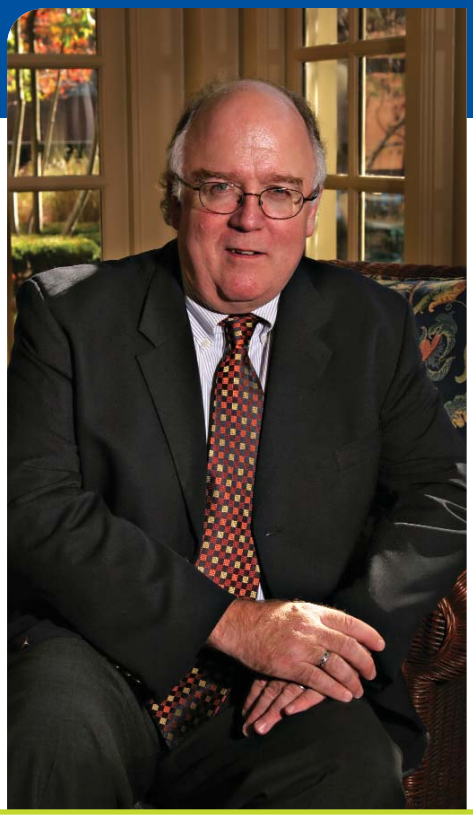
2007 Annual Report

NAMI

National Alliance on Mental Illness



"The acute needs of returning military veterans and of those coping with the aftermath of Hurricane Katrina have also brought home to many Americans the shortcomings in our system of mental healthcare."

Executive Director's Message

The crisis in our nation's mental healthcare system took on new prominence in 2007. "The media regularly reports on violent acts related to untreated mental illness," I wrote in the Winter 2007 NAMI *Advocate*, not long before the Virginia Tech shootings in April made the system's failures front-page news. The acute needs of returning military veterans and of those coping with the aftermath of Hurricane Katrina have also brought home to many Americans the shortcomings in our system of mental healthcare.

I have written more than once over the past year that it is not enough for NAMI to be a voice. The nation needs not more reports or plans, but more actions. Our challenge is to use the strength of our voice and the knowledge we possess to spur change. NAMI is committed to going from good to great, to serving as the nation's voice on mental illness, and to working with local, state, and federal authorities to improve the lives of people living with serious mental illness and their families. As daunting as the challenges we face can seem, it is heartening to remember the successes of the past year.

In Georgia, following reports in the *Atlanta Journal Constitution* of deaths, neglect, abuse, and poor medical care, NAMI called successfully for a Department of Justice investigation of Georgia's state hospital system. NAMI has since met with the governor and has been working with the state to chart a course for major reform and investment in the mental health system.

In the aftermath of the Virginia Tech shootings, NAMI provided extensive assistance to advocates in Virginia working to increase funding for evidence-based and emerging best practices, such as crisis stabilization programs, supportive housing, and Assertive Community Treatment (ACT).

At the same time, some policymakers still don't truly understand the problem. Efforts are being focused on passing broad gun-reporting laws and strengthening the ability of colleges to exclude students with mental illnesses, instead of on addressing the real culprit—the almost non-existent mental health system in many parts of the country. Many policymakers don't see the obvious lesson in the Virginia Tech tragedy: that adequate and available treatment for mental illness is in the interest of every American.

NAMI has worked very hard throughout the year to make parity legislation a reality, and we remain hopeful that comprehensive parity legislation will be enacted soon. At the grassroots level, we have worked to energize consumers and those close to them to be active in elections where they live, working to make mental healthcare a prominent issue, and to push candidates to be explicit about their positions.

In the battle against stigma, there have been victories, as well. Under pressure from NAMI StigmaBusters and other mental health advocates, General Motors and Volkswagen pulled television advertisements off the air that made light of depression and suicide.

The *Grading the States* project continues, with a series of *Checklists for Change* distributed this year that focus attention on badly needed reforms in numerous states. And we plan to release the next *Grading the States* soon.

At a time when expanded access to quality mental health treatment and services is desperately needed, a rule has been proposed by the federal Centers for Medicare and Medicaid Services (CMS) that would further restrict access by limiting funding of services through the Medicaid Rehabilitation Option, which is the most important source of fund-

ing of community-based services for people with serious mental illness, such as Assertive Community Treatment. Again, advocacy is making a difference. Congress recently passed a measure imposing a six-month moratorium on implementing this restrictive new law until further study of its implications takes place.

