,789.	637,768.	660,836.	2,528,760.
46 Lobbying ceiling amount (150% of line 45(e))					3,793,140.
47 Total lobbying expenditures	35,722.	31,676.	55,477.	48,658.	171,533.
48 Grassroots nontaxable amount	164,592.	142,947.	159,442.	165,209.	632,190.
49 Grassroots ceiling amount (150% of line 48(e))					948,285.
50 Grassroots lobbying expenditures		0.	0.	0.	0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
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 other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes **No**

b If "Yes," complete the following schedule: **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

NAMI

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>862,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>490,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>669,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>920,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ <u>605,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ <u>205,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ <u>337,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS	233,905.	241,006.	0.	<7,101.>
TO FORM 990, PART I, LINE 8	233,905.	241,006.	0.	<7,101.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GALA	509,200.	492,988.	16,212.	16,212.	0.
TO FM 990, PART I, LINE 9	509,200.	492,988.	16,212.	16,212.	0.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	229,127	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		229,127
4. COST OF GOODS SOLD (LINE 13)	2,280	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		226,847

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	49,533	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	4,015	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		53,548
12. INVENTORY AT END OF YEAR	51,268	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		2,280

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		54,115.	
EFFECT ON BEGINNING NET ASSETS FOR PRIOR PERIOD ADJUSTMENTS		41,862.	
TOTAL TO FORM 990, PART I, LINE 20		95,977.	

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
NON-CAPITALIZED COMPUTERS	118,412.	61,361.	50,887.	6,164.	
TAXES AND FEES	69,540.	6,220.	63,320.	0.	
GALA GRANTS AND AWARDS (SEE ATTACHED STATEMENT)	87,289.	0.	0.	87,289.	
DUES AND SUBSCRIPTIONS	64,061.	32,740.	12,821.	18,500.	
TEMPORARY LABOR	80,290.	33,900.	35,004.	11,386.	
MISCELLANEOUS	80,006.	11,939.	65,619.	2,448.	
ALLOCATION OF OVERHEAD	0.	109,376.	<109,376.>	0.	
OTHER PROFESSIONAL FEES	663,680.	416,242.	57,462.	189,976.	
TOTAL TO FM 990, LN 43	1,163,278.	671,778.	175,737.	315,763.	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHEAL FITZPATRIC	196,030.	7,372.		203,402.
A. PROGRAM SERVICES	93,291.	3,508.		96,799.
B. MANAGEMENT AND GENERAL	60,867.	2,289.		63,156.
C. FUNDRAISING	41,872.	1,575.		43,447.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DEBORAH BORTON	107,489.	5,038.		112,527.
A. PROGRAM SERVICES	53,713.	2,518.		56,231.
B. MANAGEMENT AND GENERAL	49,208.	2,306.		51,514.
C. FUNDRAISING	4,568.	214.		4,782.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WILLIAM SNYDER	103,670.	20,181.		123,851.
A. PROGRAM SERVICES	2,934.	571.		3,505.
B. MANAGEMENT AND GENERAL	100,736.	19,610.		120,346.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				156,535.
TOTAL MANAGEMENT AND GENERAL				235,016.
TOTAL FUNDRAISING				48,229.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				439,780.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE ATTACHED SCHEDULE		NONE	446,476.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				446,476.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

TO ERADICATE MENTAL ILLNESS AND IMPROVE THE QUALITY OF LIFE OF THOSE WHO ARE AFFECTED BY SERIOUS, NO-FAULT BRAIN DISEASES.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
DOMESTIC FIXED INCOME MUTUAL FUNDS	FMV			858,152.	858,152.
DOMESTIC EQUITY MUTUAL FUNDS	FMV			443,959.	443,959.
INTERNATIONAL EQUITY MUTUAL FUNDS	FMV			183,839.	183,839.
TO FORM 990, LINE 54, COL B				1,485,950.	1,485,950.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
CHARITABLE GIFT ANNUITIES	232,820.
DEFERRED RENT AND LEASE INCENTIVE	512,721.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	745,541.

