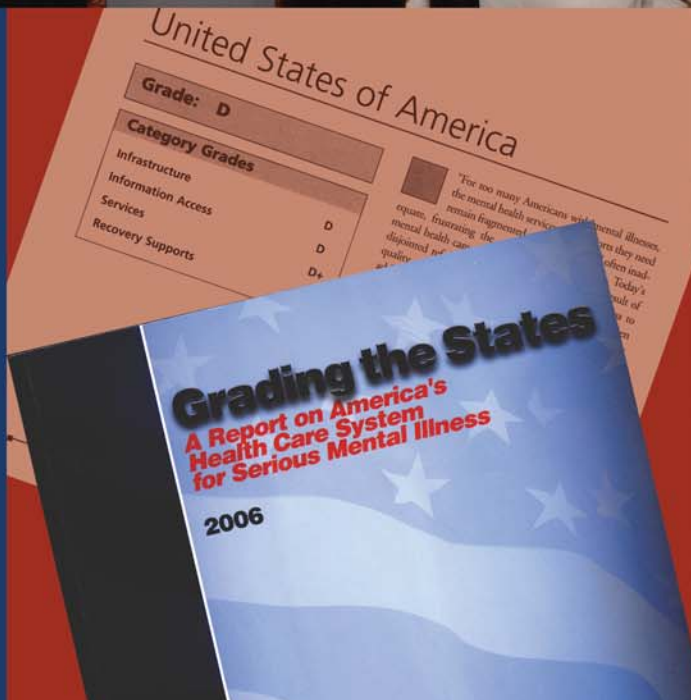


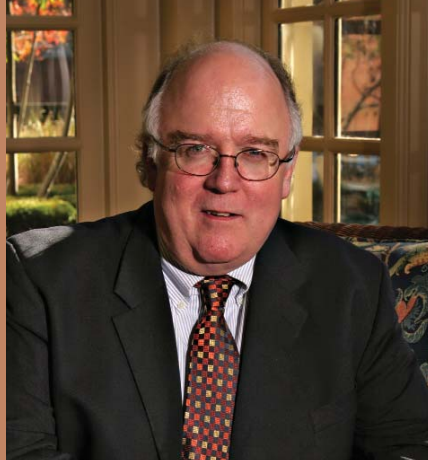


**nami**

National Alliance on Mental Illness

# Annual Report 2006





## Executive Director's Message

NAMI is committed to serving as the nation's voice on mental illness, working with local, state, and federal authorities to help improve the lives of people living with serious mental illness and their families.

The release of NAMI's *Grading the States* report underscored the nation's continuing crisis in mental health care. An often chaotic system for delivering care to those who need it is under severe strain, imposed by a climate of cost-cutting measures. Many cases of serious mental illness go untreated, and the costs are pushed into other sectors, such as the judicial system.

On the other hand, at the NAMI annual convention in Washington, D.C., this summer, Dr. Thomas Insel, Director of the National Institute of Mental Health, gave an exciting address in which he outlined the possibility of rapid and startling improvements in the treatments available for serious mental illness. As acute as the crisis in mental health care is, there is also new hope for a better future for people living with serious mental illness.

Whether the headlines concern proposed budget cuts for NIMH or the verdict in the Andrea Yates trial, NAMI is a critical public voice on issues surrounding mental illness. And, as it has for over 25 years, NAMI continues to push for improvement in the lives of those living with serious mental illness, to advocate at the state and federal levels for needed change, and to battle stigma.

As we look back on the achievements and the challenges of 2006, we re-affirm the beliefs at the center of NAMI's mission and purpose:

- Mental illnesses are illnesses like any other
- Stigma is real and has terrible consequences
- Consumers and families alike are essential to the recovery process
- Family and consumer education and support make substantial differences in outcomes
- With appropriate treatment and services, people can and do recover from mental illness

Among the highlights of a busy and exciting year:

Release of *Grading the States* report.

Launch of *Grading the States Phase II*.

Medicaid:

- At the federal level: successful advocacy with CMS resulting in renewal of guidance about the Part D drug benefit;

*As it has for over 25 years, NAMI continues to push for improvement in the lives of those living with serious mental illness, to advocate at the state and federal levels for needed change, and to battle stigma.*

- At the state level: help states prevent changes that would result in cuts to services;
- At the local level: extensive technical assistance to individuals and advocates to help them better understand Part D.