NAMI has continued its successful efforts to promote widespread adoption of police crisis intervention team (CIT) programs. Today, hundreds of communities—large and small—throughout the country have adopted these programs, which involve close collaborations between law enforcement and mental health systems to link people experiencing psychiatric crises with treatment instead of incarceration.

NAMI entered into several exciting new partnerships, including those with the popular television program *House*, Health Central, Revolution Health, and Trilogy Integrated Resources.

Further, in the spring, NAMI began a nationwide rollout of "NAMI Connection." This is an ambitious, multi-year project, supported in part by AstraZeneca. It is intended to put a recovery support group for people with mental illness within reasonable traveling distance of every American by 2010. In its first year, there are already 520 facilitators trained and 169 support groups operating.

In November, NAMI established an online Veterans Resource Center, *www.nami.org/veterans*, to help support active duty military personnel, veterans, and their families facing serious mental illnesses such as depression, post-traumatic stress disorder (PTSD), and schizophrenia.

As NAMI's major programs, such as Family-to-Family, Peer-to-Peer, Provider Education, NAMIWalks, In Our Own Voice, the NAMI HelpLine, and others, continue to grow, we are also renewing our focus on inclusion. To evaluate and improve the organization's capacity to engage with culturally and linguistically diverse communities, we have embarked on a Cultural Competence Self-Assessment. We look forward to reporting on the results of that assessment.

All of this brings us back to our strategic plan to bring NAMI from good to great. The year 2007 was like many others in the life of NAMI: much remains to be accomplished, and yet we've also made tremendous progress that means a real difference to the lives of many, many people across the land. All of us have accomplished a great deal to be proud of, and we thank you for your support and your efforts on behalf of all those who have or are affected by mental illness.

Sincerely,

Michael Fitzpatrick, M.S.W.
Executive Director

I am NAMI

Sherri Wittwer
Executive Director, NAMI Utah

I have a great love for NAMI. My involvement with NAMI began after my oldest son, Zach, was diagnosed with bipolar disorder at the age of thirteen.

Zach was a handsome, intelligent, and very sensitive child who spiraled out of control as he started junior high. My husband and I felt completely baffled, frightened as we watched our son change before our eyes and become a complete stranger. Mental illness was foreign to us, and we had no experience or knowledge about it.

Our entire family struggled as we tried to understand what was happening with Zach and to get him the help he needed. As for me, in addition to the pain I felt for my son, I felt like a failure as a mother and I felt tremendous guilt.

It was some time later, when I was conducting a mental health needs assessment for Salt Lake County, that I discovered NAMI. I couldn't believe there were people out there who understood what Zach and our family were experiencing. Within months, I was hired to work at NAMI Utah, and later, I became the executive director.

Through my work at NAMI, I have met and worked with the most amazing folks. NAMI is made up of individuals who have a passion for their work—it's really a labor of love. There is a power that comes from that passion, and it is an honor to work among such people in this truly grassroots organization.

As for Zach, he is doing well now and is looking forward to going to college next year. He still has hard days and we monitor him closely, but he is healthy, does well in school, has friends and a job, and is full of hope for his future. To me, that is what NAMI is all about.

I am NAMI

Pat Strode, Member, NAMI Georgia

I was introduced to NAMI in 1996, following the fourth hospitalization of a 19-year-old family member. A staff person at the discharge meeting saw that I was confused and in pain and gave me a brochure for my local NAMI affiliate. There, I met some wonderful parents whose children had battled mental illness for decades.

Later, the affiliate co-founder contacted me. She understood both my feelings and the harsh reality of a fractured mental health system ill-equipped to meet even basic needs. She offered to support me through the misdiagnoses, clinical apathy, psychotic breaks, personal shame, and fear. Keeping me engaged, she later recommended me for training as an educator in NAMI's Family-to-Family (or "F2F") program, and in 1998, I was among those trained in Georgia's first class of 18 F2F educators.

