

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2001**

Open to Public Inspection

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

0200

**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **NAMI**  
 Number and street (or P O box if mail is not delivered to street address): **2107 WILSON BLVD., COLONIAL PLACE THREE**  
 Room/suite: **300**  
 City or town, state or country, and ZIP + 4: **ARLINGTON, VA 22201-3042**

**D** Employer identification number: **43-1201653**

**E** Telephone number: **(703) 524-7600**

**F** Accounting method:  Cash  Accrual  
 Other (specify):

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

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **3**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4 digit GEN: **2107**

**G** Web site: **WWW.NAMI.ORG**

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **9,670,010.**

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

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	6,517,196.		
b	Indirect public support	1b	113,015.		
c	Government contributions (grants)	1c	553,314.		
d	Total (add lines 1a through 1c) (cash \$ <b>7,183,525.</b> noncash \$ _____)	1d		7,183,525.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		835,145.	
3	Membership dues and assessments	3		605,938.	
4	Interest on savings and temporary cash investments	4		50,506.	
5	Dividends and interest from securities	5			
6a	Gross rents	6a	189,941.		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		189,941.	
7	Other investment income (describe _____)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	641,437.	(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b	613,527.	1,748.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	27,910.	<1,748.>	
9	Special events and activities (attach schedule)	STMT 2		STMT 3	
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a	163,518.		
b	Less cost of goods sold	10b	47,484.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		STMT 4	116,034.
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			9,007,251.
13	Program services (from line 44, column (B))	13			7,254,545.
14	Management and general (from line 44, column (C))	14			900,013.
15	Fundraising (from line 44, column (D))	15			816,895.
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 13 and 16)	17			8,971,453.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			35,798.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			2,334,318.
20	Other changes in net assets or fund balances (attach explanation)	20			<6,238.>
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			2,363,878.

**RECEIVED**  
 000 DEC 10 2002 IRS-OSC  
 OGDEN, UT

FILED JAN 14 2003

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**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$172,371. noncash \$	172,371.	172,371.	STATEMENT 11	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	232,031.	172,282.	36,641.	23,108.
26 Other salaries and wages	3,499,464.	2,598,344.	552,606.	348,514.
27 Pension plan contributions	132,441.	92,470.	24,142.	15,829.
28 Other employee benefits	226,536.	177,693.	28,134.	20,709.
29 Payroll taxes	264,474.	192,714.	46,057.	25,703.
30 Professional fundraising fees				
31 Accounting fees	21,768.	4,165.	17,603.	
32 Legal fees	38,802.	1,100.	37,702.	
33 Supplies	135,151.	123,450.	6,877.	4,824.
34 Telephone	133,809.	125,895.	5,225.	2,689.
35 Postage and shipping	231,575.	178,240.	3,658.	49,677.
36 Occupancy	539,579.	539,579.		
37 Equipment rental and maintenance	53,602.	52,538.	831.	233.
38 Printing and publications	825,688.	687,872.	4,380.	133,436.
39 Travel	828,289.	774,091.	32,241.	21,957.
40 Conferences, conventions, and meetings	520,783.	487,063.	1,543.	32,177.
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	307,931.	307,931.		
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 6	43e 807,159.	566,747.	102,373.	138,039.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 8,971,453.	7,254,545.	900,013.	816,895.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a RESEARCH - THE ORGANIZATION SUPPORTS SERVICES AND BIOLOGICAL RESEARCH ON THE CAUSES AND TREATMENT OF SCHIZOPHRENIA AND BIPOLAR DISORDER IN AN EFFORT TO ERADICATE SERIOUS MENTAL ILLNESS. (Grants and allocations \$ _____)	236,147.
b SEE STATEMENT 8 (Grants and allocations \$ _____)	3,726,752.
c SEE STATEMENT 9 (Grants and allocations \$ _____)	3,031,299.
d SEE STATEMENT 10 (Grants and allocations \$ _____)	260,347.
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,254,545.

