Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01 **, 2009, and ending** 6/30 **, 2010**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific Instructions.

C NAMI CALIFORNIA
1010 HURLEY WAY #195
SACRAMENTO, CA 95825

D Employer Identification Number 94-2676057

E Telephone number 916-567-0163

G Gross receipts $ 2,048,918.

F Name and address of principal officer
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3)◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.NAMICALIFORNIA.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1979

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities COLLECTING AN DISSEMINATING INFORMATION PERTAINING TO THE MENTALLY DISABLED FOR THE PURPOSE OF CONSTANTLY IMPROVING THEIR STATUS, PERMITTING JOB AVAILABILITY, TRAINING, AND PLACEMENT FOR THE MENTALLY DISABLED PERSONS CAPABLE OF EMPLOYMENT, AND PROMOTING THE

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	17
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	943,270.	1,846,784.
	9	Program service revenue (Part VIII, line 2g)	93,633.	199,724.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,426.	478.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	171,706.	1,932.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,204,183.	2,048,918.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	574,120.	555,341.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 14,738.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	612,452.	558,570.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,186,572.	1,113,911.
	19	Revenue less expenses Subtract line 18 from line 12	17,611.	935,007.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	601,553.	1,393,815.
	21	Total liabilities (Part X, line 26)	209,171.	77,153.
	22	Net assets or fund balances Subtract line 21 from line 20	392,382.	1,316,662.

RECEIVED
JAN 24 2011
OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
► Dorothy Hendrickson — Signature of officer — Date 1/4/11
► Dorothy Hendrickson — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	PAUL BUTIKOFER (Paul Butikofer)	Date 12-15-10	Check if self employed ► [ ] — Preparer's identifying number (see instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	HALEY & COMPANY LLP 2200 DOUGLAS BLVD STE 250B ROSEVILLE, CA 95661		EIN ► N/A Phone no ► (916) 786-8880

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED FEB 07 2011

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 904,264. including grants of $) (Revenue $ 2,041,557.)
SEE ATTACHED FEDERAL SUPPLEMENTAL INFORMATION STATEMENT TO TAX RETURN

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e Total program service expenses ► 904,264.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*			
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? *If 'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* — 12 A: Yes [ ] No [X]			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	8			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b If 'Yes,' enter the name of the foreign country ►					
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			6b		
7 **Organizations that may receive deductible contributions under section 170(c).**					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 **Sponsoring organizations maintaining donor advised funds.**					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?			9b		
10 **Section 501(c)(7) organizations.** Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 **Section 501(c)(12) organizations.** Enter					
a Gross income from other members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				

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Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body (1a: 12)			
b Enter the number of voting members that are independent (1b: 12)			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders? SEE SCHEDULE O	6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O	7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE SCH O	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X	
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12a Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a	X	
b Other officers of key employees of the organization SEE SCHEDULE O	15b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► TRULA LACALLE PHD 1010 HURLEY WAY, STE 195, SACRAMENTO, CA SACRAMENTO CA 95825 916-56