After that, I and four others taught F2F to families in metro Atlanta's African American community. From there, I developed a template for the first F2F outreach brochure for African American families, and later, with my late mentor and friend Susan Daves, I became a state trainer for F2F. Months later, I became the Georgia state F2F program director. I'm grateful to witness the transformation F2F brings to peoples' lives. Knowledge is power.

After several years as director of all NAMI Georgia education programs, I assumed my current position as CIT Program Administrator. CIT is perhaps the greatest gift NAMI Georgia has given the state. We have fulfilled a dream to partner with a broad spectrum of stakeholders—from state legislators to local daycare providers (many of whom join NAMI)—slaying stigma along the way.

Today, my family member is working full-time, and living independently in wellness. I believe that without NAMI, the outcome would likely have been very different. For all of us who are drawn to NAMI, the road can sometimes be very rough; but we take comfort knowing that we are not alone, and we *can* beat the odds.

2007: A NAMI Timeline

JANUARY:
Following reports in the *Atlanta Journal Constitution* of deaths, neglect, abuse, and poor medical care, NAMI calls successfully for a Department of Justice investigation of Georgia's state hospital system. NAMI and NAMI Georgia have since met with the Governor and are working with the state to pursue major reform and investment in the mental health system.

NAMI launches a bold effort to expand the reach of NAMI's recovery support groups as the new program "NAMI Connection." It is intended to put a recovery support group for people with mental illness within reasonable traveling distance of every American by 2010. In NAMI Connection's first year, there are already 520 facilitators trained and 169 support groups operating.

FEBRUARY:
Under pressure from NAMI StigmaBusters and other mental health advocates, General Motors and Volkswagen discontinue television advertisements that made light of depression and suicide. For more information, visit *www.nami.org/stigma.*

Numerous NAMI state organizations provide an updated "report card"— *Checklists for Change*—grading their respective state representatives' mental healthcare choices. The checklists are tools for advocates and policymakers to use to improve state mental healthcare systems. Visit *www.nami.org/grades* for more information.

MARCH:
NAMI Director of Public Policy and Advocacy Mary Giliberti visits Louisiana to meet with state and local affiliates, tour the destruction of Hurricane Katrina, and examine the depleted mental healthcare system and resulting dire conditions that residents endure in the hurricane's aftermath.

NAMI publishes *A Family Guide to Mental Health: What You Need to Know*, oriented especially to African American families affected by medical illnesses such as major depression, bipolar disorder, and schizophrenia.

NAMI releases three new fact sheets as tools for grassroots advocacy: *Mental Illnesses: Treatment Saves Money and Makes Sense, The Uninsured,* and *The Uninsured: Five Steps to Advocate for Individuals with Serious Mental Illnesses.*

APRIL:
Cast and crew members of the Fox television series *House* kick off a fundraising campaign benefiting NAMI. NAMI is featured in the magazines *Seventeen* and *Rolling Stone* thanks to cast members' promotion of awareness of mental illness and NAMI.

NAMI offers its "Hearts and Minds" program for the first time, free of charge, with a video and workbook available through NAMI's Web site at *www.nami.org/heartsandminds*. The program supports a comprehensive approach to self-management of chronic illness that focuses on whole body health, including diet and exercise. It was developed based on research showing that people living with severe psychiatric conditions may have an increased risk of heart disease and related conditions.

MAY:
NAMI Director of Policy and Legal Affairs Ron Honberg (left) testifies before a subcommittee of the U.S. House of Representatives on mental health issues surrounding the April 16 tragedy at Virginia Tech in Blacksburg, Va., in which 33 people died.

NAMI honors 18 psychiatrists from 15 states with "Exemplary Psychiatrists Awards" at the international American Psychiatric Association annual meeting in San Diego, recognizing their contributions to consumer care.

JUNE:
NAMI enters into a partnership with Trilogy Integrated Resources, creators of the Network of Care community Web sites, to familiarize NAMI members with the ample online resources the Network provides and to promote its adoption by state and local government agencies nationwide.

The U.S. Supreme Court rules in the *Panetti* case regarding the application of the death penalty to individuals with severe mental illness, adopting a position advocated by NAMI and the American Psychiatric Association and the American Psychological Association in an *amicus* brief. The brief may be found online at *www.nami.org/policy/panetti*.

