

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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 2023 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)	Room/suite	G Gross receipts \$ 48,468,752.
	4301 Wilson Blvd	300	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 22203-1867		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Daniel Gillison same as C above			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.nami.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1979 M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Dedicated to improving the lives of persons and their families living with serious mental illness.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	208
	6 Total number of volunteers (estimate if necessary)	6	533
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,427.
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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	63,137,024.	35,296,208.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	703,184.	911,256.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	584,057.	1,853,843.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183,452.	94,902.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	64,607,717.	38,156,209.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,412,597.	4,865,259.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	14,564,813.	18,501,977.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,360,665.	13,360,157.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,360,157.	15,916,170.
19 Revenue less expenses. Subtract line 18 from line 12	34,337,567.	39,283,406.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	30,270,150.	-1,127,197.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	77,926,202.	78,704,388.
		15,335,925.	13,939,998.
		62,590,277.	64,764,390.

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 <i>David Levy</i>	Date April 30, 2024			
	David Levy, Chief Financial Officer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Yong Zhang, CPA	Preparer's signature <i>Yong Zhang</i>	Date 04/30/24	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name Rogers & Company PLLC	Firm's EIN 58-2676261	Phone no. (703) 893-0300		
	Firm's address 8300 Boone Boulevard, Suite 600 Vienna, VA 22182				

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 25,829,971. including grants of \$ 4,299,834.) (Revenue \$ 415,989.) 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 2023, 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 2023

4b (Code:) (Expenses \$ 3,589,438. including grants of \$ 368,225.) (Revenue \$ 111,563.) Public Policy and Advocacy:

RECORD-BREAKING ADVOCACY DRIVES PROGRESS FOR MILLIONS In 2023, 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 2023

4c (Code:) (Expenses \$ 4,560,903. including grants of \$ 197,200.) (Revenue \$ 408,123.) Information, Support and Education:

EDUCATION AND SUPPORT GROUPS REVEAL THE POWER OF A COMMUNITY THAT CARES Throughout 2023, 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 2023

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

4e Total program service expenses 33,980,312.

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 noncash 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 208		
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? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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.	18	
1b	Enter the number of voting members included on line 1a, above, who are independent	18	
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	
7b	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:		
8a	a The governing body?	X	
8b	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	
10b	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	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	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
16b	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			497,264.	0.	36,440.	
(2) Kenneth Duckworth Chief Medical Officer	37.50				X		285,512.	0.	13,759.	
(3) David Levy Chief Financial Officer	37.50			X			219,529.	0.	28,000.	
(4) Glenn O'Neal Chief Communications Officer	37.50				X		226,590.	0.	2,545.	
(5) Lisa Lewis Chief Human Resources Officer	37.50				X		192,732.	0.	18,082.	
(6) Jessica Edwards Chief Development Officer	37.50				X		186,151.	0.	23,556.	
(7) Annette Gantt Chief Field Relations Officer	37.50				X		185,193.	0.	17,769.	
(8) Sean Stickle Chief Operating Officer	37.50			X			139,022.	0.	6,378.	
(9) Joyce Campbell President	25.00	X		X			0.	0.	0.	
(10) Vanessa Fernandes-Randall First VP ending 6/23; Director Start	25.00	X		X			0.	0.	0.	
(11) Micah Pearson Second VP ending 6/23	25.00	X		X			0.	0.	0.	
(12) Cathryn Nacario Secretary ending 6/30/23; First VP s	25.00	X		X			0.	0.	0.	
(13) Jeff Fladen Treasurer	25.00	X		X			0.	0.	0.	
(14) Joseph Gatto Second VP starting 7/23	25.00	X		X			0.	0.	0.	
(15) Sheldon Jacobs Secretary starting 7/23	25.00	X		X			0.	0.	0.	
(16) Amy Brinkley Director	15.00	X					0.	0.	0.	
(17) Jeremiah Rainville 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) Pooja Mehta Director	15.00	X					0.	0.	0.	
(19) Connie Mom-Chhing Director ending 6/23	15.00	X					0.	0.	0.	
(20) Glenda Wrenn-Gordon Director	15.00	X					0.	0.	0.	
(21) Lauren Simonds Director	15.00	X					0.	0.	0.	
(22) Lisa Dixon Director ending 6/23	15.00	X					0.	0.	0.	
(23) Ray Lay Director	15.00	X					0.	0.	0.	
(24) Vanessa Price Director ending 6/23	15.00	X					0.	0.	0.	
(25) Dvika Bhushan Director starting 7/23	15.00	X					0.	0.	0.	
(26) Victoria Harris Director starting 7/23	15.00	X					0.	0.	0.	
1b Subtotal							1,931,993.	0.	146,529.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,931,993.	0.	146,529.	

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 38

	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 Street, Suite 103, Berkeley, CA 94710	Direct Mail	957,560.
Daniel J. Edelman 21992 Network Place, Chicago, IL 60673	Consulting	927,217.
Meta Platforma, 15161 Collections Center Drive, Chicago, IL 60693	Marketing	543,081.
C2 Imaging 8401 Terminal Road, Newington, VA 22122	Publication Fulfillment	524,620.
Kelber Catering, 1301 Second Avenue South, Minneapolis, MN 55403	Catering	325,889.

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 23

See Part VII, Section A Continuation sheets

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	238,109.				
	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	35,058,099.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 77,392.				
	h Total. Add lines 1a-1f		35,296,208.				
Program Service Revenue	2 a Government Contracts	Business Code					
		900099	415,989.	415,989.			
	b Conference	611710	346,655.	276,172.		70,483.	
	c Book project	900099	111,563.	111,563.			
	d Other program income	900099	37,049.	37,049.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		911,256.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,838,596.			1,838,596.	
	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	9,970,145.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	9,954,898.				
	c Gain or (loss)	7c	15,247.				
d Net gain or (loss)		15,247.			15,247.		
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		444,120.				
b Less: cost of goods sold	10b	357,645.					
c Net income or (loss) from sales of inventory		86,475.	86,475.				
Miscellaneous Revenue	11 a Advertising	Business Code					
		541800	8,427.		8,427.		
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		8,427.					
12 Total revenue. See instructions		38,156,209.	927,248.	8,427.	1,924,326.		