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of 'key employees '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CHARLES HERN 2ND VICE PRES	0							0.	0.	0.
SHERMAN BLACKWELL MEMBER	2	X						0.	0.	0.
GAIL EVANGUELIDI MEMBER	2	X						0.	0.	0.
SHANNON JACCARD MEMBER	2	X						0.	0.	0.
ROBERTA ENGLISH MEMBER	2	X						0.	0.	0.
COLEEN PETERS MEMBER	2	X						0.	0.	0.
FRANCES TIBBITS MEMBER	2	X						0.	0.	0.
MAY FARR MEMBER	2	X						0.	0.	0.
BRENDA SCOTT PRESIDENT	2			X				0.	0.	0.
MARK GALE FIRST VICE PRES	2			X				0.	0.	0.
DOROTHY HENDRICKSON SECRETARY	2			X				0.	0.	0.
KERIS MYRICK TREASURER	2			X				0.	0.	0.
GRACE MC ANDREWS FORMER DIRECTOR	40			X				36,023.	0.	0.
TRULA LACALLE PH.D. EXECUTIVE DIREC	40			X				69,221.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1 b Total ►								105,244.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 727,116.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,119,668.				
	g Noncash contribns included in lns 1a-1f	$				
	h Total. Add lines 1a-1f ►		1,846,784.			
PROGRAM SERVICE REVENUE		Business Code				
	2a CONFERENCE REVENUE		140,586.	140,586.		
	b MEMBERSHIP DUES & ASSESSMENTS		59,138.	59,138.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ►		199,724.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ►		478.			478.
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ►					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ►					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events ►					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory ►					
	Miscellaneous Revenue	Business Code				
	11a VIDEO AND BOOK REVENUE		1,932.	1,932.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ►		1,932.			
	12 Total revenue. See instructions ►		2,048,918.	201,656.	0.	478.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,244.	72,336.	32,626.	282.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	372,506.	312,809.	59,697.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,986.	7,269.	1,717.	
9 Other employee benefits	26,607.	22,971.	3,627.	9.
10 Payroll taxes	41,998.	32,896.	9,075.	27.
11 Fees for services (non-employees)				
a Management				
b Legal	1,111.		1,111.	
c Accounting	6,600.		6,600.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	8,443.	2,079.	6,072.	292.
14 Information technology				
15 Royalties				
16 Occupancy	51,599.	3,000.	48,599.	
17 Travel	60,592.	31,205.	29,387.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80,039.	80,039.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,185.		5,185.	
23 Insurance	2,793.		2,793.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TRAINING	130,462.	130,462.		
b CONSULTANTS	80,950.	72,026.	4,707.	4,217.
c ADVOCATE EXPENSES	40,486.		40,486.	
d COMPUTER SERVICE	28,700.	6,378.	21,542.	780.
e EQUIPMENT COSTS	17,670.	6,217.	11,453.	
f All other expenses	43,940.	124,577.	-89,768.	9,131.
25 Total functional expenses Add lines 1 through 24f	1,113,911.	904,264.	194,909.	14,738.
26 Joint costs. Check here ► [X] if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		336,948.	1	204,406.
	2	Savings and temporary cash investments			2	950,006.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		232,613.	4	179,156.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		20,477.	9	22,508.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 61,442.			
	b	Less accumulated depreciation	10b 51,689.	11,515.	10c	9,753.
	11	Investments – publicly-traded securities			11	27,986.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		601,553.	16	1,393,815.
LIABILITIES	17	Accounts payable and accrued expenses		137,140.	17	26,179.
	18	Grants payable			18	
	19	Deferred revenue		72,031.	19	50,974.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		209,171.	26	77,153.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		390,240.	27	1,314,471.
	28	Temporarily restricted net assets		2,142.	28	2,191.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		392,382.	33	1,316,662.
	34	Total liabilities and net assets/fund balances		601,553.	34	1,393,815.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NAMI CALIFORNIA

Employer identification number: 94-2676057

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] 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 exempt 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).** (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III– Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**		
(ii) a family member of a person described in (i) above?	**11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	819,308.	1,071,511.	1,084,772.	1,036,903.	1,842,427.	5,854,921.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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						0.
4 **Total.** Add lines 1-through 3	819,308.	1,071,511.	1,084,772.	1,036,903.	1,842,427.	5,854,921.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						5,854,921.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	819,308.	1,071,511.	1,084,772.	1,036,903.	1,842,427.	5,854,921.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	15,018.	8,095.	8,095.		478.	31,686.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 **Total support.** Add lines 7 through 10						5,886,607.