The NAMI annual convention is held in San Diego. NAMI honors the film *Canvas* with an "Outstanding Media Award," praising its "balanced and compassionate" portrayal of a family transformed by mental illness. The convention marks the first time a national NAMI event has formally recognized and focused on the Gay, Lesbian, Bisexual, and Transgender (GLBT) community; the convention enjoys major participation by the newly formed NAMI GLBT Leaders Group.

AUGUST:
Following the Virginia Tech tragedy and the Virginia Tech Panel Report, NAMI provides extensive assistance to advocates in Virginia who work to increase funding for evidence-based and emerging best practices such as assertive community treatment, crisis stabilization programs, and supportive housing. The perpetrator, Seung-Hui Cho, had a history of mental illness dating back to middle school, but was not currently in treatment when the shootings occurred.

The third annual Crisis Intervention Team (CIT) Conference meets in Memphis, Tenn., where the first CIT was established in 1988. NAMI staff and national board members are presenters at workshops and participate in diverse events of the conference. Crisis Intervention Teams are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses. Central to the CIT "Memphis Model" are both the training program for law enforcement officers and a community collaboration between mental health providers, law enforcement, and family and consumer advocates.

SEPTEMBER:
NAMI begins a Cultural Competence Self-Assessment to examine the organization's capacity to meet the needs of culturally and linguistically diverse communities.

OCTOBER:
Constance Walker, a retired U.S. Navy Captain, president of NAMI Southern Maryland, and a member of NAMI's National Veterans Council, testifies for NAMI before the U.S. Senate

I am NAMI

Carmen Argueta
Program Coordinator, NAMI STAR Center

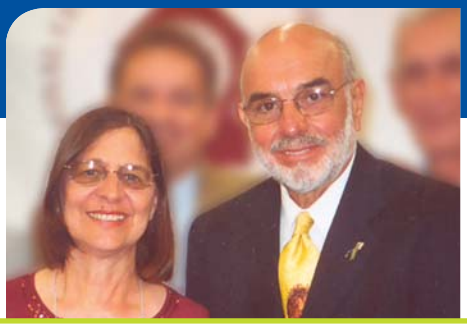
I found NAMI through an assignment from a staffing agency. I was sent to the NAMI National office to cover for the receptionist who was out for the day. To me, it was just another temping assignment. Little did I know that it would lead to a wonderful new world of opportunities, filled with amazing people who would become my second family.

When I first arrived, I had little experience with mental illness and I was, I admit, guilty of using stigmatizing language. Because of NAMI, I now "get it." What is "it"? Mental illness is real, and recovery is possible.

In 2004, I left NAMI, feeling a little bit like an adolescent who leaves home in search of new adventures. But I found I couldn't stay away. I missed my NAMI family terribly, and when the opportunity arose and another position at NAMI opened up, I applied, and returned. It felt like being welcomed back home.

Over the years, I have had the pleasure of working with different departments of NAMI's national office, and I have served in several roles. Currently, I am the program coordinator for the STAR (Support, Technical Assistance and Resource) Center, a position I have held since June 2007, and I could not be any happier.

I am grateful to NAMI for the many things I have learned along the way. Every day, I look forward to doing my part to educate the public about mental illness. I feel rewarded by many of the results I see, and by the dedication shown by all our staff and affiliates.



I am NAMI

Dianne and Elliott Steele, Members of NAMI Florida, and Founders, Vincent House

After our daughter was diagnosed with schizophrenia in 1993, we were connected with NAMI, ultimately joining NAMI Pinellas County, Florida. They gave us the support we needed when our world fell apart.

When our daughter was in crisis, we waited several hours at a local crisis unit without receiving service. We called our local NAMI president, who immediately got us the help we needed.

We went to our first NAMI convention in 1994 in San Antonio, Texas, where Dianne learned how to advocate for insurance parity. Elliott became acutely aware of the stigma and misunderstanding surrounding mental illnesses and started the "'End the Mystery' Candlelight Vigil" as a public awareness event. As president of the Florida Alliance for the Mentally Ill from 1996 to 1998, he worked with agencies and other groups to improve Florida's mental health system.

In late 1999, we decided to leave our regular jobs to become full-time advocates. We formed a nonprofit with a goal of providing meaningful daytime activities, an area of support that was particularly lacking in Florida. Then, after attending a workshop on employment outcomes for Assertive Community Treatment (ACT) teams and International Center for Clubhouse Development (ICCD) Clubhouses, we obtained training in the ICCD model.