We held the first Multicultural Strategic Summit during the 2006 annual convention in Washington, D.C.

We launched the Parents and Teachers as Allies In-Service Education Program for School Professionals.

With help from the MacArthur Foundation, NAMI is developing a family network to promote Evidence-Based Practices in children's mental health.

NAMI advocacy helped restore \$120 million to the HUD Section 811 program.

NAMI produced many materials to help advocates protect individuals' access to effective treatments.

NAMI's Education Programs grew further:

- The number of consumers completing the nine-week Peer to Peer course crossed the 4,000 mark.
- Reaching 38 states, In Our Own Voice presentations were received by over 150,000 people.
- With over 4,000 teachers, Family to Family saw more than 12,000 family members graduate during the year.

NAMI began work on a three-year draft strategic plan.

NAMIWalks continued to grow in popularity, involving more than 55,000 supporters and raising substantial funds for the work of NAMI affiliates throughout the country.

We've waged and supported numerous effective campaigns, such as the Depression Is Real and the SAMHSA/Ad Council Anti-Stigma campaigns, and made other significant advances in the battle against stigma.

NAMI established the Crisis Intervention Training (CIT) Technical Assistance Resource Center.

Together, we accomplished much in the past year, but we also see great challenges calling all of us—at NAMI national and our affiliates and supporters throughout the United States—to meet difficult situations with our hard work. We thank you for your efforts and your support on behalf of all of those who have or are affected by mental illness.

Sincerely,



Michael J. Fitzpatrick, M.S.W.  
Executive Director



## I am NAMI

**Janet Susin**  
**Member, NAMI**  
**Queens / Nassau, New York**

Ever since I found NAMI's name at the back of a book by E. Fuller Torrey, *Surviving Schizophrenia*, and went to my first NAMI meeting, I've been devoted to NAMI. I still remember bursting into tears when someone said I was so lucky to have found the National Alliance on Mental Illness. I couldn't imagine how the words "lucky" and "mental illness" could ever be uttered in the same breath. But she was right. I was lucky.

With NAMI behind me, I found my voice as an advocate. I still remember the thrill of seeing my name and NAMI's in a *New York Times* article about parity in the late '80s: "Mental Health Care: Orphan of Insurance Coverage." And later, as I focused my advocacy on promoting mental illness education in the schools, NAMI stood behind me, supporting my leadership in developing what has become known as the "Breaking the Silence School Education" project: educational materials for teaching students in upper elementary, middle school, and high school about mental illness. Thanks to NAMI's support, advocates around the country have been able to use our lessons, games, and posters to encourage their local schools to teach students about mental illness.

Then there are the wonderful NAMI friends with whom I've worked closely over the years and those I meet at conferences. We share a bond and feed off one another's passionate commitment to making the world a better place for all our loved ones. So, many thanks to my NAMI family on all levels—staff as well as members—for your leadership, commitment and, most especially, for giving us all hope.





## I am NAMI

**Jim Dailey**  
**Member and Treasurer**  
**NAMI Board of Directors**

In 1996, I came to NAMI the way many of our members do, through taking its Family-to-Family course (then known as the Journey of Hope). I was surprised in this course. It really touched me as my wife, Dianne, and I were desperate to find a cause of and cure for our son's recent diagnosis of schizoaffective disorder.

Our son had been ill, "acting out," for several years, and we just had no idea why. After trying various treatments, none of which were effective, we finally found a psychiatrist who did provide a diagnosis and a new treatment that actually worked. It included an atypical, antipsychotic medication, which began to alleviate some symptoms after a few weeks. Our son remains on this medicine today, along with an anti-anxiety medication.

The understanding we have gained, and the positive impact of the right treatment, have long remained a part of our lives. These are wonders we remain thankful for.

In the Family-to-Family course, we learned the value of becoming advocates for an underfunded system that provides treatment to thousands in need. Dianne and I have spent the last 10 years dedicated to helping those with mental illness here in Louisville, Kentucky, our home. Having been a local NAMI affiliate president for four years, I've been the state executive director for the past two years and a member of the NAMI national board of directors for the past five years. NAMI is a family. My family remains together and stronger today, living with a serious mental illness, than before we met NAMI. We intend to continue giving back to NAMI as long as we are able.