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	4,820,634.	4,820,634.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,625.	44,625.		
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	926,633.	731,624.	119,726.	75,283.
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	14,379,410.	11,353,267.	1,857,905.	1,168,238.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	449,221.	354,682.	58,042.	36,497.
9 Other employee benefits	1,660,018.	1,310,668.	214,485.	134,865.
10 Payroll taxes	1,086,695.	858,000.	140,408.	88,287.
11 Fees for services (nonemployees):				
a Management				
b Legal	206,179.	93,749.	82,661.	29,769.
c Accounting	52,699.		52,699.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	109,165.		109,165.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,653,665.	3,695,972.	527,095.	430,598.
12 Advertising and promotion	2,838,204.	2,570,062.	499.	267,643.
13 Office expenses	2,118,330.	482,628.	284,935.	1,350,767.
14 Information technology	1,412,343.	1,128,200.	186,070.	98,073.
15 Royalties				
16 Occupancy	924,313.		924,313.	
17 Travel	1,353,997.	1,219,941.	46,855.	87,201.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	915,511.	773,199.	8,631.	133,681.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	636,724.	489,374.	147,350.	
23 Insurance	93,724.		93,724.	
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	369,723.	324,858.	39,741.	5,124.
b Dues and subscriptions	216,158.	148,787.	33,899.	33,472.
c Taxes and registrations	15,435.		1,256.	14,179.
d Overhead allocation	0.	3,580,042.	-3,987,030.	406,988.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	39,283,406.	33,980,312.	942,429.	4,360,665.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	16,631,176.	1	9,866,976.
	2 Savings and temporary cash investments	4,155,451.	2	6,067,906.
	3 Pledges and grants receivable, net	7,604.	3	19,541.
	4 Accounts receivable, net	362.	4	45,462.
	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	167,151.	8	130,242.
	9 Prepaid expenses and deferred charges	1,141,457.	9	1,223,287.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,453,964.		
	b Less: accumulated depreciation	10b 706,231.		
	11 Investments - publicly traded securities	1,885,850.	10c	1,747,733.
	12 Investments - other securities. See Part IV, line 11	45,659,446.	11	51,693,673.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,093,167.	14	1,008,737.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,184,538.	15	6,900,831.	
	77,926,202.	16	78,704,388.	
Liabilities	17 Accounts payable and accrued expenses	4,558,098.	17	3,524,018.
	18 Grants payable		18	
	19 Deferred revenue	63,750.	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	10,714,077.	25	10,352,230.
	26 Total liabilities. Add lines 17 through 25	15,335,925.	26	13,939,998.
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	49,122,229.	27	48,106,021.
	28 Net assets with donor restrictions	13,468,048.	28	16,658,369.
	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	62,590,277.	32	64,764,390.
	33 Total liabilities and net assets/fund balances	77,926,202.	33	78,704,388.

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	38,156,209.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,283,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,127,197.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,590,277.
5	Net unrealized gains (losses) on investments	5	3,301,310.
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	64,764,390.

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
2b	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	
2c	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
3b	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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,613,610.	25,260,924.	30,900,460.	63,137,024.	35,296,208.	171,208,226.
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	16,613,610.	25,260,924.	30,900,460.	63,137,024.	35,296,208.	171,208,226.
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)						30,722,358.
6 Public support. Subtract line 5 from line 4.						140,485,868.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	16,613,610.	25,260,924.	30,900,460.	63,137,024.	35,296,208.	171,208,226.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	288,233.	192,956.	429,439.	656,217.	1,838,596.	3,405,441.
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						174,613,667.
12 Gross receipts from related activities, etc. (see instructions)					12	7,234,396.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	80.46 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.29 %

16a 33 1/3% support test - 2023. 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

b 33 1/3% support test - 2022. 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

17a 10% -facts-and-circumstances test - 2023. 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

b 10% -facts-and-circumstances test - 2022. 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

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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.)

Horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,156,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>770,166.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAMI National	Employer identification number 43-1201653
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Part 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
7	<hr/> <hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAMI National	Employer identification number 43-1201653
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NAMI National	Employer identification number 43-1201653
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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
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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-.

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												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)	69,893.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	32,251.													
c Total lobbying expenditures (add lines 1a and 1b)	102,144.													
d Other exempt purpose expenditures	34,235,423.													
e Total exempt purpose expenditures (add lines 1c and 1d)	34,337,567.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2 a 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.	102,144.	421,685.
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.	69,893.	165,363.

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 not be 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

2023

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 on line 2a	2c
d Number of conservation easements included on line 2c 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?

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

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

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	1,407,039.	1,674,090.	1,500,902.	1,186,418.	1,004,130.
b Contributions			15,000.	196,223.	30,000.
c Net investment earnings, gains, and losses	209,546.	-238,651.	185,688.	145,761.	169,788.
d Grants or scholarships					
e Other expenditures for facilities and programs	28,400.	28,400.	27,500.	27,500.	17,500.
f Administrative expenses					
g End of year balance	1,588,185.	1,407,039.	1,674,090.	1,500,902.	1,186,418.

- 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.	537,415.	1,747,098.
d Equipment		169,451.	168,816.	635.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,747,733.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	148,625.
(2) Right-of-use assets - operating lease	6,752,206.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,900,831.

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	10,352,230.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,352,230.

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	41,652,101.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,301,310.	
b	Donated services and use of facilities	2b	303,747.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	3,605,057.
3	Subtract line 2e from line 1		3	38,047,044.
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	109,165.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	109,165.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	38,156,209.

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	39,477,988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	303,747.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	303,747.
3	Subtract line 2e from line 1		3	39,174,241.
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	109,165.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	109,165.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	39,283,406.