Eventually, we were able to convince the state of Florida to invest. When we wanted to start an ICCD clubhouse, NAMI members were right there, sending more than 100 letters of support and providing donations. We opened Vincent House in January 2003—Florida's first ICCD-certified Clubhouse.

NAMI has been our guiding light, our partner, and our friend through the ups and downs of mental illness. Always, when we needed a shoulder to lean on through extremely difficult times, our local NAMI has helped us. NAMI members are our closest friends.

2007: A NAMI Timeline, continued

Committee on Veterans' Affairs. Walker, who is also the mother of a disabled Army veteran of the Iraq War, focuses her comments on the "looming reality" that confronts veterans who live in rural communities and need mental healthcare.

The third annual NAMI research gala, "Unmasking Mental Illness," is held in Washington, D.C. Best-selling author Pete Earley presents the $50,000, 2007 NAMI Mind of America Scientific Research Award to A. John Rush, M.D., for his lifetime contribution to the study of depression.

NOVEMBER:
To help support active duty military personnel as well as veterans and their families who are confronting serious mental illnesses, NAMI establishes an online Veterans Resource Center, at *www.nami.org/veterans*.

DECEMBER:
NAMI's seventh annual Leadership Conference, *Bridging the Three Levels of NAMI,* held in New Orleans, includes a focus on building capacity and advocacy skills.

DURING THE YEAR:
NAMI enters fruitful partnerships with Health Central, Revolution Health, and others.

NAMI handles six million visits to its Web site, *www.nami.org,* over 50,000 requests for support and information to the toll-free NAMI HelpLine, and more than 350,000 requests for print educational materials.

The NAMIWalks program expands to 70 communities. State and local NAMIs in 2007 raised nearly $7 million in support of their work. Since the Walks program's inception, they have raised $20 million in support of NAMI grassroots activities around the country.

NAMI's *Family-to-Family* program trains 138 new teachers and now has 130,000 graduates to date in 48 states and 23 Spanish-language teachers.

NAMI's *In Our Own Voice* program reaches 10,000 audience members in 2007, and 128 new presenters are trained during the year.

NAMI's *Peer-to-Peer* program trains 177 new mentors in 2007 and graduates 343 participants. Thirty-two states now offer the program, and Spanish-language *Peer-to-Peer* is launched.

NAMI's *Provider Education* is now offered in 21 states; to date, the program has 10,000 graduates and 940 trained teachers.

NAMI's Crisis Intervention Team (CIT) Resource Center releases the first in a series of CIT advocacy resources, including an improved edition of the newsletter *CIT in Action*. NAMI also assists in the development of CIT programs in communities across the country – including several states that are adopting CIT on a statewide basis – so as to promote better services for people with serious mental illnesses and to prevent unnecessary involvement with the criminal justice system.

What is NAMI?

NAMI, The National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI has over 1,100 affiliates in local communities across the country, and 52 state organizations. Together, NAMI members engage in support, education, advocacy, and research.

What Is the NAMI Mission?
NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all who are affected by these diseases.

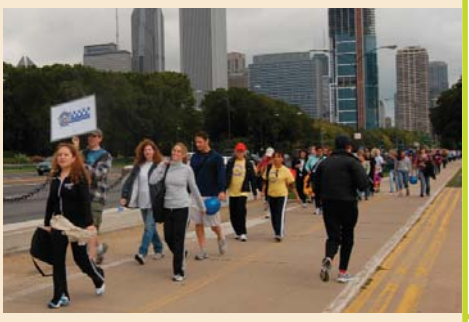
What Does NAMI Do?
NAMI members and friends work tirelessly to meet shared NAMI goals through many activities. These include:

- **Family and Consumer Peer Education and Support**
  - NAMI's education programs include *Family-to-Family,* the *Provider Education Program, Peer-to-Peer*, support groups, and various state and local programs.

- **Public Education and Information**
  - The NAMI Web site, *www.nami.org*, provides information, referrals, and education to over 19,000 visitors each day.
  - The NAMI HelpLine, 1 (800) 950-6264, fields over 4,000 requests each month.
  - Public awareness activities, including *Mental Illness Awareness Week*, the *StigmaBusters* network, and *In Our Own Voice*, help dispel the stigma associated with mental illness and encourage early intervention and treatment.
  - The *Advocate*, NAMI's membership magazine, provides the latest reports on national and local advocacy, legislative agendas, medical care, and research.