12 Gross receipts from related activities, etc (see instructions) | 12 | 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) | 14 | 99.5 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 99.2 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [X]

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** *If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%* or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
NAMI CALIFORNIA	94-2676057

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ► $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $

3 Total of exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ► ☐ if the filing organization belongs to an affiliated group

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures — (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,060.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	5,060.	0.
d Other exempt purpose expenditures	1,108,851.	
e Total exempt purpose expenditures (add lines 1c and 1d)	1,113,911.	0.
f Lobbying nontaxable amount Enter the amount from the following table in both columns	186,391.	

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a) Filing organization's totals	(b) Affiliated group totals
g Grassroots nontaxable amount (enter 25% of line 1f)	46,598.	0.
h Subtract line 1g from line 1a If zero or less, enter -0-	0.	0.
i Subtract line 1f from line 1c If zero or less, enter -0-	0.	0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount		193,065.	193,657.	186,391.	573,113.
b Lobbying ceiling amount (150% of line 2a, column (e))					859,670.
c Total lobbying expenditures		2,875.	5,200.	5,060.	13,135.
d Grassroots nontaxable amount		48,266.	48,414.	46,598.	143,278.
e Grassroots ceiling amount (150% of line 2d, column (e))					214,917.
f Grassroots lobbying expenditures				5,060.	5,060.

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NAMI CALIFORNIA

Employer Identification number: 94-2676057

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ______

4 Number of states where property subject to conservation easement is located ► ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ ______

(ii) Assets included in Form 990, Part X ► $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ ______

b Assets included in Form 990, Part X ► $ ______

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► ______ %
b Permanent endowment ► ______ %
c Term endowment ► ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		61,442.	51,689.	9,753.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				9,753.

TEEA3302L 02/02/10

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Column (b) must equal Form 990 Part X, col (B) line 12) ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	2,048,918.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,113,911.
3	Excess or (deficit) for the year Subtract line 2 from line 1	935,007.
4	Net unrealized gains (losses) on investments	10,776.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	49.
9	Total adjustments (net) Add lines 4 through 8	10,825.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	945,832.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,048,918.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,048,918.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,048,918.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,124,687.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	10,776.		
e	Add lines **2a** through **2d**			2e	10,776.
3	Subtract line **2e** from line **1**			3	1,113,911.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c** (This must equal Form 990, Part I, line 18)			5	1,113,911.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV **Supplemental Information** *(continued)*

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545 0047

2009

Open To Public Inspection

Name of the organization: NAMI CALIFORNIA

Employer identification number: 94-2676057

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	38,250.	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (________________)				
26 Other ► (________________)				
27 Other ► (________________)				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If 'Yes,' describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If 'Yes,' describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
NAMI CALIFORNIA	94-2676057

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

COLLECTING AN DISSEMINATING INFORMATION PERTAINING TO THE MENTALLY DISABLED FOR THE PURPOSE OF CONSTANTLY IMPROVING THEIR STATUS, PERMITTING JOB AVAILABILITY, TRAINING, AND PLACEMENT FOR THE MENTALLY DISABLED PERSONS CAPABLE OF EMPLOYMENT, AND PROMOTING THE ESTABLISHMENT AND IMPROVEMENT OF TREATMENT FACILITIES INCLUDING HOSPITAL AND OTHER RESIDENTIAL FACILITIES AT BOTH THE COMMUNITY AND STATE LEVEL.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE

BOARD OF DIRECTORS IS VOTING MEMBERS THAT SHALL BE CONSIST OF CONSUMER/INDIVIDUAL/FAMILY MEMBERS (I/FMS) AND LOCAL AFFILIATES THAT ACCEPT THE OBJECTIVES STATED IN ARTICLE II AND PAY ANNUAL DUES IN THE AMOUNT AND MANNER ESTABLISHED FROM TIME TO TIME FOR VOTING MEMBERS BY RESOLUTION OF THE BOARD OF DIRECTORS OF NAMI. I/FS ARE A FAMILY, CONSUMER/CLIENT OR SIGNIFICANT OTHER OF A PERSON WITH MENTAL ILLNESS WHO ACCEPTS THE MISSION AND OBJECTIVES OF NAMI AND HAS PAID DUES TO TO AN AFFILIATE. BOARD OF DIRECTORS CONSIST OF NO MORE THAT 12 REGULAR MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