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

2023

**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
Wayne State University 5057 Woodward Avenue, 13th Floor Detroit, MI 48202	38-6028429	501(c)(3)	150,000.	0.			General Support and Program Assistance
NAMI Colorado 3333 South Bannock St., Suite 430 Englewood, CO 80110	74-2240544	501(c)(3)	135,750.	0.			General Support and Program Assistance
NAMI Greater Houston 9401 SW Fwy, Suite 1234 Houston, TX 77074	76-0242186	501(c)(3)	108,750.	0.			General Support and Program Assistance
NAMI Montgomery County MD 9210 Corporate Boulevard, Suite 170 Rockville, MD 20850	52-1150412	501(c)(3)	107,500.	0.			General Support and Program Assistance
NAMI Orange County CA 1810 E. 17th St. Santa Ana, CA 92705	95-3726369	501(c)(3)	106,250.	0.			General Support and Program Assistance
NAMI Southern Nevada 4525 S. Sandhill Rd., Ste 116 Las Vegas, NV 89121	94-2922504	501(c)(3)	104,250.	0.			General Support and Program Assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **114.**

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

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

Schedule I (Form 990) 2023

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 Metropolitan Baltimore 6600 York Rd., Suite 204 Baltimore, MD 21212	52-1301154	501(c)(3)	103,750.	0.			General Support and Program Assistance
NAMI Multnomah County 524 NE 52nd Ave. Portland, OR 97213	93-0862647	501(c)(3)	103,750.	0.			General Support and Program Assistance
NAMI Southwest Ohio 4055 Executive Park Dr., Suite 450 Cincinnati, OH 45241	31-0998076	501(c)(3)	103,750.	0.			General Support and Program Assistance
NAMI Westside Los Angeles 921 Westwood Blvd., #236 Los Angeles, CA 90024	26-2118750	501(c)(3)	103,750.	0.			General Support and Program Assistance
NAMI Martin County PO Box 1082 Stuart, FL 34995	59-2444160	501(c)(3)	100,000.	0.			General Support and Program Assistance
Mental Health Leadership Initiative, Inc. - 4326 Harbor Beach Blvd. Unit 573 - Brigantine, NJ 08203	46-5714524	501(c)(3)	100,000.	0.			General Support and Program Assistance
NAMI Mercer NJ 1235 Whitehorse Mercerville Rd. Hamilton, NJ 08619	22-2587453	501(c)(3)	92,500.	0.			General Support and Program Assistance
NAMI Seattle 802 NW 70th St Seattle, WA 98117	91-1043712	501(c)(3)	90,000.	0.			General Support and Program Assistance
NAMI Northern Virginia PO Box 480 Oakton, VA 22124	51-0241920	501(c)(3)	85,000.	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 Mid-Hudson PO Box 787 Poughkeepsie, NY 12602	11-2622795	501(c)(3)	78,750.	0.			General Support and Program Assistance
NAMI Sarasota and Manatee Counties 2911 Fruitville Rd. Sarasota, FL 34237	59-2464505	501(c)(3)	78,500.	0.			General Support and Program Assistance
NAMI Illinois 218 West Lawrence Springfield, IL 62704	36-3305804	501(c)(3)	76,375.	0.			General Support and Program Assistance
University of Wisconsin-Milwaukee 2033 E. Hartford Ave. Milwaukee, WI 53211	39-1805963	501(c)(3)	75,000.	0.			General Support and Program Assistance
NAMI Louisiana PO Box 40517 Baton Rouge, LA 70835	72-1038877	501(c)(3)	71,800.	0.			General Support and Program Assistance
NAMI Maryland 10630 Little Patuxent Parkway, Suite Columbia, MD 21044	52-1295484	501(c)(3)	71,300.	0.			General Support and Program Assistance
NAMI Florida PO Box 961 Tallahassee, FL 32302	59-2859337	501(c)(3)	70,375.	0.			General Support and Program Assistance
NAMI Jacksonville Florida 40 E. Adams St., Ste. LL05 Jacksonville, FL 32202	59-2931035	501(c)(3)	68,750.	0.			General Support and Program Assistance
NAMI Hawaii 770 Kapiolani Blvd, Suite 613 Honolulu, HI 96813	99-0272540	501(c)(3)	68,000.	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 of Washington County, OR 18680 SW Shaw St. Aloha, OR 97007	93-1185524	501(c)(3)	68,000.	0.			General Support and Program Assistance
NAMI Clackamas County 10202 SE 32nd Ave., Ste. 501 Milwaukie, OR 97222	93-0967313	501(c)(3)	67,500.	0.			General Support and Program Assistance
NAMI Ventura County PO Box 1613 Camarillo, CA 93010	77-0037450	501(c)(3)	63,360.	0.			General Support and Program Assistance
NAMI Keystone Pennsylvania 105 Braunlich Dr., Suite 200 Pittsburgh, PA 15237	25-1477291	501(c)(3)	62,300.	0.			General Support and Program Assistance
NAMI Miami-Dade County 299 Alhambra Circle, Suite 224 Coral Gables, FL 33134	59-2207150	501(c)(3)	62,250.	0.			General Support and Program Assistance
NAMI Thurston-Mason 4305 Lacey Blvd., SE, Suite #28 Lacey, WA 98503	91-1362711	501(c)(3)	59,375.	0.			General Support and Program Assistance
NAMI DuPage 115 N. County Farm Rd. Wheaton, IL 60187	36-3412057	501(c)(3)	58,750.	0.			General Support and Program Assistance
NAMI Berks County 640 Centre Ave Reading, PA 19601	81-1913011	501(c)(3)	54,250.	0.			General Support and Program Assistance
NAMI Prince Georges County 10201 Martin Luther King Jr. Hwy, Ste 240B, Office C - Bowie, MD 20720	52-1246659	501(c)(3)	53,750.	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 Santa Clara County 1150 S Bascom Ave., #24 San Jose, CA 95128	94-2430956	501(c)(3)	53,750.	0.			General Support and Program Assistance
NAMI Southwest Iowa 202 D.2nd Street Neola, IA 51559	82-3642615	501(c)(3)	53,750.	0.			General Support and Program Assistance