FORM 990 OTHER SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
REAL ESTATE INVESTMENT TRUSTS	FMV	78,801.
TO FORM 990, LINE 54, COL B		78,801.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 12
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
MIND OF AMERICA FOUNDATION	X	
NAMI POLICY RESEARCH INSTITUTE	X	

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 13
PART VI, LINE 90

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

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 14
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEs RELATED TO NAMI'S ANNUAL CONVENTION WHICH ALLOWED ATTENDEES TO MEET FACE-TO-FACE WITH SOME OF AMERICA'S TOP MENTAL HEALTH RESEARCHERS AND PHYSICIANS AND VISIT WITH CONGRESSIONAL REPRESENTATIVES.
93B	FEEs RECEIVED FROM AFFILIATES RELATED TO WALKS IN FURTHERANCE OF NAMI'S EXEMPT PURPOSE.
93G	FEEs RELATED TO SERVICES PROVIDED DIRECTLY TO A GOVERNMENT AGENCY.
102	REVENUE FROM SALES OF BOOKS, VIDEOTAPES, AND BROCHURES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.
103C	REVENUE FROM VARIOUS ACTIVITIES RELATED TO THE ENTITY'S EXEMPT STATUS.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15
 PART III, LINE 3A

IN ORDER TO RECEIVE A CAPACITY BUILDING GRANT, THE AFFILIATE OR INDIVIDUAL SUBMITS AN APPLICATION. THE APPLICATIONS ARE REVIEWED BY THE STAFF OF NAMI. THE SCIENTIFIC RESEARCH AWARD IS AN ANNUAL AWARD PRESENTED AT NAMI'S GALA TO RECOGNIZE A SCIENTIST WHOSE RESEARCH HAS LED TO A GREATER UNDERSTANDING OF MENTAL ILLNESS. ANY MEMBER OF NAMI CAN NOMINATE AN INDIVIDUAL. THE BOARD CONVENES A COMMITTEE OF SCIENTIFIC EXPERTS WHO DETERMINE THE RECIPIENT OF THE AWARD. DISASTER RELIEF AWARDS WERE MADE TO NAMI CHAPTERS IN MISSISSIPPI AND LOUISIANA FROM INDIVIDUAL CONTRIBUTIONS. IN ADDITION, THE NAMI BOARD CONTRIBUTED A PORTION OF THE PROCEEDS FROM THE GALA. THESE AWARDS WERE CLASSIFIED AS FUNDRAISING.