TO BE ELIGIBLE FOR ELECTION TO THE BOARD OF DIRECTORS, OR TO SERVE ON THE BOARD, A PERSON MUST BE A FAMILY MEMBERS OF A PERSON WHO SUFFERS FROM SERIOUS MENTAL ILLNESS OR A PERSON WHO HAS EXPERIENCED A SERIOUS MENTAL ILLNESS AND MUST PAY DUES ANNUALLY TO AN AFFILIATE.THE NOMINATING COMMITTEE SHALL PREPARE A SLATE OF NOMINEES, TOGETHER WITH A STATEMENT OF EACH CANDIDATE'S QUALIFICATIONS HAVING GIVEN CONSIDERATION, IN SO FAR AS PRACTICAL, THE REPRESENTATION OF INTEREST OF, AMONG OTHERS, CONSUMERS, MINORITIES, AGES, URBAN RURAL AND OTHER GEOGRAPHICAL AREAS WITHIN THE STATE. SUCH WRITTEN LISTS OF NOMINEES AND THEIR STATEMENTS SHALL BE GIVEN TO EACH AFFILIATE AND INDIVIDUAL FAMILY MEMBER AT A DATE TO BE DETERMINED BY THE BOARD OF DIRECTORS AND ANNOUNCED AT THE TIME OF THE ANNUAL MEETING NOTICE. BOARD MEMBERS ARE THEN ELECTED

Name of the organization: NAMI CALIFORNIA

Employer identification number: 94-2676057

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY (CONTINUED)

BY AFFILIATE MEMBERS.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

BOARD OF DIRECTORS HOLDS FOUR MEETINGS A YEAR INCLUDING THE ANNUAL MEETING TO DETERMINE NEW BOARD MEMBERS. BOARD ACTIONS INCLUDING ALL RESOLUTIONS AND MOTIONS ARE DECIDED AT THESE MEETINGS AND AT NOTICED BOARD CONFERENCE CALLS HELD BETWEEN MEETINGS.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE IRS FORM 990 WILL BE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE PRIOR TO MAILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

POTENTIAL CONFLICTS OF INTEREST ARE BROUGHT TO THE ATTENTION OF THE BOARD OF DIRECTORS BY THE EXECUTIVE DIRECTOR, OTHER MEMBERS OF THE BOARD OF DIRECTORS AND AFFILIATE MEMBERS. ADDITIONALLY BOARD OF DIRECTORS MUST SIGN A CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

COMPENSATION POLICY FOR EXECUTIVE DIRECTOR REQUIRES ANNUAL REVIEW OF THE PERFORMANCE AND COMPENSATION (INCLUDING BENEFITS). THE EXECUTIVE COMMITTEE WILL USE COMPARABLE DATA FROM THE NORTHER CALIFORNIA NONPROFIT ORGANIZATIONS'S ANNUAL COMPENSATION & BENEFITS SURVEY OR OTHER OUTSIDE COMPENSATION CONSULTANTS, TO DETERMINE SALARY AND BENEFITS. THE BOARD OF DIRECTS THEN APPROVES THE ANNUAL EVALUATION AND SALARY ADJUSTMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

COMPENSATION POLICY REQUIRES ANNUAL REVIEW OF THE PERFORMANCE AND COMPENSATION (INCLUDING BENEFITS). THE EXECUTIVE COMMITTEE WILL USE COMPARABLE DATA FROM THE NORTHER CALIFORNIA NONPROFIT ORGANIZATIONS'S ANNUAL COMPENSATION & BENEFITS SURVEY OR OTHER OUTSIDE COMPENSATION CONSULTANTS, TO DETERMINE SALARY AND BENEFITS. THE

Name of the organization: NAMI CALIFORNIA

Employer identification number: 94-2676057

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

BOARD OF DIRECTS THEN APPROVES THE ANNUAL EVALUATION AND SALARY ADJUSTMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FOLLOWING DOCUMENTS WILL BE MADE AVAILABLE TO THE GENERAL PUBLIC UP REQUEST AT THE ADMINISTRATIVE OFFICES: IRS FORM 1023, NAMI CALIFORNIA GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANNUAL AUDIT AND ANNUAL REPORT.