- **Advocacy on Behalf of People Living with Mental Illness**
  - NAMI advocates on the federal, state, and local levels for nondiscriminatory and equitable public and private-sector policies, as well as for federally-funded research for treatment and cures for mental illness.
  - NAMI continues its advocacy based on the landmark *Grading the States* report. It works in partnership with NAMI state organizations and local affiliates to define and advocate for a gold standard for shaping public mental health services in the United States.
  - NAMI Action Centers include the Multicultural Action Center, the Child & Adolescent Action Center, the Law and Criminal Justice Action Center, and the Veterans Action Center. These Centers advocate for unique populations and develop and disseminate information to meet specific needs.

- **Public Events That Raise Funds and Awareness**
  - *NAMIWalks* is NAMI's signature fundraising event. Thousands of concerned citizens in over 70 communities across the nation walk to raise funds and awareness.



I am NAMI

Anand Pandya, M.D., President
NAMI National Board of Directors

Before joining the board of directors of NAMI National, I was active in my local affiliate, NAMI–New York City Metro, first as a member, then serving on its board for six years.

I joined my affiliate board after my domestic partner had served a term. Other spouses had also followed each other onto the board. Our meetings often were more than just "business," even as the organization became more professional.

Many times after our meetings, some of us would hang out for an hour to update each other about our families. Sadly, we also attended the funerals for many family members. Yet we turned those tragedies into productive energy. I know of no other organization that manages with such dedication that precious balance between business matters and matters of the heart.

We developed support for different minority groups, including the Chinese-American community after an enthusiastic co-leader championed it. The board worked hard to identify new and interesting guests for our public-access cable show, *Mental Illness Update*, which included many consumers on the production staff. We also advocated for sensitivity training for police officers.

Many times, mental illness has a way of tearing families apart. NAMI not only takes care of families, it actually is a kind of family—one that heals other families. That is incredibly powerful.

NAMI has given me a productive outlet for all the sorrow and pain to which I have born witness—both professionally and personally. Being a psychiatrist is a great opportunity to help people, but helping people in a terribly flawed system is not enough. NAMI gives me a chance to actually work to make the system better.

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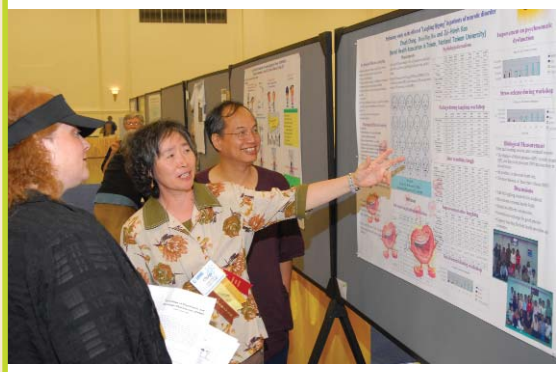

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
NAMI and Mind of America Foundation

We have audited the accompanying consolidated statement of financial position of NAMI and Affiliate (collectively referred to as the Organization) as of June 30, 2007, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Organization's consolidated financial statements for the year ended June 30, 2006.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2007, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The accompanying consolidating information as of and for the year ended June 30, 2007 on pages 13 and 14 is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements and, in our opinion, is fairly stated in relation to the basic consolidated financial statements taken as a whole.

RAFFA, P.C.

Washington, D.C.
September 13, 2007

NAMI AND AFFILIATE

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

June 30, 2007

(With Summarized Financial Information as of June 30, 2006)

	2007	2006
ASSETS		
Cash and cash equivalents	$ 2,326,367	$ 4,610,565
Investments	5,960,716	2,266,811
Accounts receivable	251,891	231,707
Inventory	80,310	51,268
Prepaid expenses	201,776	142,289
Property and equipment, net	419,943	467,019
TOTAL ASSETS	$ 9,241,003	$ 7,769,659
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	$ 1,926,963	$ 1,105,166
Deferred rent and lease incentive	392,655	512,721
Charitable gift annuities	219,147	232,820
TOTAL LIABILITIES	2,538,765	1,850,707
Net assets		
Unrestricted	1,778,757	1,969,189
Temporarily restricted	4,398,293	3,452,976
Permanently restricted	525,188	496,787
TOTAL NET ASSETS	6,702,238	5,918,952
TOTAL LIABILITIES AND NET ASSETS	$ 9,241,003	$ 7,769,659