**Part IV Balance Sheets**

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non interest bearing	243.	45 80,310.
	46 Savings and temporary cash investments	581,310.	46 510,801.
	47 a Accounts receivable	47a 748,959.	
	b Less allowance for doubtful accounts	47b	47c 748,959.
	48 a Pledges receivable	48a	48c
	b Less allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52 60,368.
	53 Prepaid expenses and deferred charges		53 220,130.
	54 Investments - securities <b>STMT 12</b>	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54 774,542.
	55 a Investments land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 2,168,907.		
b Less accumulated depreciation <b>STMT 13</b>	57b 774,876.	57c 1,380,241.	
58 Other assets (describe ▶ )		58 1,394,031.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		59 3,998,826.	
Liabilities	60 Accounts payable and accrued expenses		60 549,530.
	61 Grants payable		61
	62 Deferred revenue		62 1,064,449.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ <b>SEE STATEMENT 14</b> )		65 50,529.
66 <b>Total liabilities</b> (add lines 60 through 65)		66 1,664,508.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted		67 1,445,057.
	68 Temporarily restricted		68 569,779.
	69 Permanently restricted		69 319,482.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		73 2,334,318.
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		74 3,998,826.	

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	22,856,457.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ <6,238.>		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) STMT 15 \$13,853,696.		
	Add amounts on lines (1) through (4)	b	13,847,458.
c	Line a minus line b	c	9,008,999.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) STMT 17 \$ <1,748.>		
	Add amounts on lines (1) and (2)	d	<1,748.>
e	Total revenue per line 12, Form 990 (line c plus line d)	e	9,007,251.

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

a	Total expenses and losses per audited financial statements	a	26,362,031.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) STMT 16 \$17,390,578.		
	Add amounts on lines (1) through (4)	b	17,390,578.
c	Line a minus line b	c	8,971,453.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	8,971,453.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD BIRKEL 2516 KING STREET ALEXANDRIA, VA 22301	EXECUTIVE DIRECTOR	85,600.	1,852.	0.
THOMAS GONZALES 13314 REID LANE FT. WASHINGTON, MD 20744	CHIEF OF STAFF	126,200.	6,116.	0.
ROBERT MILLER 10410 PARKWOOD DR. KENSINGTON, MD 20895	CHIEF FINANCIAL OFFICER	20,231.	911.	0.
SEE ATTACHED LIST FOR ALL OTHER BOARD MEMBERS.		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No **STMT 18** Form 990 (2001)

Part VI Other Information

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization <b>SEE STATEMENT 19</b> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.	81a		0.
81 a	Enter direct or indirect political expenditures See line 81 instructions	81b		X
b	Did the organization file Form 1120-POL for this year?	82a		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a		X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85a		N/A
c	Dues, assessments, and similar amounts from members	85b		N/A
d	Section 162(e) lobbying and political expenditures	85c		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85d		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85e		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85f		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85g		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities	86a		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	86b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	87a		N/A
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>	87b		N/A
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	88		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89a		X
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <b>SEE ATTACHED LIST</b>			0.
b	Number of employees employed in the pay period that includes March 12, 2001	90b		58

91 The books are in care of **THE ORGANIZATION** Telephone no **(703) 524-7600**  
 Located at **2107 WILSON BLVD., ARLINGTON, VA** ZIP + 4 **22201-3042**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CONFERENCE	541800	17,600.			680,840.
b OTHER PROGRAM REVENUE					136,705.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					605,938.
95 Interest on savings and temporary cash investments			14	50,506.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	189,941.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	26,162.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					116,034.
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		17,600.		266,609.	1,539,517.
105 Total (add line 104, columns (B), (D), and (E))					1,823,726.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	REVENUE GENERATED FROM THE ANNUAL CONVENTION HELD JUNE 25 TO JUNE 28, 2002.
93B	MISCELLANEOUS REVENUE IN SUPPORT OF THE ORGANIZATIONS EXEMPT PURPOSE.
94	MONITORING SELF-HELP GROUPS (OVER 1,100) STATE AND LOCAL GROUPS).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

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

completing schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

1/6/02 Paul B. Murray, Francis D. ...

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**

Name of the organization **NAMI** Employer identification number **43 1201653**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JILL PIERCE ----- IN C/O THE ORGANIZATION	DIRECTOR 40+	66,461.	2,991.	
RON DIXON -----	DIRECTOR 40+	70,965.	3,193.	
RON HONBERG -----	DIRECTOR 40+	96,740.	4,353.	
XAVIER AMADOR -----	DIRECTOR 40+	72,692.	3,271.	
DARLENE NIPPER -----	DIRECTOR 40+	60,500.	2,723.	
Total number of other employees paid over \$50,000 ▶	16			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AVECTRA ----- FALLS CHURCH, VA 22403	DATABASE DEVELOPMENT	63,029.
DESIGN DATA SYSTEMS ----- 7606 LINDBERGH DR., GAITHERSBURG, MD 20879	DATABASE DEVELOPMENT	71,921.
DOUBLE R PRODUCTIONS ----- 1426 16TH ST., NW, #501, WASHINGTON, DC 20036	VIDEO PRODUCTION	54,215.
SCIENS WORLDWIDE ----- DEPT. 635, P.O. BOX 11679, NEWARK, NJ 07101	PUBLIC RELATIONS	62,500.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>92,405.</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) <b>VI-A, LINE 38B</b></p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b></p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)</p>	3	X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4	X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments <b>SEE STATEMENT 20</b></p>		