NAMI

**Form 990, Part II, Line 22 -- Grants and Allocations
For the Year ended June 30, 2006**

43-1201653

Classification	Donee's Name	Amount	Donee's Address	Donee's Relationship
Disaster Relief	NAMI Louisiana	\$ 78,825	P.O. Box 40517 Baton Rouge, LA 70835	Affiliate
Disaster Relief	NAMI Mississippi	34,504	411 Briarwood Drive Suite 401 Jackson, MS 39206	Affiliate
technical Assistance	Contac	30,000	P.O. Box 11000 Charleston, We 25339	None
Capacity Bldg	NAMI Southern Nevada	25,000	2251 North Rampart Blvd #126 Las Vegas, NV 89128	Affiliate
Capacity Bldg	NAMI Florida	23,500	911 East Park Avenue Tallahassee, FL 32301	Affiliate
Capacity Bldg	NAMI Arizona	18,600	2210 North 7th Street Phoenix, AZ 85006-1604	Affiliate
Capacity Bldg	NAMI New Mexico	12,800	6001 Marble NE, Ste 8 Albuquerque, NM 87110	Affiliate
Capacity Bldg	NAMI Kansas	10,700	112 SW 6th Avenue, Suite 505 Topeka, KS 66603	Affiliate
Capacity Bldg	NAMI Delaware	10,600	2400 West Fourth Street, Ste 5 Wilmington, DE 19805	Affiliate
Capacity Bldg	NAMI Pennsylvania	10,525	2149 N. 2nd Street Harrisburg, PA 17110	Affiliate
Capacity Bldg	NAMI Iowa	10,300	5911 Meredith Drive Suite E Des Moines, IA 50322-1903	Affiliate
Capacity Bldg	NAMI Kentucky	10,300	10510 La Grange Road #103 Louisville, KY 40223	Affiliate
Capacity Bldg	NAMI Oregon	8,355	3550 SE Woodward Street Portland, OR 97202	Affiliate
Capacity Bldg	NAMI Alaska	6,200	1369 Ballaine Road Fairbanks, AK 99709-6402	Affiliate
Capacity Bldg	NAMI North Carolina	6,150	309 W. Millbrook Road Suite 121 Raleigh, NC 27609-4394	Affiliate
Capacity Bldg	NAMI Indiana, Inc	6,000	P.O. Box 22697 Indianapolis, IN 46222	Affiliate
Capacity Bldg	NAMI California	5,900	1010 Hurley Way, Suite 195 Sacramento, CA 95825	Affiliate
Capacity Bldg	NAMI Georgia	5,825	995 Landover Crossing Suwanee, GA 30024	Affiliate
Capacity Bldg	NAMI Arkansas	5,550	712 W 3rd Street, Suite 200 Little Rock, AR 72201-2222	Affiliate
Capacity Bldg	NAMI Tennessee	5,525	1101 Kermit Drive, Suite 665 Nashville, TN 37217	Affiliate
Capacity Bldg	NAMI Virginia	5,450	P.O. Box 8260 Richmond, VA 23226	Affiliate
Capacity Bldg	NAMI New Hampshire	5,400	15 Green Street Concord, NH 03301	Affiliate
Capacity Bldg	NAMI Maryland	5,100	804 Landmark Drive, Ste. 122 Glen Burnie, MD 21061	Affiliate
Capacity Bldg	NAMI Memphis	5,000	P.O. Box 40168 Memphis, TN 38174	Affiliate
Capacity Bldg	NAMI Minnesota	5,000	800 Transfer Road Ste. 7A St. Paul, MN 55114-1146	Affiliate
Capacity Bldg	NAMI Greater Milwaukee	4,800	3732 W. Wisconsin Ave. Milwaukee, WI 53208	Affiliate
Capacity Bldg	NAMI Montgomery County	4,725	10730 Connecticut Avenue Kensington, MD 20895	Affiliate
Capacity Bldg	NAMI Howard County	4,500	8775 Cloudleap Ct. Ste. 227 Columbia, MD 21045	Affiliate
Capacity Bldg	NAMI Mercer	4,400	3371 Brunswick Pike St. 124 Lawrenceville, NJ 8648	Affiliate
Capacity Bldg	NAMI Southwest Missouri	4,000	1701 S. Campbell Springfield, MO 65807	Affiliate
Capacity Bldg	NAMI South Dakota	3,800	24121 460th Ave Chester, SD 57016	Affiliate
Capacity Bldg	NAMI - St. Louis	3,000	134 West Madison Ave. St. Louis, MO 63122	Affiliate
Capacity Bldg	NAMI Collier County	3,000	5020 Tamiami Trail N. #106 Naples, FL 34103	Affiliate