NAMI AND AFFILIATE

CONSOLIDATED STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2007
(With Summarized Financial Information for the Year Ended June 30, 2006)

	Unrestricted	Temporarily Restricted	Permanently Restricted	2007 Total	2006 Total
REVENUE AND SUPPORT					
Contributions	$ 3,314,559	$ 6,864,200	$ 28,401	$ 10,207,160	$ 8,839,035
Walks	659,237	-	-	659,237	588,612
Registration	460,358	-	-	460,358	343,934
Investment income	433,671	-	-	433,671	214,470
Contracts	411,789	-	-	411,789	651,580
Dues	388,154	-	-	388,154	415,174
Sales	278,882	-	-	278,882	226,847
Other revenue	257,438	-	-	257,438	216,639
Combined federal campaign	88,775	-	-	88,775	95,210
Net assets released from restrictions:					
Satisfaction of program restrictions	2,091,383	(2,091,383)	-	-	-
Satisfaction of time restrictions	3,827,500	(3,827,500)	-	-	-
TOTAL REVENUE AND SUPPORT	12,211,746	945,317	28,401	13,185,464	11,591,501
EXPENSES					
Program Services					
Program and membership support	5,211,276	-	-	5,211,276	3,949,704
Education services	2,051,952	-	-	2,051,952	978,035
Advocacy	1,794,818	-	-	1,794,818	2,037,227
Total Program Services	9,058,046	-	-	9,058,046	6,964,966
Supporting Services					
Administration	1,674,627	-	-	1,674,627	1,612,902
Development	1,669,505	-	-	1,669,505	1,591,058
Total Supporting Services	3,344,132	-	-	3,344,132	3,203,960
TOTAL EXPENSES	12,402,178	-	-	12,402,178	10,168,926
Change in Net Assets	(190,432)	945,317	28,401	783,286	1,422,575
NET ASSETS, BEGINNING OF YEAR	1,969,189	3,452,976	496,787	5,918,952	4,496,377
NET ASSETS, END OF YEAR	$ 1,778,757	$ 4,398,293	$ 525,188	$ 6,702,238	$ 5,918,952

NAMI AND AFFILIATE

CONSOLIDATED STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2007
(With Summarized Financial Information for the Year Ended June 30, 2006)
Increase (Decrease) in Cash and Cash Equivalents

	2007	2006
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 783,286	$ 1,422,575
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net realized loss (gain) on sales of investments	(249,885)	7,101
Unrealized (gain) loss on investments	124,516	(54,115)
Donated investments	(67,831)	(53,313)
Contributions restricted for long-term purposes	(28,401)	(20,730)
Loss on disposal of assets	19,613	-
Depreciation and amortization	170,420	268,796
Changes in assets and liabilities:		
Accounts receivable	(20,184)	166,677
Inventory	(29,042)	(1,735)
Prepaid expenses	(59,487)	(114,185)
Accounts payable and accrued expenses	821,797	56,965
Deferred rent and lease incentive	(120,066)	(88,305)
NET CASH PROVIDED BY OPERATING ACTIVITIES	1,344,736	1,589,731
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sales of investments	2,400,096	233,905
Purchases of investments	(5,900,801)	(553,958)
Purchases of property and equipment	(142,957)	(123,348)
NET CASH USED IN INVESTING ACTIVITIES	(3,643,662)	(443,401)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on charitable gift annuity obligations	(27,987)	(15,171)
Proceeds from charitable gift annuities	14,314	150,000
Contributions restricted for long-term purposes	28,401	20,730
NET CASH PROVIDED BY FINANCING ACTIVITIES	14,728	155,559
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(2,284,198)	1,301,889
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	4,610,565	3,308,676
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 2,326,367	$ 4,610,565
NONCASH INVESTING ACTIVITIES		
Donated stock	$ (67,831)	$ 53,313

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