Name of the organization: NAMI CALIFORNIA

Employer identification number: 94-2676057

NAMI CALIFORNIA 94-2676057

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN TEMP RESTRICTED NET ASSETS	$	49.
TOTAL	$	49.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

UNREALIZED LOSS ON INVESTMENTS	$	10,776.
TOTAL	$	10,776.

NAMI CALIFORNIA
PROGRAM SERVICE ACCOMPLISHMENTS

ORGANIZATIONS PRIMARY EXEMPT PURPOSE
NAMI CALIFORNIA IS A NON-PROFIT, GRASSROOTS ORGANIZATION OF FAMILIES AND INDIVIDUALS WHOSE LIVES HAVE BEEN AFFECTED BY SERIOUS MENTAL ILLNESS. WE ARE DEDICATED TO PROVIDING ADVOCACY, POLICY DEVELOPMENT, LEADERSHIP EDUCATION TRAINING AND SUPPORT FOR OUR MEMBERS. WE ADVOCATE FOR LIVES OF QUALITY AND RESPECT - WITHOUT DISCRIMINATION OR STIGMA - FOR ALL OUR CONSTITUENTS WITHIN THE DIVERSE COMMUNITIES THROUGHOUT CALIFORNIA. WE ARE COMMITTED TO STRENGTHENING LOCAL AFFILIATES BY SUPPORTING THEIR ANNUAL GOALS.

PROGRAMS AND SERVICES
NAMI CALIFORNIA HAS 71 AFFILIATES THROUGHOUT THE STATE OF CALIFORNIA. EACH OF OUR AFFILIATES HAS DIFFERENT NEEDS BASED ON THEIR SIZE, LOCATION AND AVAILABILITY OF COMMUNITY RESOURCES. ALL OF OUR 71 AFFILIATES HOLD REGULAR MEETINGS; OFFER EDUCATION AND SUPPORT PROGRAMS FOR FAMILIES AND CONSUMERS AND PROVIDE DIFFERENT TYPES OF COMMUNITY EDUCATION (SPEAKER'S BUREAU, EDUCATIONAL MATERIALS ETC.). IN ADDITION, EACH AFFILIATE OFFERS OTHER EDUCATION PROGRAMS BASED ON WHERE THEY ARE LOCATED, THEIR SIZE (FROM 10 TO APPROXIMATELY 500 MEMBERS), THEIR EXISTING COMMUNITY RESOURCES AND THE RESOURCES AVAILABLE TO THE AFFILIATE. IN ORDER TO APPROPRIATELY SUPPORT THE AFFILIATES, IT IS ESSENTIAL THAT NAMI CALIFORNIA SUPPORT WHAT THE AFFILIATES ARE DOING AND ASSIST THEM, WHENEVER POSSIBLE, IN CARRYING OUT THEIR GOALS. WE, THEREFORE, OFFER A RANGE OF PROGRAMS AND SERVICES THAT EVERY AFFILIATE MAY ELECT TO PROVIDE AT THE LOCAL LEVEL. NAMI CALIFORNIA IS VERY ACTIVE IN SEEKING FUNDING TO MAKE ALL PROGRAMS AVAILABLE TO EVERY AFFILIATE.