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

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

Provide the following information about the supported organizations (See page 5 of the instructions)

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

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	5,413,733.	5,563,555.	3,339,305.	3,327,728.	17,644,321.
16 Membership fees received	72,695.	409,093.	418,592.	518,264.	1,418,644.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	17,100.	1,090,955.	587,960.	503,530.	2,199,545.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	257,799.	144,870.	137,291.	179,789.	719,749.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	86,448.	49,985.	601,427.	SEE STATEMENT 21	737,860.
23 Total of lines 15 through 22	5,847,775.	7,258,458.	5,084,575.	4,529,311.	22,720,119.
24 Line 23 minus line 17	5,830,675.	6,167,503.	4,496,615.	4,025,781.	20,520,574.
25 Enter 1% of line 23	58,478.	72,585.	50,846.	45,293.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 410,411.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b 775,767.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 20,520,574.
	d Add Amounts from column (e) for lines 18 719,749. 19	22 737,860.		26b 775,767.	26d 2,233,376.
	e Public support (line 26c minus line 26d total)				26e 18,287,198.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 89.1164%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				N/A
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				N/A
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines 15 16	17 20		21	27c N/A
	d Add Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		<b>N/A</b>													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	92,405.												
38	Total lobbying expenditures (add lines 36 and 37)	38	92,405.												
39	Other exempt purpose expenditures	39	8,880,796.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	8,973,201.												
41	Lobbying nontaxable amount. Enter the amount from the following table -  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</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> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500 000	20% of the amount on line 40	Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	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	41	598,660.
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500 000	20% of the amount on line 40														
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000														
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000														
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000														
Over \$17 000 000	\$1 000 000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	149,665.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.												

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	598,660.	460,791.	505,708.	431,257.	1,996,416.
46					2,994,624.
47	92,405.	38,126.	88,151.	66,181.	284,863.
48	149,665.	115,198.	126,427.	107,814.	499,104.
49					748,656.
50		1,978.	5,433.	8,610.	16,021.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions )

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines e through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines e through h )			0.

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

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

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

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

(i) Cash

(ii) Other assets

**b** Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

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

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2001**

Name of organization

**NAMI**

Employer identification number

**43-1201653**

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

**General Rule-**

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

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

**NAMI**

**43-1201653**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>553,314.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>4,201,636.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE	VARIESSL		5.00	16	41,880.			41,880.	16,330.		4,858.
2	EQUIPMENT	VARIESSL		5.00	16	1390657.			1390657.	341,433.		229,358.
3	LEASEHOLD IMPROVEMENTS	VARIESSL		10.00	16	736,370.			736,370.	109,182.		73,715.
5	(D) EQUIPMENT	VARIESSL		5.00	16	174,828.			174,828.	173,080.		0.
	* TOTAL 990 PAGE 2 DEPR					2343735.		0.	2343735.	640,025.	0.	307,931.

FORM 990

RENTAL INCOME

STATEMENT 1

<u>KIND AND LOCATION OF PROPERTY</u>	<u>ACTIVITY NUMBER</u>	<u>GROSS RENTAL INCOME</u>
SUB-LEASE	1	189,941.
TOTAL TO FORM 990, PART I, LINE 6A		189,941.



FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF INVESTMENTS			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	641,437.	613,527.	0.	27,910.
TOTAL TO FM 990, PART I, LN 8	641,437.	613,527.	0.	27,910.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LOSS ON DISPOSAL OF FIXED ASSETS	VARIOUS	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	174,828.	0.	173,080.	<1,748.>
TO FM 990, PART I, LN 8		174,828.	0.	173,080.	<1,748.>

FORM 990

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

STATEMENT 4

INCOME

1. GROSS RECEIPTS . . . . .	163,518	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		163,518
4. COST OF GOODS SOLD (LINE 13) . . . . .	47,484	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		116,034

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	60,368	
7. MERCHANDISE PURCHASED . . . . .	11,018	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		71,386
12. INVENTORY AT END OF YEAR . . . . .	23,902	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		47,484

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<6,238.>
TOTAL TO FORM 990, PART I, LINE 20	<6,238.>

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FORM 990	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
STORE	14,732.	14,054.	583.	95.
INSURANCE	23,412.	3,584.	19,828.	
ADVERTISING & PROMOTION	35,571.	17,442.	9,387.	8,742.
PROFESSIONAL FEES	641,398.	466,460.	61,524.	113,414.
OTHER EXPENSES	19,008.	13,666.	2,112.	3,230.
DUES	25,800.	21,416.	1,231.	3,153.
TAXES	15,063.	13,963.	1,050.	50.
BANK FEES	23,649.	14,335.	6,209.	3,105.
TRAINING	2,276.	1,827.	449.	
AWARDS, SCHOLARSHIPS & GRANTS	6,250.			6,250.
TOTAL TO FM 990, LN 43	807,159.	566,747.	102,373.	138,039.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	7
	PART III		

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## EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE TWO

PROGRAM & MEMBER SUPPORT - THE ORGANIZATION BUILDS SUPPORT PROGRAMS BY PROVIDING TECHNICAL ASSISTANCE AND RESOURCE MATERIALS TO OVER 1,000 AFFILIATE GROUPS. THESE GROUPS PROVIDE SUPPORT AND EDUCATION TO HOSE SUFFERING FROM A MENTAL ILLNESS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	_____	3,726,752.
	=====	=====

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE THREE

EDUCATION - THROUGH PUBLIC EDUCATION AND OUTREACH CAMPAIGNS, THE ORGANIZATION SEEKS TO EDUCATE THE GENERAL PUBLIC WITH UP-TO-DATE INFORMATION. THE ORGANIZATION ALSO PROVIDES REFERRALS TO AFFILIATE GROUPS BY MAIL AND PHONE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	_____	3,031,299.
	=====	=====

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE FOUR

ADVOCACY - THE ORGANIZATION SEEKS TO IMPROVE THE QUALITY OF LIFE FOR THE MENTALLY ILL BY DEVELOPING POLICIES, EVALUATING SPECIFIC LAWS AND REGULATIONS, AND COMMUNICATING WITH FEDERAL, STATE AND LOCAL LEGISLATURES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		260,347.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 11

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED LIST			NONE	172,371.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				172,371.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 12

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
BOND FUNDS				74,712.	74,712.
U.S TREASURY BILLS				244,350.	244,350.
MONEY FUNDS				422,006.	422,006.
BALANCED FUNDS				804,075.	804,075.
TO 990, LN 54 COL B				1,545,143.	1,545,143.

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**FORM 990**                      **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT**                      **STATEMENT 13**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	41,880.	21,188.	20,692.
EQUIPMENT	1,390,657.	570,791.	819,866.
LEASHOLD IMPROVEMENTS	736,370.	182,897.	553,473.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>2,168,907.</b>	<b>774,876.</b>	<b>1,394,031.</b>

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**FORM 990**                                      **OTHER LIABILITIES**                                      **STATEMENT 14**


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DESCRIPTION	AMOUNT
CHARITABLE GIFT ANNUITY	39,989.
DEFERRED RENT ABATEMENT	626,763.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>666,752.</b>

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**FORM 990**                                      **OTHER REVENUE NOT INCLUDED ON FORM 990**                                      **STATEMENT 15**


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DESCRIPTION	AMOUNT
REVENUE ASSOCIATED WITH NAMI ANTI-STIGMA FOUNDATION	4,111,314.
REVENUE ASSOCIATED WITH NAMI RESEARCH INSTITUTE	13,944,018.
ELIMINATING ENTRIES ASSOCIATED WITH COMBINING STATEMENTS	<4,201,636.>
<b>TOTAL TO FORM 990, PART IV-A</b>	<b>13,853,696.</b>

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**FORM 990**                                      **OTHER EXPENSES NOT INCLUDED ON FORM 990**                                      **STATEMENT 16**