Capacity Bldg	NAMI Greater Cleveland	3,000	1400 West 25th St., 4th FL. Cleveland, OH 44113	Affiliate
Capacity Bldg	NAMI LACCC	3,000	10937 Groveland Avenue Whittier, CA 90633	Affiliate
Capacity Bldg	NAMI Metro Houston	3,000	P.O. Box 740169 Houston, TX 77274-0169	Affiliate
Capacity Bldg	NAMI NYC Metro	3,000	505 8th Avenue Ste. 1103 New York, NY 10018-6505	Affiliate
Capacity Bldg	NAMI Pinellas County	3,000	1191 Mineola Circle Palm Harbor, FL 34683	Affiliate
Capacity Bldg	NAMI NWND	2,750	P.O. Box 3215 Minot, ND 58702	Affiliate
Capacity Bldg	NAMI Vermont	2,550	132 South Main Street Waterbury, VT 05676	Affiliate
Capacity Bldg	NAMI Fox Valley	1,440	516 W. Sixth Street Appleton, WI 54911	Affiliate
Capacity Bldg	NAMI Utah County	1,440	3201 North Shadowbrook Circle Provo, Utah 84604	Affiliate
Capacity Bldg	NAMI San Diego	1,200	4480 30th Street San Diego, CA 92116	Affiliate
Capacity Bldg	NAMI Illinois	1,100	218 W. Lawrence Springfield, IL 62704	Affiliate
Capacity Bldg	Juan Perez	1,086	248 Moselle Court San Jose, CA 95119	None
Capacity Bldg	Wing Hang Tse	1,000	1380 Howard st. #54 San Francisco, CA 94103	None
Capacity Bldg	NAMI Idaho	975	P.O. Box 68 Albion, ID 83311	Affiliate
Capacity Bldg	NAMI Michigan	975	7460 US 23 South Ossineke, MI 49766	Affiliate
Capacity Bldg	NAMI Nevada	900	1170 Curti Drive Reno, NV 89502	Affiliate
Capacity Bldg	NAMI Utah	900	450 South 900 East, Suite 160 Salt Lake City, UT 84102	Affiliate
Capacity Bldg	NAMI Oklahoma	825	500 N Broadway Ave Suite 100 Oklahoma City, OK 73102-6200	Affiliate
Capacity Bldg	NAMI South Carolina	825	P.O. Box 1267 Columbia, SC 29202	Affiliate
Capacity Bldg	NAMI Texas	825	2800 South IH35, Suite 140 Austin, TX 78704	Affiliate
Capacity Bldg	NAMI Alabama	800	6900 6th Avenue South Suite B Birmingham, AL 35212	Affiliate
Capacity Bldg	NAMI Connecticut	700	30 Jordan Lane Wethersfield, CT 06109	Affiliate
Capacity Bldg	NAMI Montana	700	554 Toole Court Helena, MT 59602	Affiliate
Capacity Bldg	New Horizons Compute	649	P.O. Box 10819 Chantilly, VA 20153-0819	None
Capacity Bldg	Pablo Hernandez	640	Wyoming State Hospital P.O. Box 177 Evanston, WY 82931-0177	None
Capacity Bldg	Ellen Awai	600	2639 Laau Street Honolulu, HI 96826	None
Capacity Bldg	NAMI Colorado	600	1100 Fillmore Street Suite 201 Denver, CO 80206-3334	Affiliate
Capacity Bldg	NAMI DC	600	P.O. Box 7075 Washington, DC 20032	Affiliate
Capacity Bldg	NAMI Massachusetts	600	400 West Cummings Park Suite 6650 Woburn, MA 01801-6528	Affiliate
Capacity Bldg	NAMI Ohio	600	747 E. Broad Street Columbus, OH 43205	Affiliate
Capacity Bldg	NAMI Rhode Island	600	66 Garland Avenue Cranston, RI 02910	Affiliate
Capacity Bldg	Ramiro Guevaro	600	540 Elmcroft Blvd. #2311 Rockville, MD 20850	None
Capacity Bldg	Veteran's Council	533	2107 Wilson Blvd. Suite 300, Arlington, VA 222201	None
Capacity Bldg	Jim McNulty	500	P.O. Box 28 Pascoag, RI 02859	None
Capacity Bldg	Patricia Neideigh	500	1101 N. Gilbert Road Apt. #102 Gilbert, AZ 85234	None
Capacity Bldg	Light Fish Arts	479	53 Duncan Avenue Jersey City, NJ 07304	None
Capacity Bldg	NAAPIMHA	471	1215 19th St. Suite A Denver, CO 80202	None
Capacity Bldg	Miriam Delphin	469	319 Peck Street Erector Square Building 6W, Ste.1-C New Haven, CT 06513	None