NAMI Santa Cruz County 542 Ocean St., Suite F Santa Cruz, CA 95060	77-0002878	501(c)(3)	52,500.	0.			General Support and Program Assistance
NAMI Greater Mississippi Valley 1035 W. Kimberly Rd., Suite 4 Davenport, IA 52806	42-1188963	501(c)(3)	50,000.	0.			General Support and Program Assistance
NAMI Marin County 555 Northgate Dr., #101 San Rafael, CA 94903	68-0005567	501(c)(3)	50,000.	0.			General Support and Program Assistance
NAMI Racine County 2300 DeKoven Ave Racine, WI 53403	39-1341452	501(c)(3)	50,000.	0.			General Support and Program Assistance
NAMI Southwest Washington 2500 Main St., Suite 120 Vancouver, WA 98660	91-1065027	501(c)(3)	50,000.	0.			General Support and Program Assistance
NAMI Mt. San Jacinto PO Box 716 San Jacinto, CA 92581	95-3709350	501(c)(3)	48,750.	0.			General Support and Program Assistance
NAMI North Texas 2812 Swiss Ave. Dallas, TX 75204	75-1875023	501(c)(3)	42,500.	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 Rome 3 Central Plaza Rome, GA 30161	47-1607909	501(c)(3)	40,500.	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)	38,750.	0.			General Support and Program Assistance
NAMI Texas 4110 Guadalupe St, Austin, TX 78751	74-2380175	501(c)(3)	34,375.	0.			General Support and Program Assistance
NAMI El Paso PO Box 9771 El Paso, TX 79995	74-2377105	501(c)(3)	32,500.	0.			General Support and Program Assistance
NAMI Missouri 3405 West Truman Blvd., Suite 102 Jefferson City, MO 65109	43-1398666	501(c)(3)	30,375.	0.			General Support and Program Assistance
NAMI Solano County 1225 Travis Blvd., #E Fairfield, CA 94533	94-3024777	501(c)(3)	28,750.	0.			General Support and Program Assistance
NAMI New York State 99 Pine St, Suite 105 Albany, NY 12207	22-2571353	501(c)(3)	28,625.	0.			General Support and Program Assistance
NAMI Kansas 1801 SW Wannamaker Rd., Suite G6 Topeka, KS 66604	48-1061361	501(c)(3)	27,775.	0.			General Support and Program Assistance
NAMI Georgia 4120 Presidential Parkway Suite 200 Atlanta, GA 30340	58-1466482	501(c)(3)	27,150.	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 Tennessee 1101 Kermit Dr., Ste 605 Nashville, TN 37217	58-1679614	501(c)(3)	26,650.	0.			General Support and Program Assistance
NAMI Bucks County 1432 Easton Rd., Suite 2D Warrinton, PA 18976	20-4135679	501(c)(3)	26,250.	0.			General Support and Program Assistance
NAMI Hernando 4030 Commercial Way Spring Hill, FL 34606	59-2684242	501(c)(3)	25,500.	0.			General Support and Program Assistance
NAMI Greater Orlando 300 Crown Oak Centre Dr. Longwood, FL 32750	59-2600149	501(c)(3)	25,000.	0.			General Support and Program Assistance
Stephen C Rose Legacy Foundation 138 Governor St. Providence, RI 02940	47-4730275	501(c)(3)	25,000.	0.			General Support and Program Assistance
NAMI Nevada 3100 Mill St. Suite 206 Reno, NV 89502	88-0278206	501(c)(3)	24,800.	0.			General Support and Program Assistance
NAMI South Carolina 1735 St. Julian Pl., Ste 300 Columbia, SC 29204	57-0822032	501(c)(3)	23,675.	0.			General Support and Program Assistance
NAMI Vermont 600 Blair Park Rd., Suite #301 Williston, VT 05495	03-0297954	501(c)(3)	23,500.	0.			General Support and Program Assistance
NAMI Mississippi 2618 Southerland St. Jacksonville, MS 39216	64-0786349	501(c)(3)	22,050.	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 Jersey 1562 Route 130 North Brunswick, NJ 08902	22-2619966	501(c)(3)	21,750.	0.			General Support and Program Assistance
NAMI Oregon 4701 SE 24th Ave., Suite E Portland, OR 97216	93-0875209	501(c)(3)	21,125.	0.			General Support and Program Assistance
NAMI Rhode Island 154 Waterman St., Suite 5B Providence, RI 02906	22-2805141	501(c)(3)	20,900.	0.			General Support and Program Assistance
NAMI Alaska PO Box 201753 Anchorage, AK 99520	92-0111673	501(c)(3)	20,550.	0.			General Support and Program Assistance
NAMI Idaho 1985 E 25th St. Idaho Falls, ID 83404	94-3141046	501(c)(3)	20,550.	0.			General Support and Program Assistance
NAMI Wisconsin Inc. 4233 Beltline Hwy Madison, WI 53711	39-1397227	501(c)(3)	19,750.	0.			General Support and Program Assistance
NAMI Delaware 2400 West 4th St. Wilmington, DE 19803	22-2490797	501(c)(3)	19,650.	0.			General Support and Program Assistance
NAMI Virginia PO Box 8260 Richmond, VA 23226	54-1267632	501(c)(3)	19,300.	0.			General Support and Program Assistance
NAMI Connecticut 1030 New Britain Ave. West Hartford, CT 06110	22-2605701	501(c)(3)	19,250.	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 New Hampshire 85 N. State St. Concord, NH 03301	22-2760743	501(c)(3)	18,662.	0.			General Support and Program Assistance
NAMI Michigan 401 S. Washington Ave., Suite 104 Lansing, MI 48933	38-2643038	501(c)(3)	18,050.	0.			General Support and Program Assistance
NAMI New Mexico 3900 Osuna Rd., NE Albuquerque, NM 87109	85-0333255	501(c)(3)	18,050.	0.			General Support and Program Assistance
NAMI Maine 52 Water St. Hallowell, ME 04347	01-0406214	501(c)(3)	17,900.	0.			General Support and Program Assistance
NAMI Blair 711 9th Ave, Suite #2 Altoona, PA 16602	25-1844814	501(c)(3)	17,500.	0.			General Support and Program Assistance
NAMI Arkansas 5025 E. Washington St., Ste 112 Phoenix, AZ 85034	86-0464872	501(c)(3)	16,800.	0.			General Support and Program Assistance