For me, "I am NAMI" means I am thankful NAMI exists and is as strong as it is. Everyone who is a member of NAMI is part of our family. Blessings to all.

## 2006: A NAMI Timeline

### FEBRUARY:

- First annual CIT (Crisis Intervention Training) Awards Banquet is held at the Carter Center in Atlanta, Georgia. Former First Lady Rosalynn Carter speaks.

### MARCH:

- NAMI releases *Grading the States: A Report on America's Health Care System for Serious Mental Illness*
- NAMI calls on the New York state legislature to investigate the state Office of Mental Health (OMH) after its failure to participate in the national survey of state mental healthcare systems that was conducted for NAMI's *Grading the States* report.



### APRIL:

- National "Train the Trainers" Conference is held for trainers in Family to Family, Peer to Peer and In Our Own Voice programs.

### MAY:

- NAMI expands FaithNet.
- NAMI honors 16 physicians with "Exemplary Psychiatrists Awards" at the international American Psychiatric Association (APA) annual meeting in Toronto, Canada.
- NAMI board president Dr. Suzanne Vogel-Scibilia testifies before a U.S. Senate appropriations subcommittee, warning of the dangers of cutting the NIMH budget, as proposed by the White House.

### JUNE:

- June 28—July 2: NAMI national convention, Washington, D.C. First Multicultural Strategic Summit, *Eliminating Disparities*, is held. Delegates visit U.S. Congress in large numbers.



**JULY:**

- NAMI awards CBS Outstanding Media Award for Public Service for *CBS Cares*.
- NAMI honors the College of Psychiatric and Neurologic Pharmacists (CPNP) with its Excellence in Community Mental Health Services Award, in recognition of their outstanding efforts to educate people about the available medications for the treatment of mental illness.
- NAMI-sponsored survey shows that individuals with depression and limited access to treatment incur an average of nearly three times the annual out-of-pocket costs for medication, psychotherapy, and other treatment costs, compared to individuals with less restricted access.

**AUGUST:**

- NAMI announces a partnership with HealthCentral for sharing of audio, video and Web content. Interviews and sessions with mental health care professionals, providers, and consumers showcase research and recovery.

**SEPTEMBER:**

- NAMI publishes five newly revised and redesigned booklets on serious mental illnesses.
- Depression Is Real Coalition launches *Depression Is Real* public education campaign.

**OCTOBER:**

- Mental Illness Awareness Week and Bipolar Disorder Awareness Day.
- Professor Charles L. Bowden, M.D., receives the 2006 Mind of America Scientific Research Award, recognizing a scientist whose research has led to a greater understanding of mental illness, for his research on Bipolar Disorder at the Second Annual NAMI Research Gala, presented by Academy Award-winning actress Patty Duke.
- NAMI Helpline hires a full time Spanish-speaking staff member.

**NOVEMBER:**

- NAMI StigmaBuster activity receives wide public attention, including prominent coverage in the Chicago Tribune and elsewhere.
- NAMI teams with hot soup.com.

*I am NAMI*

**Steve Buck**  
**Executive Director**  
**NAMI Oklahoma**

NAMI has been a wonderful experience for me. I started as executive director of NAMI Oklahoma in 1998 and enjoyed the work so much I went to work for the NAMI national office, most recently as director of state policy. The work was very rewarding and the opportunity to participate in the unique legislative and policy activities in so many states was a real eye-opener. As much as I enjoyed that work, I recently returned to Oklahoma, once again as executive director of NAMI Oklahoma, to be closer to family and to put into practice at the local level what I had learned from my national experience.

Through the years there were opportunities to work for other organizations in my home state, but each time I considered doing something else, I was always reminded of how much this organization means to me. When I found NAMI in 1998, I thought it would be just another stop on my career ladder. My career plan called for my relationship with NAMI to last three years "max"; yet nine years later, I still enjoy every day as much as I enjoyed the first.

What has sold me on NAMI? The passion and dedication of our members. The sense of family that is felt at all levels of this movement. The life-changing importance of our mission.