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DESCRIPTION	AMOUNT
EXPENSES ASSOCIATED WITH NAMI ANTI-STIGMA FOUNDATION	5,125,344.
EXPENSES ASSOCIATED WITH NAMI RESEARCH INSTITUTE	16,465,122.
ELIMINATING ENTRIES ASSOCIATED WITH COMBINING STATEMENTS	<4,201,636.>
LOSS ON DISPOSAL OF FIXED ASSETS	1,748.
<b>TOTAL TO FORM 990, PART IV-B</b>	<b>17,390,578.</b>

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 17

DESCRIPTION	AMOUNT
LOSS ON DISPOSAL OF FIXED ASSETS	<1,748.>
TOTAL TO FORM 990, PART IV-A	<1,748.>

FORM 990 PART V - OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 18

OFFICER'S NAME	NAME OF RELATED ORGANIZATION	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARD BIRKEL	NAMI ANTI-STIGMA FOUNDATION	85,600.	1,852.	0.
ROBERT MILLER	NAMI ANTI-STIGMA FOUNDATION	20,231.	911.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B STATEMENT 19

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
NAMI RESEARCH INSTITUTE	X	
NAMI ANTI-STIGMA FOUNDATION	X	

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 4 STATEMENT 20

GRANTS ARE AWARDED BASED ON RECEIPT OF APPLICATION FROM STATE NAMI. THE GRANT COMMITTEE REVIEWS ALL APPLICATIONS AND CHOOSES THE GRANT RECIPIENTS. THE GRANT COMMITTEE'S CHOICES ARE THEN APPROVED BY THE FULL BOARD.



SCHEDULE A	OTHER INCOME			STATEMENT 21
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
OTHER INCOME	41,818.	3,992.	12,427.	0.
ADMINISTRATIVE FEES	0.	0.	589,000.	0.
EXPENSE REIMBURSEMENTS	44,630.	45,993.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	86,448.	49,985.	601,427.	0.

NAMI  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 EIN# 43-1201653

	Class of Activity	Donee's Name	Address	Amount	(a) Relationship	(b) Charity
1	Grant	NAMI AK	144 W 15th Ave Anchorage, AK 99501	1,180	None	Yes
2	Grant	NAMI AR	4313 W Markham St Little Rock, AR	2,420	None	Yes
3	Grant	NAMI CO	1100 Fillmore St Denver, CO	7,632	None	Yes
4	Grant	NAMI FL	1020 E Lafayette St Tallahassee, FL	3,840	None	Yes
5	Grant	NAMI AL	6900 6th Ave , S, Suite B Birmingham, AL 35212-1902	4,590	None	Yes
6	Grant	NAMI GA	3125 Presidential Pkwy Atlanta, GA	3,920	None	Yes
7	Grant	NAMI AZ	2210 North 7th St Phoenix, AZ	1,180	None	Yes
8	Grant	NAMI WI	4233 W Beltline Hwy Madison, WI 53711	4,580	None	Yes
9	Grant	NAMI KY	10510 LaGrange Rd Louisville, KY	6,191	None	Yes
10	Grant	NAMI NE	1941 S 42nd St Omaha, NE	1,740	None	Yes

NAMI  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 EIN# 43-1201653

Class of Activity	Donor's Name	Address	Amount	(a) Relationship	(b) Charity
11 Grant	NAMI TX	3710 Cedar St Austin, TX	2,520	None	Yes
12 Grant	NAMI ME	PO Box 5120 Augusta, ME 04332	100	None	Yes
13 Grant	NAMI UT	209 East 100 South Salt Lake City, UT 84111	6,460	None	Yes
14 Grant	NAMI MO	1001 Southwest Blvd Jefferson City, MO	3,511	None	Yes
15 Grant	NAMI IN	PO Box 22697 Indianapolis, IN	3,675	None	Yes
16 Grant	NAMI ID	PO Box 68 Albion, ID	780	None	Yes
17 Grant	NAMI MS	5269 Keele St Jackson, MS	1,820	None	Yes
18 Grant	NAMI AK	144 W 15th Ave Anchorage, AK	1,920	None	Yes
19 Grant	NAMI WA	4305 Lacey Blvd, #8 Lacey, WA 98503	680	None	Yes
20 Grant	NAMI San Diego	5384 Lunda Vista Rd San Diego, CA	750	None	Yes