NAMI California 1851 Heritage Ln, Suite #150 Sacramento, CA 95815	94-2676057	501(c)(3)	16,300.	0.			General Support and Program Assistance
NAMI Kentucky 2441 S Hwy 27 Somerset, KY 42501	61-1140329	501(c)(3)	16,300.	0.			General Support and Program Assistance
NAMI Fairbanks PO Box 72543 Fairbanks, AK 99707	92-0109272	501(c)(3)	16,250.	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 Minnesota 1919 University Ave. W, Ste 400 Saint Paul, MN 55104	41-1317030	501(c)(3)	16,230.	0.			General Support and Program Assistance
NAMI Arizona PO Box 201753 Anchorage, AK 99520	92-0111673	501(c)(3)	16,000.	0.			General Support and Program Assistance
NAMI Indiana, Inc. 921 East 86th St. Suite 130 Indianapolis, IN 46420	35-1640701	501(c)(3)	16,000.	0.			General Support and Program Assistance
NAMI Oklahoma 1225 Dublin Rd., Suite 125 Columbus, OH 43215	31-1073968	501(c)(3)	16,000.	0.			General Support and Program Assistance
NAMI DC 422 8th St. SE Washington, DC 20003	52-1258678	501(c)(3)	15,900.	0.			General Support and Program Assistance
NAMI Washington 1107 NE 45th St., Suite 230 Seattle, WA 98105	91-1689067	501(c)(3)	15,875.	0.			General Support and Program Assistance
NAMI Rock County 120 North Crosby Ave., Suite 11 Janesville, WI 53548	39-1409123	501(c)(3)	15,000.	0.			General Support and Program Assistance
NAMI Ohio PO Box 244043 Atlanta, GA 30324	45-1227396	501(c)(3)	13,800.	0.			General Support and Program Assistance
NAMI Yakima PO Box 10918 Yakima, WA 98909	91-1151684	501(c)(3)	13,125.	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 San Antonio 6800 Park Ten Blvd., Suite 248-E San Antonio, TX 78213	74-2361886	501(c)(3)	12,500.	0.			General Support and Program Assistance
NAMI Massachusetts 529 Main St., Suite 1M17 Boston, MA 02129	04-2777012	501(c)(3)	11,800.	0.			General Support and Program Assistance
NAMI Montana PO Box 1021 Helena, MT 59624	81-0441706	501(c)(3)	11,800.	0.			General Support and Program Assistance
NAMI Wyoming PO Box 1883 Casper, WY 82602	83-0277780	501(c)(3)	11,800.	0.			General Support and Program Assistance
NAMI Utah 1600 West 2200 South, #202 West Valley City, UT 84119	87-0432972	501(c)(3)	11,800.	0.			General Support and Program Assistance
NAMI Queens-Nassau 1981 Marcus Ave., Suite C117 Lake Success, NY 11042	11-2666397	501(c)(3)	11,250.	0.			General Support and Program Assistance
NAMI St. Louis 1810 Craig Rd, Suite 124 St Louis, MO 63146	43-1143899	501(c)(3)	11,000.	0.			General Support and Program Assistance
Clark Atlanta University Inc 223 James P Brawley Dr SW Atlanta, GA 30314	58-1825259	501(c)(3)	10,000.	0.			General Support and Program Assistance
Morgan State University Foundation, Inc. - 1700 East Cold Spring Lane - Baltimore, MD 21251	23-7089143	501(c)(3)	10,000.	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
NC A&T State University 1601 East Market St. Greensboro, NC 27411	56-6000007	501(c)(3)	10,000.	0.			General Support and Program Assistance
Virginia Union University 1500 N. Lombardy St. Richmond, VA 23220	54-0524516	501(c)(3)	10,000.	0.			General Support and Program Assistance
NAMI Buffalo & Western New York 737 Delaware Ave., Suite 217 Buffalo, NY 14209	22-2573563	501(c)(3)	8,750.	0.			General Support and Program Assistance
NAMI Greater Cleveland 2012 W 25th, Suite 600 Cleveland, OH 44113	20-2254268	501(c)(3)	8,750.	0.			General Support and Program Assistance
NAMI Iowa 3839 Mirle Hay Rd. Ste 229 Des Moines, IA 50310	23-7084780	501(c)(3)	8,750.	0.			General Support and Program Assistance
NAMI Louisville 708 W. Magazine St. Louisville, KY 40203	31-0969518	501(c)(3)	8,750.	0.			General Support and Program Assistance
NAMI Syracuse 917 Avery Ave. Syracuse, NY 13204	22-2469922	501(c)(3)	8,750.	0.			General Support and Program Assistance
NAMI Capital Region NY PO Box 8720 Albany, NY 12208	45-4222655	501(c)(3)	7,500.	0.			General Support and Program Assistance
NAMI Finger Lakes PO Box 6544 Ithaca, NY 14851	20-4938856	501(c)(3)	7,500.	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 Kent County PO Box 3503 Grand Rapids, MI 49501	38-2342621	501(c)(3)	7,500.	0.			General Support and Program Assistance
NAMI Mid-Ohio 814 Bowtown Rd. Delaware, OH 43015	27-3448885	501(c)(3)	7,500.	0.			General Support and Program Assistance
NAMI South Suburbs of Chicago PO Box 275 Olympia Fields, IL 60461	36-3274383	501(c)(3)	7,500.	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)	7,500.	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 Billings 3333 2nd Ave. North, Suite 150 Billings, MT 59102	81-0507324	501(c)(3)	6,500.	0.			General Support and Program Assistance
NAMI St Tammany 23515 Hwy. 190 Mandeville, LA 70448	58-1866671	501(c)(3)	6,250.	0.			General Support and Program Assistance
NAMI Nebraska 415 S. 25 Avenue, Amex Building Omaha, NE 68131	36-3460128	501(c)(3)	5,750.	0.			General Support and Program Assistance
NAMI Westchester 100 Clearbrook Rd. Elmsford, NY 10523	13-3099544	501(c)(3)	5,750.	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
NAMI Scientific Award	1	28,400.	0.		
CIT International Scholarships	15	6,225.	0.		
Sponsorship	1	10,000.	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