The opportunities given to me by NAMI will always outweigh the contributions I have made professionally. More than anything else, my experience for me shows the power of our advocacy efforts. When I first arrived, I was naïve about mental illness, and, admittedly, guilty of acceding to stigmatizing talk. Because of NAMI, I "get it." What is "it"? Mental illness is real, recovery is possible, and treatment works only if it is available. Thank you, NAMI, for teaching me this important lesson. Now, every day, I look forward to doing my part in changing the minds of others!







## I am NAMI

### JoAnn and Joseph Zwack Members, NAMI Minnesota and Founders, NAMI Minnesota Forensic Network

As long-time residents of Roseville, Minnesota, my husband Joe and I founded the NAMI Minnesota Forensic Network in 1990. This group provides support for those who have loved ones with mental illness who are in the criminal justice system.

Kyle, our second son, has schizophrenia and is incarcerated.

Kyle had been an excellent student and athlete up until he was 21, when trouble began. I found a suicide note shortly after he had taken off on a motorcycle. After a police arrest, he was held three days in a county jail and diagnosed with schizophrenia. Shortly afterward, he was released and left the Midwest, working a series of jobs.

In 1986, Kyle, delusional at the time, was stopped by three police cars in Houston, Texas. He believed they had come to kill him—"otherwise, why send three?"—and began shooting at the police. The incident resulted in a conviction for attempted capital murder of a law enforcement officer and a 45 year sentence. Later a federal judge added a 17 year consecutive sentence because a federal officer was present at the shootout, too far back in the third car to have been hit.

His mental illness was ignored, he was not given a psychological evaluation, was not given medications that had previously been prescribed, and was imprisoned with the general population. We persisted in our advocacy for change, and eventually Kyle was transferred to federal medical prison in Rochester, Minnesota, where he finally received the psychological evaluation and therapy he needed.

I am not ashamed our son has a mental illness and is in prison. But I am ashamed that I am an American and we so often imprison those with mental illness instead of providing them with treatment. NAMI has been there with us, and for us, from the start, and we continue our advocacy to change the way that people with mental illness are treated by the criminal justice system. People with mental illness do not belong in prison.

## 2006: A NAMI Timeline, continued

### DECEMBER:

- Family to Family Leadership Academy is held in St. Louis, Missouri.

### DURING THE YEAR:

- NAMIWalks holds walks in 59 cities, attracting more than 55,000 individual walkers and supporters, securing over 1,000 corporate and business sponsors, and raising over \$5,500,000 for NAMI affiliates.
- NAMI sustains advocacy on multiple fronts:
  - Medicaid
  - \$120 million restored to HUD section 811 program
  - Funding advocated for relevant U.S. Department of Justice work
  - Continued public response and commentary on major, long-term NIMH and other medical studies.
- Borderline Personality Disorder group convenes.
- NAMI Establishes CIT Technical Assistance Resource Center.
- Children and Adolescent Action Center (CAAC) begins developing family network to promote broader dissemination of evidence-based practices in children's mental health, with support of MacArthur Foundation.
- StigmaBusters: network television show *Crumbs* is cancelled.
- With pilot testing in diverse communities throughout the country, NAMI debuts *Parents and Teachers as Allies In Service Education Program for School Professionals*.
- In Our Own Voice program is now in 38 states, with 37 state and 8 national trainers and more than 2,000 certified presenters. The program has now reached more than 150,000 audience members.
- Family to Family program numbers more than 4,000 teachers. Between 12,000 and 14,000 family members now graduate annually.
- Peer to Peer program numbers 806 consumer mentors and 57 national trainers, and 4,000 people have graduated from the nine-week course.



## Foundations

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The Carmel Hill Fund

The John D. and Catherine T. MacArthur Foundation

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## What is NAMI?

NAMI is the National Alliance on Mental Illness, the largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become *the nation's voice on mental illness*, a nationwide organization with affiliates in every state and in more than 1,100 local communities across the country.

### 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

- 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.

#### 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 "Grades the States" and 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, and the Law and Criminal Justice 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 50 communities across the nation *Walk for the Mind of America* to raise funds and awareness.