NAMI

Form 990, Part II, Line 22 -- Grants and Allocations

For the Year ended June 30, 2006

43-1201653

<u>Classification</u>	<u>Donee's Name</u>	<u>Amount</u>	<u>Donee's Address</u>	<u>Donee's Relationship</u>
Capacity Bldg	Ger Thao	468	4879 F. Kings Canyon Road Fresno, CA 93727	None
Capacity Bldg	Bettie Reinhardt	459	4480 30th Street San Diego, CA 92116	None
Capacity Bldg	Edna Renteria	450	809 Burselson, P.O. Box McCamey, TX 79952	None
Capacity Bldg	Sandra Thompson	450	12034 Kilbride Drive Cincinnati, OH 45251	None
Capacity Bldg	Cathy Cave	446	NY State Office of Mental Health 44 Holland Avenue Albany, NY 12229	None
Capacity Bldg	NAMI Washington	425	1757 April Loop Richland, WA 99352	Affiliate
Capacity Bldg	Iran Barrera	400	1576 Las Cans Brownsville, TX 78526	None
Capacity Bldg	Jonee Shady	400	1942 N. Grace Avenue #112 Los Angeles, CA 90068	None
Capacity Bldg	NAMI Nebraska	400	1941 S. 42nd Street Omaha, NE 68105	Affiliate
Capacity Bldg	Rebecca Garfunkel	400	2842 Black Moon Drive Tucson, AZ 85730	None
Capacity Bldg	Sharla Scullen	400	800 Transfer Rd. Ste. 7A St. Paul, MN 55114	None
Capacity Bldg	Sonia Cordero	400	900 East 450 South Ste# 160 Salt Lake City, UT 84102	None
Capacity Bldg	Vickie King	400	215 NW 1st Andrews, TX 79714	None
Capacity Bldg	Mary and Miguel Chav	388	106 Clark Road Reinbeck, IA 50669	None
Capacity Bldg	Alma Jimenez	350	10250 Redtail Court New Market, MD 21774	None
Capacity Bldg	Benita Council	350	3532 W. 82nd Street Inglewood, CA 90305	None
Capacity Bldg	Cara Marcano	350	42 Dorann Avenue Princeton, NJ 08540	None
Capacity Bldg	Carla Colton	350	845 N Crescent Heights Blvd. Los Angeles, CA 90046	None
Capacity Bldg	Cristina Pereira	350	1870 Willoughby Ave. Ridgewood, NY 11385	None
Capacity Bldg	Iris Kapil	350	8616 Brookdale Drive Raleigh, NC 27613-1316	None
Capacity Bldg	Lynn Goodloe	350	8501 Hannum Avenue Culver City, CA 90230	None
Capacity Bldg	Maximo Zapata	350	77 Leigh Street Warwick, RI 02889	None
Capacity Bldg	Mei M. Yip	350	9104 Acorn Ridge Circle Elk Grove, CA 95758	None
Capacity Bldg	NAMI North Dakota	350	2205 Crescent Drive Minot, ND 58703	Affiliate
Capacity Bldg	Rachel Jones	350	23855 Superior Road Taylor, MI 48180	None
Capacity Bldg	Rosina Guzman Ehrlic	350	2025 Terrebonne Avenue San Dimas, CA 91773	None
Capacity Bldg	Kimme Carlos	344	3371 Brunswick Pike Lawrence Commons, Lawrenceville, NJ 08648	None
Capacity Bldg	NAMI Greater Seattle	325	802 NW 70th Street Seattle, WA 98117	Affiliate
Capacity Bldg	Henry Acosta	324	553 Summer Street Paterson, NJ 07501	None
Capacity Bldg	Carl Frazier	320	9859 Playtime Lane Cincinnati, OH 45231	Affiliate
Capacity Bldg	Ann Sough	315	4760 F La Villa Marina Marina del Rey, CA 90292	None