2023

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		

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

Schedule J (Form 990) 2023

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)	444,278.	50,700.	2,286.	20,374.	16,066.	533,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kenneth Duckworth Chief Medical Officer	(i)	271,904.	12,420.	1,188.	12,420.	1,339.	299,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) David Levy Chief Financial Officer	(i)	200,550.	16,693.	2,286.	9,655.	18,345.	247,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Glenn O'Neal Chief Communications Officer	(i)	50,608.	8,517.	167,465.	2,278.	267.	229,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Lisa Lewis Chief Human Resources Officer	(i)	184,184.	7,844.	704.	8,413.	9,669.	210,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Jessica Edwards Chief Development Officer	(i)	171,313.	14,700.	138.	8,063.	15,493.	209,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Annette Gantt Chief Field Relations Officer	(i)	170,145.	14,416.	632.	7,835.	9,934.	202,962.	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

2023

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	22	77,392.	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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**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

2023

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 and COMPARTIENDO ESPERANZA, NAMI's outreach programs for the Black/African Ancestry and Hispanic/Latinx communities, continued to grow in 2023. To date, Sharing Hope and Compartiendo Esperanza have

Name of the organization NAMI National	Employer identification number 43-1201653
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trained more than 450 facilitators for these programs, and NAMI has held Sharing Hope conversations with 12 companies. Sharing Hope and Compartiendo Esperanza can occur in many settings, including faith-based.

MANIWAL AND CHAI & CHAT: This year, NAMI expanded its outreach programs to the Filipino and South Asian communities. Using the model of Sharing Hope, NAMI adapted the program and created Maniwal for the Filipino community and is in the process of creating Chai & Chat for the South Asian community. In 2023, Maniwal reached 600 people, and NAMI received 100 assessments for Chai & Chat to help with its development.

CHEA: In 2023, NAMI continued to spearhead the Community Health Equity Alliance (CHEA), a mental health equity initiative that joins community-based organizations and thought leaders as collaborators under the shared mission to improve serious mental illness care (SMI) for Black/African Ancestry adults. This initiative furthers NAMI's commitment to equity and advances equity in access to care in Black/African Ancestry communities, beginning with California, Georgia, North Carolina and Texas.

CROSS-CULTURAL INITIATIVES: In 2023, NAMI strengthened its new partnership with Delta Sigma Theta Sorority, Incorporated, raising mental health awareness and connecting people with mental health resources at their 56th national convention, where NAMI reached 25,000 women. As part of a new initiative, 53 college campus Delta chapters submitted applications for partnerships between NAMI and their campus counseling centers.

Name of the organization

NAMI National

Employer identification number

43-1201653

PATHWAYS TO HOPE, a nationwide conference organized by NAMI FaithNet, welcomed nearly 4,000 people of different faith traditions, who explored a blend of local and national programming about how communities can build their own grassroots movements to help engage faith communities, mental health providers and other community partners in building sustainable coalitions in support of people living with mental health conditions.

NAMI BEGAN AN INITIATIVE to start mental health conversations among Black/African Ancestry men. In partnership with the LA Rams and the Children's Institute, NAMI held four conversations attended by 45 fathers.

NAMI'S STIGMAFREE WORKPLACE INITIATIVE reached more than 6,560 employees in 2023 and 15 companies have participated in NAMI's StigmaFree workplace mental health initiative. NAMI also recently formed a Workplace Mental Health Advisory Council with 12 members from notable companies across industries.

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.

Name of the organization

NAMI National

Employer identification number

43-1201653

NAMI ON CAMPUS HIGH SCHOOL: In late August 2023, NAMI launched NAMI On Campus High School, where campus clubs work to end mental health stigma by holding creative meetings, hosting innovative awareness events and offering signature NAMI programs through partnerships with NAMI State Organizations and NAMI Affiliates. Since August 21, 2023, more than 20 high school clubs became official NAMI On Campus High School clubs.

BACK-TO-SCHOOL RESOURCES: This year, NAMI continued its support for students, caregivers and educators, releasing 13 new resources for the 2023 back-to-school season. These resources cover such topics as engaging safely with social media, mindfulness activities for K-12, a guide for trauma-informed active-shooter drills and more. Since early August, these resources have had close to 51,000 pageviews.

NAMI AND GIRL SCOUTS OF THE USA partnered to launch the Girl Scouts Mental Wellness Patch Program, as part of GSUSA's ongoing mental wellness initiative. The patch program was released at GSUSA's National Convention in July. Since its inception, the web page that shares information on the patch program received over 24,000 pageviews, and the page to purchase the patches is number one in page visits and downloads on girlscouts.org

MEET LITTLE MONSTER, NAMI's mental health coloring and activity book created for young children, reached more than 30,000 people. Meet Little Monster, originally created by NAMI Washington, is available in English, Spanish, Arabic, Korean, Vietnamese and Mandarin.

NAMI NEXT GEN worked to release Say It Out Loud, a free online card

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game that brings young adults closer to their friends through conversation prompts about life, relationships and mental health. Launched in 2023, the game has had almost 4,000 players in its first six months of availability.

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

NAMICON 2023: TOGETHER FOR MENTAL HEALTH, marked the first in-person NAMICON since 2019. Of those who attended and completed a follow-up survey, 80% found NAMICON very useful and 17% found it somewhat useful. One attendee commented, "I have been to 25 NAMI Conventions, and it was the best ever in my experience."