NAMI  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 EIN# 43-1201653

	Class of Activity	Donee's Name	Address	Amount	(a) Relationship	(b) Charity
21	Grant	NAMI Baltimore	5210 York Road Baltimore, MD 21212	1,054	None	Yes
22	Grant	Richard Bennett	414 NE Maple Dr Kansas City KS 64118	263	None	No
23	Grant	NAMI NM	PO Box 3086 Albuquerque, NM 87190	4,940	None	Yes
24	Grant	NAMI SC	5000 Thurmond Mall Blvd, #205 Columbia, SC 29202	3,160	None	Yes
25	Grant	Barbara Casile	2184 Ticonderoga La Lake Forest, CA 92630	1,031	None	No
26	Grant	NAMI MN	970 Raymond Ave, #105 St Paul, MN 55114	3,780	None	Yes
27	Grant	NAMI OH	747 East Broad St Columbus, OH 43205	1,580	None	Yes
28	Grant	NAMI RI	1255 North Main St Providence, RI 02904	100	None	Yes
29	Grant	NAMI Clackamas Co	PO Box 68627 Oak Grove, OR 97268	2,000	None	Yes
30	Grant	Margaret Clement	17537 Blythe St Northridge, CA 92014	427	None	No

NAMI  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 EIN# 43-1201653

Class of Activity	Donor's Name	Address	Amount	(a) Relationship	(b) Charity
31 Grant	NAMI MD	711 West 40th St, #451 Baltimore, MD 21211	3,891	None	Yes
32 Grant	NAMI NC	309 W Millbrook Rd Raleigh, NC	3,970	None	Yes
33 Grant	NAMI CA	1111 Howe Ave Sacramento, CA	100	None	Yes
34 Grant	NAMI CT	151 New Park Ave Hartford, CT	1,357	None	Yes
35 Grant	NAMI IL	730 E Vine St Springfield, IL	780	None	Yes
36 Grant	NAMI MA	400 W Cummings Park Woburn, MA	220	None	Yes
37 Grant	NAMI OK	5131 N Classen Blvd Oklahoma, OK	6,740	None	Yes
38 Grant	NAMI PA	2149 N second St Harrisburg, PA	1,755	None	Yes
39 Grant	NAMI SD	PO Box 221 Brookings, SD	980	None	Yes
40 Grant	NAMI DC	422 8th St, SE Washington, DC 20003-2832	800	None	Yes

NAMI  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 EIN# 43-1201653

	Class of Activity	Donor's Name	Address	Amount	(a) Relationship	(b) Charity
41	Grant	NAMI Delaware	2500 W 4th St. Plaza, Ste 5 Wilmington, DE 19805	1,480	None	Yes
42	Grant	NAMI Eau Claire Area WI	515 S Barstow St, #112 Eau Claire WI 54701	936	None	Yes
43	Grant	The Extra Mile	3101 W Napoleon Ave , #230 Metairie, LA 70001	680	None	Yes
44	Grant	Raymond Gauthier	205 Hathaway St East China, MI 48054	421	None	No
45	Grant	Mary Gibson	355 Elmwood Dr Waco, TX 76712	195	None	No
46	Grant	Susan Hoflman	4285 Excelsior Rd Eureka, CA 95503	491	None	No
47	Grant	NAMI IA	5911 Meredith Dr, Ste E Des Moines, IA 50322-1903	3,115	None	Yes
48	Grant	Sally Imura	531 Calle Mayor Redondo Beach, CA 90227	437	None	No
49	Grant	June Judge	1023 Pepper Dr Iowa City, IA 52240	253	None	No
50	Grant	NAMI KS	112 SW 6th, PO Box 675 Topeka, KS 66601-0675	1,740	None	Yes

NAME  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 ED# 43-1201653

	Class of Activity	Donor's Name	Address	Amount	(a) Relationship	(b) Charity
51	Grant	NAMI Lake Co	5930 Heasley Rd Mentor OH 44060	500	None	Yes
52	Grant	NAMI LA	11762 S Harrell's Ferry Rd, Ste D Baton Rouge, LA 70816	4,600	None	Yes
53	Grant	NAMI Mercer	88 Lakedale Dr Lawrenceville, NJ 08648	500	None	Yes
54	Grant	NAMI MI	921 N Washington Lansing, MI 48906	4,530	None	Yes
55	Grant	NAMI Montgomery Co	10730 Connecticut Ave Kensington, MD 20895	1,000	None	Yes
56	Grant	Sue Moreland	15850 Winchester Way Riverside, CA 92508	2,399	None	No
57	Grant	NAMI MT	554 Toole Ct Helena, MT 59602	9,796	None	Yes
58	Grant	AMI Muskegon-Shaur	8650 Blaine St Montague, MI 49437	500	None	Yes
59	Grant	NAMI ND	PO Box 6016 Minot, ND 58702	100	None	Yes
60	Grant	NAMI NH	10 Ferry St, Unit 314 Concord, NH 03301-5004	3,736	None	Yes