Capacity Bldg	Adela Detrinidad	300	1058 Los Pinos Court Chula Vista, CA 91910	None
Capacity Bldg	Bertha Washington	300	3500 Dune Lane La Verne, CA 91750	None
Capacity Bldg	Jody Benner	300	35 Country Club Road N Northampton, PA 18067	None
Capacity Bldg	Lombardo Detrinidad	300	1058 Los Pinos Court Chula Vista, CA 91910	None
Capacity Bldg	Lourdes De Choch	300	P.O. Box 50816 Fort Myers, FL 33994	None
Capacity Bldg	NAMI Eau Claire Area	300	1020 Bartlett Avenue Altoona, WI 54720	Affiliate
Capacity Bldg	NAMI Orange County	300	27252 Via Callejon A San Juan Capistrano, CA 92675	Affiliate
Capacity Bldg	NAMI Wisconsin Inc	300	4233 W. Beltline Highway Madison, WI 53711	Affiliate
Capacity Bldg	Norma Westum	300	Centro de Mi Salud 268 Centre Dallas, TX 75208	None
Capacity Bldg	Victor Ortiz	300	4615 alameda ave, rm 1157 el paso. TX 79905	None
Capacity Bldg	Sandrel Jones Webste	290	5501 Casey Lane Stillwater, OK 74074	None
Capacity Bldg	NAMI Maine	275	1 Bangor Street Augusta, ME 04330	Affiliate
Capacity Bldg	NAMI Metropolitan Houston	275	P.O. Box 740169 Houston, TX 77274	Affiliate
Capacity Bldg	NAMI of Southwest Lo	275	120 W. Pujo, Ste. 120 Lake Charles, LA 70602	Affiliate
Capacity Bldg	NAMI of Southwestern	275	105 Braunlich Drive, McKnight Plaza Suite 200 Pittsburgh, PA 15237	Affiliate
Capacity Bldg	Kenneth R. Lynn	250	1452 Forest Hills Blvd., Apt. # 1 Cleveland Heights, OH 44118	None
Capacity Bldg	Susan DePaolis	225	Conn. Dept. of Mental Health, 410 Capitol Ave., Hartford, CT 06134	None
Capacity Bldg	Dale Walker	214	3181 Sam Jackson Park Road Gaines Hall 151 Portland, OR 97239-3098	None
Capacity Bldg	NAMI Hamilton County	200	1101 Summit Drive Cincinnati, OH 45237	Affiliate
Capacity Bldg	NAMI Lee County	200	P.O. Box 50816 Fort Myers, FL 33994	None
Capacity Bldg	NAMI Lexington	200	798 Cindy Blair Way Lexington, KY 40503	Affiliate
Capacity Bldg	NAMI Metro Baltimore	200	5210 York Road Baltimore, MD 21212	Affiliate
Capacity Bldg	NAMI Missouri	200	1001 Southwest Blvd., Suite E Jefferson City, MO 65109	Affiliate
Capacity Bldg	NAMI of Southwest MI	200	1701 S. Campbell Avenue Springfield, MO 65807	Affiliate
Capacity Bldg	NAMI Paducah	200	1029 Palm Street Paducah, KY 42001	Affiliate
Capacity Bldg	Pearl J. Park	200	53 Duncan Avenue Jersey City, NJ 07304	None
Capacity Bldg	NAMI Dickson	175	165 Fairview Road Dickson, TN 37055	Affiliate
Capacity Bldg	Douglas Novins	65	Nighthorse Campbell Native Health, P.O. Box 6508, Aurora, CO 80045-0508	None
Capacity Bldg	Geraldine Frazier	55	9859 Playtime Lane Cincinnati, OH 45231	None
Capacity Bldg	Yilo Cheng	20	201 St. Pauls Avenue #2C Jersey City, NJ 07306	None