NAMI ALLIANCE DAY 2023 offered leadership development sessions for more than 600 attendees. In a post-event survey, 91% rated the day as "extremely or moderately valuable," and 86% said they plan to attend again next year.

NAMI DO-IT-YOUR-WAY PROGRAM, a new fundraising program, allows participants across the country to start DIY fundraising campaigns for either NAMI National or a local NSONA. Eighteen NSONAs have joined NAMI National in the pilot as we test the platform from October 2023 through March 2024.

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NAMIWALKS REACH NEW LEVELS OF EXCELLENCE

Successful community events are a tangible benchmark of grassroots support for all nonprofit organizations. In 2023, NAMI showed just how deep this support goes with NAMIWalks hosted in 135 communities from coast to coast.

THIRTEEN NEW NAMIWALKS across the country joined us in 2023 and raised funds and awareness.

THE PEER-TO-PEER PROFESSIONAL FORUM (P2P), a leading network for producers of peer-to-peer fundraising events, ranked NAMI among their Top 30 Fundraising Events for the third consecutive year.

NAMI EXTENDS ITS GRATITUDE for the thousands of local sponsors who made NAMIWalks possible in 2023 - and those who will help us achieve even more in the years ahead.

135 NAMIWalks Your Way events countrywide
 18% increase in registered participants
 \$14 million raised nationwide, up 12% 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.

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WITH MORE THAN 1.3 MILLION SOCIAL MEDIA FOLLOWERS in 2023, NAMI gained influence on popular platforms people turn to for news, connection and inspiration.

NAMI produced 9% more posts year-over-year in 2023 and gained 96,000 more followers

NAMI has more than any mental health organization

1.7M impressions on social media during Suicide Prevention Awareness Month in September

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

NAMI PARTNERED WITH SINCLAIR BROADCAST GROUP on "Sinclair Cares: Mental Health Support + Hope," a nationwide campaign to encourage mental health awareness, especially among young adults. The partnership included PSAs across Sinclair's 185 TV stations in 86 markets, a Town Hall broadcast featuring NAMI's Chief Medical Officer, and multiple news stories. Overall, the campaign reached an estimated 80 million viewers.

"HOPE STARTS WITH US," NAMI's first-ever podcast, offers the perspectives of NAMI CEO Daniel Gillison, Jr. and other hosts, on topics ranging from obsessive-compulsive disorder to the relationship between male mental health and music. In 2023, the podcast reached 20,000 downloads.

NAMI NATIONAL LEADERSHIP AND STAFF WERE FEATURED IN MENTAL HEALTH MONTH COVERAGE, including two on-camera interviews and two podcasts, and were quoted in 12 articles.

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NAMI ADVOCATES REPRESENTED IN THE MEDIA AND IN OUTREACH: NFL Veterans and Mental Health Advocates Soul Cole and Marcus Smith presented a webinar to Amazon employees on men's mental health. Entrepreneur, Reality Star and Advocate Sutton Strake did an Instagram Live for Suicide Prevention Awareness Month.

STRONG PERFORMANCE in earned media mentions, with 40,138 total articles.

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

NAMI has engaged advocates to increase co-sponsorship of the 988 Implementation Act, support equitable access to mental health care for the LGBTQ+ community, improve our nation's mental health workforce and push action on changes like improving inpatient hospital quality of care and strengthening mental health parity enforcement.

EVERY MEMBER OF CONGRESS has heard from NAMI's advocates in 2023, and NAMI has been mentioned by members of Congress 166 times, more than any other mental health organization.

NAMI advocates undertook more than 60,000 actions in 2023, including driving a victory in improving Centers for Medicare & Medicaid Services quality measurements for the experiences that people have in inpatient psychiatric settings, which NAMI has been leading for three years.

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NAMI OVERHAULED NAMI SMARTS FOR ADVOCACY, a hands-on training program used by Affiliates nationwide that helps people living with mental illness and their allies transform their passion and lived experience into skillful grassroots advocacy, in 2023.

NAMI NATIONAL ANSWERED more than 200 technical assistance requests on public policy and advocacy issues from the NAMI field in 2023.

988 SUICIDE AND CRISIS LIFELINE MAKES AN IMPACT

In July, NAMI marked the first anniversary of the 988 Suicide and Crisis line with a public opinion poll on 988 and crisis response, garnering a wide array of press coverage and interviews for NAMI.

NAMI'S 988 State Legislation App continues to be a heavily utilized resource, linked to by SAMHSA and many news organizations and earning more than 20,000 pageviews in 2023.

NAMI added 11 #ReimagineCrisis partners over the past year. NAMI and our 53 partners are pushing for effective crisis response systems in every community in the country as well as increased awareness of #988.

In June 2023, NAMI convened its #ReimagineCrisis partners in Washington, D.C., for the first #ReimagineCrisis Partner Summit. With the American Foundation for Suicide Prevention (AFSP), NAMI recognized 17 members of Congress with the 988 Crisis Response Champion Awards.

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NAMI PARTNERED WITH THE HILL to host "Dialing into Mental Health: One Year of the 988 Suicide & Crisis Lifeline". Speakers included U.S. Secretary of Health & Human Services Xavier Becerra, Sen. Catherine Cortez Masto (D-Nev.) and NAMI Chief Advocacy Officer Hannah Wesolowski. Every congressional office received a copy of POLITICO with a full-page ad from NAMI urging Congress to fund 988.

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.

NAMI HEARTS+MINDS, an education program that focuses on the relationship between mental and physical health; the curriculum helps people manage their overall wellness with a blend of online resources, in-person sessions and peer wellness support. Eighty-six NAMI Affiliates and 21 NAMI State Organizations participated in the free course in their areas in 2023.

NAMI's free education courses also include:

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

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

NAMI HOMEFRONT, a free course devoted to the mental health needs of military Veterans and their friends, families and caregivers.

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 therapists, psychologists and others. With 100 new facilitators in training, NAMI Provider is slated to grow in 2024 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.