NAMI FAMILY-TO-FAMILY EDUCATION
THE COURSE PLACES EMPHASIS ON FAMILY HEALING, PROVIDING INSIGHTS INTO AND RESOLUTION OF THE PROFOUND DISTRESS EXPERIENCED BY FAMILIES AND THEIR CLOSE RELATIVES AS THEY STRUGGLE TO COPE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS. THE 12 WEEK CURRICULUM OFFERS A WIDE RANGE OF INFORMATION ABOUT MENTAL ILLNESS, AND ASSISTS CAREGIVERS IN UNDERSTANDING HOW THE EXPERIENCE OF LIVING WITH MENTAL ILLNESS AFFECTS THEIR FAMILY MEMBER. (ALSO AVAILABLE IN SPANISH)

NAMI PEER-TO-PEER RECOVERY EDUCATION
FOR ANY PERSON WITH A MENTAL ILLNESS, THIS COURSE OFFERS INFORMATION FOR EVERY PARTICIPANT THAT WILL ASSIST THEM IN LEARNING HOW TO "LIVE WELL WITH MENTAL ILLNESS". THE NINE WEEK PROGRAM USES A COMBINATION OF LECTURE, INTERACTIVE EXERCISES AND STRUCTURED GROUP PROCESS TO PROMOTE AWARENESS, PROVIDE INFORMATION, AND OFFER OPPORTUNITIES TO REFLECT ON THE IMPACT OF MENTAL ILLNESS AS IT EXPRESSES ITSELF UNIQUELY THROUGH EACH PARTICIPANT'S LIFE. THE CURRICULUM INCLUDES COMPREHENSIVE INFORMATION ON THE BIOLOGICAL BASES OF MENTAL ILLNESS; PERSONAL AND INTERPERSONAL AWARENESS; EFFECTIVENESS AND COPING SKILLS; RELAPSE PREVENTION; AND INFORMATION ON ADDICTIONS, SPIRITUALITY AND BASIC SELF CARE. (COMING SOON IN SPANISH)

NAMI SUPPORT GROUPS
THE NAMI SUPPORT GROUP MODEL OFFERS A SET OF KEY STRUCTURES AND GROUP PROCESSES FOR FACILITATORS TO USE IN COMMON SUPPORT GROUP SCENARIOS. FACILITATOR TRAINING IS AVAILABLE. HOWEVER, AFFILIATES ARE NOT REQUIRED TO HAVE THIS SPECIFIC TRAINING IN ORDER TO PROVIDE SUPPORT GROUPS AT THE LOCAL LEVEL.

NAMI PROVIDER EDUCATION
THIS PROGRAM IS DESIGNED FOR MENTAL HEALTH SERVICE PROVIDERS AND THEIR STAFF AND IS CO-TAUGHT BY CONSUMERS, PROFESSIONALS AND FAMILY MEMBERS. THIS 10-WEEK COURSE PRESENTS A PENETRATING, SUBJECTIVE VIEW OF FAMILY AND CONSUMER EXPERIENCES TO PROVIDERS AND LINE STAFF AT PUBLIC AGENCIES WHO WORK DIRECTLY WITH PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS. THE COURSE REFLECTS A NEW KNOWLEDGE BASE, THE "LIVED EXPERIENCES" OF COPING WITH MENTAL ILLNESS OR CARING FOR SOMEONE WHO STRUGGLES WITH THIS LIFE-LONG CHALLENGE.
NAMI BASICS EDUCATION PROGRAM
THIS IS THE NEW SIGNATURE EDUCATION PROGRAM FOR PARENTS AND OTHER CAREGIVERS OF

CHILDREN AND ADOLESCENTS LIVING WITH MENTAL ILLNESS. THE COURSE IS TAUGHT BY TRAINED TEACHERS WHO ARE THE PARENT OR OTHER CAREGIVERS OF INDIVIDUALS WHO DEVELOPED THE SYMPTOMS OF MENTAL ILLNESS PRIOR TO THE AGE OF 13 YEARS. THE SIX 2 ½ HOUR CLASSES OF INSTRUCTIONAL MATERIAL, DISCUSSIONS AND INTERACTIVE EXERCISES ASSISTS PARENTS OF CHILDREN AND ADOLESCENTS IN UNDERSTANDING MENTAL ILLNESSES AND EMPOWERS THEM TO BECOME EFFECTIVE ADVOCATES FOR THEIR CHILDREN. ALL INSTRUCTION AND COURSE MATERIALS ARE FREE TO CLASS PARTICIPANTS. COURSES WILL BE AVAILABLE FALL 2008 IN CALIFORNIA.