NAMI  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 EIN# 43-1201653

Class of Activity	Donor's Name	Address	Amount	(a) Relationship	(b) Charity
61 Grant	NAMI NJ	1562 Route 130 North Brunswick, NJ 08902	3,890	None	Yes
62 Grant	NAMI NV	2012 Waterbury La Las Vegas, NV 89134	5,689	None	Yes
63 Grant	NAMI NWND	PO Box 6016 Mino, ND 58702	1,300	None	Yes
64 Grant	NAMI NYS	260 Washington Ave Albany, NY 12210-1312	5,368	None	Yes
65 Grant	NAMI OR	2620 Greenway Dr NE Salem, OR 97301	8,251	None	Yes
66 Grant	Barbara Pilvin	470 Pine St, # B5 Philadelphia, PA 19143	250	None	No
67 Grant	NAMI PR	Avenida Andaluca Num 435, Segundo Piso Urb Puerto Nuevo, San Juan, PR 00921	2,640	None	Yes
68 Grant	Judith Redler	15695 S Carus Rd Oregon City, OR 97405	2,004	None	No
69 Grant	Carol Reynolds	1100 Fillmore St Denver, CO 80206	195	None	No
70 Grant	Melissa Schaffneck	100 Murray St Middletown, CT 06457	222	None	No



NAMI  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 EIN# 43-1201633

Class of Activity	Donor's Name	Address	Amount	Relationship	Charity
				(a)	(b)
71 Grant	Lorraine Schmeling	1314 W Broadway Spokane, WA 99201	125	None	No
72 Grant	NAMI Sumner Co	278 Bluegrass Dr Hendersonville, TN 37075	600	None	Yes
73 Grant	NAMI SW LA		250	None	Yes
74 Grant	NAMI TN	5410 Homborg Dr , Ste 4 Knoxville, TN 37919	550	None	Yes
75 Grant	NAMI VT	132 South Main St Waterbury, VT 05676	428	None	Yes
76 Grant	NAMI VA	PO Box 1903, One N 5th St , te 410 Richmond, VA 23218	960	None	Yes
77 Grant	Amy Alexander	27 Bush Hill Tr High Park, MA 02130	1,200	None	No
78 Grant	Rene Alper	6068 Tarn Cr Mason, OH 45041	250	None	No
79 Grant	Michael Skunner	141 English Village Rd Manchester, NH 03102	250	None	No
80 Grant	Bryce Miller	2548 SW Belle Rd Topeka, KS 66614	512	None	No

NAMI  
**Schedule of Grants or Scholarships made by the Organization**  
 30-Jun-02  
 EIN# 43-1201653

Class of Activity	Donor's Name	Address	Amount	(a) Relationship	(b) Charity
81 Grant	Mary Ann Widenhouse	854 Hidden Acres Manon, NC 28752	231	None	No
82 Grant	Gayle Bluebird	110 Charley Ave Ft Lauderdale, FL 33312	1,000	None	No
83 Contract	Rex Cowdry	3101 34th St., NW Washington, DC 20008	380	None	No
<b>TOTAL</b>			<u>172,371</u>		

**NAMI**

**June 30, 2002**

**EIN# 43-1201653**

**LIST OF STATES WHERE COPY OF FORM 990 IS FILED**

Alabama	New Jersey
Alaska	New Mexico
Arkansas	New Hampshire
California	New York
Connecticut	North Dakota
Florida	Ohio
Georgia	Oklahoma
Illinois	Oregon
Kansas	Pennsylvania
Kentucky	Rhode Island
Maine	South Carolina
Maryland	Tennessee
Massachusetts	Utah
Michigan	Virginia
Minnesota	Washington
Mississippi	West Virginia
Missouri	Wisconsin

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Convention Subcommittee, Chair

### Upcoming Dates

- ◆ Board Meeting – May 3-5, 2002
- ◆ Convention – June 26-30, 2002

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

**Note.** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

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

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 18, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2001, and ending JUN 30, 2002

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

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

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

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

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Jan Z Ah Title ▶ CPA Date ▶ 11/1/02  
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)