\$ 446,476

NAMI
Form 990, Part II, Line 42 - Depreciation
Form 990, Part IV, Line 57 - Land, Buildings, and Equipment
Year Ended June 30, 2006

43-1201653

ASSETS

	Beginning of Year	Additions	Disposals	End of Year
Furniture	\$ 45,145	\$ 10,358	\$ -	\$ 55,503
Equipment	1,711,660	110,688		1,822,348
Leasehold Improvements	745,960	-	-	745,960
Copyrights	-	4,000	-	4,000
Total	<u>\$ 2,502,765</u>	<u>\$ 125,046</u>	<u>\$ -</u>	<u>\$ 2,627,811</u>

ACCUMULATED
DEPRECIATION

	Beginning of Year	Current Year Depreciation	Disposals	End of Year
Furniture	\$ 39,077	\$ 3,957	\$ -	\$ 43,034
Equipment	1,444,979	189,768		1,634,747
Leasehold Improvements	407,156	74,836	-	481,992
Copyrights	784	235	-	1,019
Total	<u>\$ 1,891,996</u>	<u>\$ 268,796</u>	<u>\$ -</u>	<u>\$ 2,160,792</u>

Note: Fixed assets are recorded at cost. Furniture and Equipment are depreciated using the straight-line method over the estimated useful lives of 3 to 5 years, with no salvage value. Leasehold improvements are amortized over the shorter of the remaining term of the lease or the useful life of the improvements.

NAMI

Form 990 Part II, Line 43 -- Gala Grants and Awards

For the Year ended June 30, 2006

43-1201653

<u>Classification</u>	<u>Donee's Name</u>	<u>Amount</u>	<u>Donee's Address</u>	<u>Donee's Relationship</u>
Disaster Relief	NAMI Louisiana	\$ 30,000	P.O. Box 40517 Baton Rouge, LA 70835	Affiliate
Scientific Research Award	Daniel Weinberger	50,000	10 Center Drive Bethesda, MD 20892	None
Disaster Relief	NAMI Mississippi	<u>7,289</u>	411 Briarwood Drive Suite 401 Jackson, MS 39206	Affiliate
		<u>\$ 87,289</u>		

NAMI

**Form 990, Part V - List of Officers, Directors, Trustees and Key Employees (Non-compensated)
Year Ended June 30, 2006**

43-1201653

<u>Name</u>	<u>Title</u>
Suzanne Vogel-Scibilia, M.D.	President
Fredrick R. Sandoval	First Vice President
Betsy Smith	Second Vice President
Jim Dailey	Treasurer
Anand Pandya, M.D.	Secretary
Fred Frese, Ph.D.	Director
Xavier Amador, Ph.D.	Director
Sheila Amdur	Director
Carol Caruso, MCAT	Director
Guyla Daley	Director
Steve Feinstein, Ph.D.	Director
Mindy Greiling	Director
H. Richard Lamb, M.D.	Director
Risdon Slate, Ph.D.	Director
Gloria M. Walker	Director
Eileen White	Director

All of the individuals listed above are volunteers and are not compensated in their role as officers and directors of NAMI. The officers and directors provide six hours per week on average to attend board meetings, etc. All of the officers and directors can be reached at the following corporate address of NAMI:

2107 Wilson Boulevard, Colonial Place Three, Suite 300
Arlington, Virginia 22201-3042

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization NAMI	Employer identification number 43-1201653
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2107 WILSON BLVD., COLONIAL PLACE THREE, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201-3042	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **NAMI**
 Telephone No. ▶ 703-524-7600 FAX No. ▶ 703-524-9094
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.