HAND-TO-HAND
THIS NINE-WEEK COURSE IS DESIGNED TO SUPPORT THE FAMILIES OF CHILDREN AND ADOLESCENTS WHEN THEIR CHILD IS NEWLY DIAGNOSED WITH A MENTAL ILLNESS. WHEN A FAMILY ENTERS THIS WORLD THEY ARE FACED WITH NEW PROFESSIONALS, NEW TREATMENT, NEW MEDICATIONS, NEW SCHOOL PROGRAMS AND EVEN A NEW LANGUAGE THAT THEY MUST UNDERSTAND IN ORDER TO ASSIST THEIR CHILD IN RECEIVING THE BEST POSSIBLE SERVICES. HAND-TO-HAND TEACHES ABOUT THE ILLNESSES, THE TREATMENTS, AND THE MEDICATIONS. THE KEY FOR PARENTS IS THEY LEARN ABOUT LOCAL RESOURCES AND HOW TO UTILIZE THOSE RESOURCES IN BEHALF OF THEIR CHILD AND THEIR FAMILY. THIS COURSE IS AVAILABLE IN SPANISH.

HEARTS AND MINDS
RESEARCH HAS DEMONSTRATED THAT PEOPLE LIVING WITH SEVERE PSYCHIATRIC CONDITIONS MAY HAVE AN INCREASED RISK OF HEART DISEASE AND RELATED CONDITIONS. THIS EDUCATION PROGRAM INCLUDES A 13 MINUTE INSPIRATIONAL VIDEO TAPE AND A 24 PAGE EDUCATIONAL BOOKLET. THE PROGRAM RAISES AWARENESS AND PROVIDES INFORMATION ON DIABETES, DIET, EXERCISE, SMOKING, ADDICTIONS, RECOVERY, STIGMA AND TREATMENT. PARTICIPANTS LEARN ABOUT HEALTHY, ACCESSIBLE AND AFFORDABLE LIFESTYLE CHANGES DESIGNED TO REDUCE CARDIAC RISK AMONG PEOPLE WITH MENTAL ILLNESS. THE PROGRAM IS DESIGNED TO MAKE PEOPLE WANT TO GET MOVING; AND TO CHANGE THE THINGS THEY CAN CHANGE, IN ORDER TO HAVE A HEALTHIER LIFE.

IN OUR OWN VOICE: LIVING WITH MENTAL ILLNESS
A ONE-AND-A-HALF HOUR INTERACTIVE, MULTI-MEDIA CONSUMER PRESENTATION DESIGNED TO EDUCATE THE GENERAL PUBLIC, AND CHANGE ATTITUDES. THIS PROGRAM, THROUGH TWO DAYS OF TRAINING, TEACHES CONSUMERS TO MAKE PRESENTATIONS TO LOCAL COMMUNITY GROUPS. THE TRAINED PRESENTERS GIVE FIRST HAND EXPERIENCE ON WHAT IT IS LIKE TO LIVE WITH MENTAL ILLNESS, AS WELL AS CONVEY THE NAMI MESSAGE OF TREATMENT, ACCESS AND RECOVERY. NOTHING BEATS DIRECT PERSONAL CONTACT FOR BREAKING DOWN BARRIERS; REDUCING THE STIGMA AND MYSTERY SURROUNDING MENTAL ILLNESS; AND PROMOTING UNDERSTANDING AND SUPPORT FOR INDIVIDUALS LIVING WITH MENTAL ILLNESS.