## I am NAMI

**Mary Giliberti**  
**Director, NAMI Public Policy**  
**and Advocacy**  
**Washington, D.C.**

I joined NAMI's national office in January 2006 as director of public policy and advocacy. I work primarily on Medicaid reform, and you could say it's a range of experience that has brought me here.

When I was in college, my roommate attempted suicide while staying in the dorm over holiday break. I had no previous experience with mental illness and was shocked by callous response of one professor, who spoke contemptuously of his previous experience with "crazy" students. My friend was not "crazy"; she was a warm, outgoing, wonderful person.

It has been almost twenty years since my graduation and my roommate's death by suicide shortly thereafter. While a student at Yale Law School, I participated in a law school disability/mental health clinical program. Then I litigated for almost a decade at the Bazelon Center for Mental Health Law, and worked several years for a committee of the U.S. Senate.

I see NAMI's grassroots as its true source of strength: the dedication and countless hours of work done by state leaders, affiliates, and members as they grapple with public policy issues. It is this national network of dedicated individuals that I believe makes all the difference.

A recent project I have been honored to work on is the production of the State Medicaid Reform Toolkit, which I hope will assist NAMI state leaders in their advocacy in that important arena.

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## INDEPENDENT AUDITOR'S REPORT

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

CONSULTING  
ACCOUNTING  
TECHNOLOGY

*Certified Public  
Accountants*

We have audited the accompanying consolidated statement of financial position of NAMI and Affiliate (collectively referred to as the Organization) as of June 30, 2006, 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, 2005. Those financial statements were audited by other auditors whose opinion dated September 23, 2005 expressed an unqualified opinion on those statements. As discussed in Note 14, the Organization has restated its consolidated financial statements during the current year to properly record deferred rent and lease incentive and to properly record a temporarily restricted contribution. The other auditors reported on the 2005 consolidated financial statements before the restatement.

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, 2006, 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.

We also audited the adjustments described in Note 14 that were applied to restate the 2005 consolidated financial statements. In our opinion, such adjustments are appropriate and have been properly applied.

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, 2006 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.  
August 25, 2006

**NAMI AND AFFILIATE**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**June 30, 2006**  
**(With Summarized Financial Information as of June 30, 2005)**

	<u>2006</u>	<u>2005</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 4,610,565	\$ 3,308,676
Investments	2,266,811	1,846,431
Accounts receivable	231,707	398,384
Inventory	51,268	49,533
Prepaid expenses	142,289	28,104
Property and equipment, net	<u>467,019</u>	<u>612,467</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 7,769,659</u></u>	<u><u>\$ 6,243,595</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	\$ 1,105,166	\$ 1,048,201
Deferred rent and lease incentive	512,721	601,026
Charitable gift annuities	<u>232,820</u>	<u>97,991</u>
<b>TOTAL LIABILITIES</b>	<u>1,850,707</u>	<u>1,747,218</u>
<b>Net assets</b>		
Unrestricted	2,038,238	875,177
Temporarily restricted	3,452,976	3,214,192
Permanently restricted	<u>427,738</u>	<u>407,008</u>
<b>TOTAL NET ASSETS</b>	<u>5,918,952</u>	<u>4,496,377</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 7,769,659</u></u>	<u><u>\$ 6,243,595</u></u>

## NAMI AND AFFILIATE

## CONSOLIDATED STATEMENT OF ACTIVITIES

For the Year Ended June 30, 2006

(With Summarized Financial Information for the Year Ended June 30, 2005)