TRAINING OF TRAINER SESSIONS helped NAMI increase the number of state trainers for NAMI National Signature Programs in six sessions. By the fall of 2023, these sessions had produced 215 new state trainers who will train program leaders in their states to deliver NAMI's eight signature programs locally. These programs include NAMI Basics, NAMI Family-to-Family and NAMI Homefront.

138,000+ people attended NAMI peer support groups in 2023.

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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.

NAMI TEEN & YOUNG ADULT HELPLINE: To help with the mental health crisis among teens and young adults, NAMI officially launched the new NAMI Teen & Young Adult (T&YA) HelpLine in October 2023. This is a free, nationwide peer-support service providing information, resource referrals, and support to teens and young adults. It provides a safe space for young people to connect with peers who understand their struggles, and offers them resources and information that help. The T&YA HelpLine is available by phone, text, or chat.

Nearly 318,000 help-seekers were served via NAMI HelpLine and Knowledge Center in 2023.

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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 2023, we shared new insights from brain science, lived experience, 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. Other partners included the Adobe Foundation, Collaborative Design for Recovery and Health, the Depression and Bipolar Support Alliance and the Schizophrenia International Research Society.

NAMI JOINED THE GLOBAL BIPOLAR COHORT RESEARCH INITIATIVE AND THE HUMAN PHENOTYPE ONTOLOGY GROUP, a workshop dedicated to the development of a detailed and flexible diagnostic profile for bipolar disorder and a user-friendly algorithm to aid clinical diagnosis. An academic manuscript based on the outcomes of the workshop has been submitted for publication in Nucleic Acids Research.

NAMI PARTICIPATED IN A PANEL TITLED "CENTERING LIVED EXPERIENCE AND CARE" at the inaugural Integrated Network Investigator Meeting for the

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Breakthrough Discoveries for Thriving with Bipolar Disorder research initiative.

NAMI ATTENDED A RESEARCH AND ADVOCACY CONFERENCE focusing on addressing nonbiological causes of mortality in people with serious mental illness led by the organization Collaborative Design for Recovery and Health, resulting in an academic manuscript published in JAMA Open Network in May 2023.

NAMI WAS REPRESENTED IN DEVELOPING A SURVEY ON THE SIDE EFFECTS OF ANTIPSYCHOTIC TREATMENTS, the results of which were presented as a poster at the 2023 meeting of the Schizophrenia International Research Society in Toronto, and as an academic manuscript has been submitted for publication in Schizophrenia Research.

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

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

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reported at each meeting of the Board of Directors for approval and ratification by the Board of Directors of actions taken by the Executive Committee.

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

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

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

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

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meet the credentialing deadlines may seek to vote on site. Every effort will be made to make this possible, assuming verification of the individual's role and identity can be confirmed.

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

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

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

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

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

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

Name of the organization NAMI National	Employer identification number 43-1201653
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other action may be appropriate and under what circumstances. This process is codified in the board's operating policies and procedures manual.

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

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

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

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

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

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

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

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

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

Subcontractors:

Program service expenses	3,695,972.
Management and general expenses	527,095.
Fundraising expenses	430,598.
Total expenses	4,653,665.
Total Other Fees on Form 990, Part IX, line 11g, Col A	4,653,665.

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Form 990, Part XII, Line 2c:

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

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

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023 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

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 78,704,388, D Employer identification number 43-1201653, E Group exemption number, F Check box if an amended return.

Form header section containing: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of The Organization Telephone number 703-524-7600

Table for Part I Total Unrelated Business Taxable Income with 11 rows and 2 columns (line number, amount). Total amount is 0.

Table for Part II Tax Computation with 7 rows and 2 columns (line number, amount). Total amount is 0.

Table for Part III Tax and Payments with 5 main rows and sub-rows (1a-1d, 3a-3e), 2 columns (line number, amount). Total tax amount is 0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's 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	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	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 2024 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 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	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here \$		
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	
	541800	\$ 1,100.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.

Sign Here *David Lee* April 30, 2024 **Chief Financial Officer**

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name: **Yong Zhang, CPA** Preparer's signature: *Yong Zhang* Date: **04/30/24** Check if self-employed PTIN: **P01249785**

Firm's name: **Rogers & Company PLLC** Firm's EIN: **58-2676261**

Firm's address: **8300 Boone Boulevard, Suite 600 Vienna, VA 22182** Phone no.: **(703) 893-0300**

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

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

OMB No. 1545-0047

2023

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 5,432.	5,953.	-521.
11 Advertising income (Part IX)	11 2,995.	2,658.	337.
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 8,427.	8,611.	-184.

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	
13 Excess readership costs (Part IX)	13	337.
14 Other deductions (attach statement) See Statement 1	14	1,400.
15 Total deductions. Add lines 1 through 14	15	1,737.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-1,921.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-1,921.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

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 2a and 2b (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	5,432.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	5,953.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	-521.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
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	0.

Form 990-T (A)	Other Deductions	Statement	1
<u>Description</u>		<u>Amount</u>	
UBI Tax Preparation			1,400.
Total to Schedule A, Part II, line 14			1,400.

990-T Sch A	Post-2017 Net Operating Loss Deduction			Statement	2
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
12/31/20	627.	627.	0.	0.	
12/31/22	1,100.	0.	1,100.	1,100.	
NOL Carryover Available This Year			1,100.	1,100.	

Form 990-T (A) Part VIII - Exploited Exempt Activity Income Statement 3

(1) Description of Activity	(2) Gross UBI	(3) UBI Expenses	(4) Net Income	(5) Gross Income	(6) Non UBI Expenses
Advertising- NAMI Now Banner	5,432.	5,953.	-521.	0.	0.
Column Totals	5,432.	5,953.	-521.	0.	0.

Form 990-T (A) Part VIII - Expenses Directly Connected with Production of Unrelated Business Income Statement 4

Description	Activity Number	Amount	Total
Website Expenses		5,953.	
- Subtotal -	1		5,953.
Total of Form 990-T, Schedule A, Part VIII, Column 3			5,953.