MIAW (MENTAL ILLNESS AWARENESS WEEK)
ESTABLISHED IN 1990 BY CONGRESS, THE FIRST WEEK OF OCTOBER IS DESIGNATED AS MENTAL ILLNESS AWARENESS WEEK. EVERY OCTOBER, THIS NAMI TRADITION PRESENTS AT ALL LEVELS OF THE NAMI ORGANIZATION - NATIONAL, STATE AND LOCAL- THROUGH A VARIETY OF OUTREACH, EDUCATIONAL AND ADVOCACY EFFORTS.

PARENTS AND TEACHERS AS ALLIES
THE BURDEN OF COPING WITH SERIOUS MENTAL ILLNESS IN OUR YOUNGEST AND MOST VULNERABLE CITIZENS HAS LONG BEEN ASSIGNED TO THE HOME AND THE SCHOOL. THIS EDUCATIONAL TOOL PROVIDES A MODEL FOR DEALING WITH TWO VERY DIFFERENT PERSPECTIVES WHILE ADVANCING MUTUAL UNDERSTANDING AND COMMUNICATION BETWEEN FAMILIES AND SCHOOL PROFESSIONALS. ONLY AS ALLIES, CAN BOTH SIDES WORK TOGETHER TO GAIN THE INFORMATION AND RESOURCES NECESSARY FOR THE BEST INTERESTS OF THE CHILD. THE PROGRAM OFFERS AN INTERACTIVE, GRADE APPROPRIATE, PRESENTATION THAT "TEACHES" TEACHERS, SCHOOL ADMINISTRATORS, OTHER SCHOOL STAFF AND PARENTS ABOUT THE KEY WARNING SIGNS OF EARLY-ONSET MENTAL ILLNESS, AGE-RELATED SYMPTOMS OF MENTAL ILLNESS, GENERAL INFORMATION, STATISTICS AND AVAILABLE RESOURCES.

NAMI CONNECTION
THIS ONGOING SUPPORT GROUP FOR PEOPLE FACING THE CHALLENGES OF RECOVERING FROM A

SEVERE AND A PERSISTENT MENTAL ILLNESS PROVIDES A FORUM IN WHICH PEOPLE WITH MENTAL ILLNESS LEARN FROM EACH OTHERS' EXPERIENCES, SHARE COPING STRATEGIES AND OFFER EACH OTHER ENCOURAGEMENT, UNDERSTANDING AND SUPPORT. MANY MENTAL HEALTH CONSUMERS ARE ISOLATED BY THEIR ILLNESS. THE SUPPORT GROUP OFFERS A POWERFUL HEALING PROCESS AS EACH INDIVIDUAL DISCOVERS THAT THEY ARE NOT ALONE AND THEY HAVE PEERS WHO UNDERSTAND THEIR EXPERIENCES AND CONCERNS.

WORKING WELL TOGETHER (WWT)

THE WORKING WELL TOGETHER TRAINING AND TECHNICAL ASSISTANCE CENTER (WWT TAC) SUPPORTS THE VISION OF THE MENTAL HEALTH SERVICES ACT TO TRANSFORM SYSTEMS TO BE CLIENT AND FAMILY-DRIVEN. WWT TAC SUPPORTS THE SUSTAINED DEVELOPMENT OF CLIENT, FAMILY MEMBER AND PARENT/CAREGIVER EMPLOYMENT WITHIN EVERY LEVEL OF THE PUBLIC MENTAL HEALTH WORKFORCE.

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing ***(e-file).*** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization NAMI CALIFORNIA	**Employer identification number** 94-2676057
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions 1010 HURLEY WAY #195	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SACRAMENTO, CA 95825	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► TRULA LACALLE PHD

Telephone No ► 916-567-0163 FAX No ► 916-567-1757

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

► [ ] calendar year 20___ or

► [X] tax year beginning 7/01, 20 09, and ending 6/30, 20 10

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	**3a**	$ 0.
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	**3b**	$ 0.
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	**3c**	$ 0.

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

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