	Unrestricted	Temporarily Restricted	Permanently Restricted	2006 Total	2005 Total
<b>REVENUE AND SUPPORT</b>					
Contributions	\$ 5,511,965	\$ 3,306,340	\$ 20,730	\$ 8,839,035	\$ 8,148,788
Contracts	651,580	-	-	651,580	680,614
Walks	588,612	-	-	588,612	168,527
Dues	415,174	-	-	415,174	420,458
Registration	343,934	-	-	343,934	703,715
Sales	226,847	-	-	226,847	194,348
Investment income	214,470	-	-	214,470	127,725
Other revenue	216,639	-	-	216,639	205,989
Combined federal campaign	95,210	-	-	95,210	90,123
Associate and agency membership	-	-	-	-	3,784
Net assets released from restrictions:					
Satisfaction of program restrictions	808,556	(808,556)	-	-	-
Satisfaction of time restrictions	2,259,000	(2,259,000)	-	-	-
<b>TOTAL REVENUE AND SUPPORT</b>	<b>11,331,987</b>	<b>238,784</b>	<b>20,730</b>	<b>11,591,501</b>	<b>10,744,071</b>
<b>EXPENSES</b>					
Program Services					
Program and membership support	3,949,704	-	-	3,949,704	3,581,597
Education services	978,035	-	-	978,035	1,468,201
Advocacy	2,037,227	-	-	2,037,227	1,369,296
<b>Total Program Services</b>	<b>6,964,966</b>	<b>-</b>	<b>-</b>	<b>6,964,966</b>	<b>6,419,094</b>
Supporting Services					
Administration	1,612,902	-	-	1,612,902	1,126,726
Development	1,591,058	-	-	1,591,058	1,249,675
<b>Total Supporting Services</b>	<b>3,203,960</b>	<b>-</b>	<b>-</b>	<b>3,203,960</b>	<b>2,376,401</b>
<b>TOTAL EXPENSES</b>	<b>10,168,926</b>	<b>-</b>	<b>-</b>	<b>10,168,926</b>	<b>8,795,495</b>
Change in Net Assets	1,163,061	238,784	20,730	1,422,575	1,948,576
<b>NET ASSETS, BEGINNING OF YEAR, AS RESTATED</b>	<b>875,177</b>	<b>3,214,192</b>	<b>407,008</b>	<b>4,496,377</b>	<b>2,547,801</b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$ 2,038,238</b>	<b>\$ 3,452,976</b>	<b>\$ 427,738</b>	<b>\$ 5,918,952</b>	<b>\$ 4,496,377</b>



## NAMI AND AFFILIATE

## CONSOLIDATED STATEMENT OF CASH FLOWS

For the Year Ended June 30, 2006

(With Summarized Financial Information for the Year Ended June 30, 2005)

Increase (Decrease) in Cash and Cash Equivalents

	2006	2005
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 1,422,575	\$ 1,948,576
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net realized loss (gain) on sales of investments	7,101	(22,989)
Unrealized gain on investments	(54,115)	(59,122)
Donated investments	(53,313)	(79,676)
Contributions restricted for long-term purposes	(20,730)	-
Loss on disposal of assets	-	3,584
Depreciation and amortization	268,796	418,424
Changes in assets and liabilities:		
Accounts receivable	166,677	(245,174)
Inventory	(1,735)	(16,088)
Prepaid expenses	(114,185)	133,078
Pledges receivable	-	144,539
Accounts payable and accrued expenses	56,965	(61,658)
Deferred rent and lease incentive	(88,305)	(57,470)
Deferred convention revenue	-	(188,882)
NET CASH PROVIDED BY OPERATING ACTIVITIES	1,589,731	1,917,142
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sales of investments	233,905	22,146
Purchases of investments	(553,958)	(576,402)
Purchases of property and equipment	(123,348)	(75,140)
NET CASH USED IN INVESTING ACTIVITIES	(443,401)	(629,396)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on charitable gift annuity obligations	(15,171)	(22,205)
Proceeds from charitable gift annuities	150,000	-
Contributions restricted for long-term purposes	20,730	-
NET CASH USED IN (PROVIDED BY) FINANCING ACTIVITIES	155,559	(22,205)
NET INCREASE IN CASH AND CASH EQUIVALENTS	1,301,889	1,265,541
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	3,308,676	2,043,135
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 4,610,565	\$ 3,308,676
NONCASH INVESTING ACTIVITIES		
Donated stock	\$ 53,313	\$ 79,676



## **National Alliance on Mental Illness**

**NAMI is the National Alliance on Mental Illness, the largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. A nationwide organization founded in 1979, NAMI has become the nation's voice on mental illness, with affiliates in every state and in more than 1,100 local communities across the country. 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.**

**[www.nami.org](http://www.nami.org)**

**Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042**

**Main Phone: (703) 524-7600  
Fax: (703) 524-9094  
TDD: (703) 516-7227  
NAMI HelpLine: (800) 950-6264**