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Form

990Department 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

2011**Open to Public Inspection****A For the 2011 calendar year, or tax year beginning , and ending****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization

NAMI - OREGON

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

4701 SE 24TH AVENUE

Room/suite

E

City or town, state or country, and ZIP + 4

PORTLAND

OR 97202

F Name and address of principal officer

CHRIS BOUNEFF-EXECUTIVE DIRECTOR

4701 SE 24TH AVE., STE E

PORTLAND

OR 97202

D Employer identification number

93-0875209

E Telephone number

503-230-8009

G Gross receipts \$

474,018

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status☒ 501(c)(3)☐ 501(c) ()

(insert no)

☐ 4947(a)(1) or☐ 527**J** Website

www.nami.org/sites/NAMIOregon

H(c) Group exemption number**K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation

1985

M State of legal domicile

OR

Part I Summary**1** Briefly describe the organization's mission or most significant activities

Through the education, support, advocacy, & outreach programs, Nami-Oregon is dedicated to improving the quality of life of individuals living with mental illness, as well as their families & loved ones.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)

3

7

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

7

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5

3

6 Total number of volunteers (estimate if necessary)

6

92

7a Total 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

8 Contributions and grants (Part VIII, line 1h)

Prior Year

267,293

Current Year

227,169

9 Program service revenue (Part VIII, line 2g)

8,032

8,568

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

259

114

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

118,858

142,503

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

394,442

378,354

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

131,306

162,404

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25)

35,337

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

209,049

199,712

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

340,355

362,116

19 Revenue less expenses Subtract line 18 from line 12

54,087

16,238

20 Total assets (Part X, line 16)

Beginning of Current Year

169,242

End of Year

185,347

21 Total liabilities (Part X, line 26)

19,525

19,392

22 Net assets or fund balances Subtract line 21 from line 20

149,717

165,955

Part II Signature Block

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

Sign**Here**

Signature of officer

Date

Type or print name and title

Executive Director

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if

PTIN

Elaine N. Teague, CPA

Elaine N. Teague, CPA

06/14/12

self-employed

P00011544

Paid**Preparer****Use Only**

Firm's name Puttman & Teague, LLP

Firm's EIN 93-1229062

5200 SW Macadam Ave., Suite 470

Firm's address Portland, OR 97239-3836

Phone no 503-221-5117

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

DAA

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission

Through the education, support, advocacy, & outreach programs, Nami-Oregon is dedicated to improving the quality of life of individuals living with mental illness, as well as their families & loved ones.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 140,108 including grants of \$) (Revenue \$)

Education and Support: NAMI Oregon offers an array of peer education and training programs and services for individuals living with mental illness, family members, providers and the general public at no cost to participants seeking critical information and support not found elsewhere in the mental health and addiction system. These programs draw on the lived experience of mental health consumers and family members who have learned to live well with their illnesses and have been extensively trained to help others. NAMI Oregon held teacher and facilitator trainings for its core education and support group programs: Connection Peer Support Group, Family Support Group, Family-to-Family, Peer-to-Peer, In Our Own Voice, and Basics. Trained volunteers also fielded 1,200 Helpline calls from individuals and

4b (Code) (Expenses \$ 70,032 including grants of \$) (Revenue \$)

Outreach: NAMI Oregon's array of support and public education efforts are focused on educating Oregonians about mental illness, treatment, support services and recovery. We are the designated Outreach Partner for Oregon through the federal National Institute on Mental Health, which gives NAMI Oregon access to the latest research and science-based publications that staff and volunteers distribute at community presentations, health fairs, and other public events. In 2011, NAMI Oregon hosted the 9th annual NAMI Northwest Walk where more than 2,500 people gathered in downtown Portland, Ore., for the state's largest public event to celebrate recovery, advocate for a more robust mental health treatment and support system, and combat the stigma still often associated with mental illness. The organization

4c (Code) (Expenses \$ 61,284 including grants of \$) (Revenue \$)

Advocacy/Policy: NAMI Oregon is the largest membership-based mental health organization in the state of Oregon and is recognized as the leading voice on mental health issues among state lawmakers and among local mental health policymakers across the state. NAMI advocates continue to fight for policy changes and health care transformation that raises the bar on mental health treatment and support services that promote recovery and timely access to services and supports, reduce barriers to effective treatment, and preserve families and communities. NAMI grassroots advocates and volunteers are active with their state legislators, informing them of positive developments in the mental health system and advocating for improvements that will lead to more positive mental health and health care outcomes.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 271,424

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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		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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) 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		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		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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction 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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		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		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		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	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ☐ OR
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHRIS BOUNEFF** 4701 SE 24TH AVE., STE E
 PORTLAND OR 97202 503-230-8009

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MONICA KOSMAN BOARD MEMBER	2.50	X						0	0	0
(2) WENDY BOURG, PhD BOARD MEMBER	2.50	X						0	0	0
(3) KIM SCHNEIDERMAN PRESIDENT	2.50	X		X				0	0	0
(4) SHERYL PETERSON SECRETARY	2.50	X		X				0	0	0
(5) VINCE SALVI BOARD MEMBER	2.50	X						0	0	0
(6) BETH BARKER TREASURER	2.50	X		X				0	0	0
(7) THOMAS WELCH BOARD MEMBER	2.50	X						0	0	0
(8) CHRIS BOUNEFF EXECUTIVE DIRECTOR	40.00			X				65,000	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								65,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								65,000		

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**

- 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
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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. Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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	120,540			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	106,629			
	g Noncash contributions included in lines 1a-1f	\$	5,687			
	h Total. Add lines 1a-1f		227,169			
Program Service Revenue	2a MEMBERSHIP DUES-GENERAL	Busn. Code	8,568	8,568		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		8,568			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		114	114	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
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	238,167			
b Less direct expenses		b	95,664			
c Net income or (loss) from fundraising events			142,503			
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		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		378,354	8,682	0	0	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

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	65,000	52,000	6,500	6,500
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	76,364	64,922	9,361	2,081
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,391	4,458	605	328
10 Payroll taxes	15,649	12,943	1,756	950
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,625	400	12,225	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	29,257	26,912	2,195	150
12 Advertising and promotion	2,632	2,462	9	161
13 Office expenses	26,097	15,580	6,511	4,006
14 Information technology				
15 Royalties				
16 Occupancy	10,848	7,232	1,808	1,808
17 Travel	20,579	18,429	2,084	66
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,769	23,136	16	18,617
20 Interest				
21 Payments to affiliates	22,600	22,600		
22 Depreciation, depletion, and amortization	230		230	
23 Insurance	2,172	1,448	362	362
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	11,091	9,733	1,050	308
b EQUIPMENT	8,310	4,132	4,178	
c FEES	6,296	5,037	1,259	
d TELEPHONE	4,121		4,121	
e All other expenses	1,085		1,085	
25 Total functional expenses. Add lines 1 through 24e	362,116	271,424	55,355	35,337
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	132,170	1	145,761
	2 Savings and temporary cash investments	28,890	2	32,050
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,186	9	6,770
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 13,107		
	b Less accumulated depreciation	10b 12,341	996	10c 766
	11 Investments—publicly traded securities		11	
	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)	169,242	16	185,347	
Liabilities	17 Accounts payable and accrued expenses	19,525	17	19,392
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	19,525	26	19,392
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	141,377	27	154,455
	28 Temporarily restricted net assets	8,340	28	11,500
	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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	149,717	33	165,955	
34 Total liabilities and net assets/fund balances	169,242	34	185,347	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	378,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	362,116
3	Revenue less expenses Subtract line 2 from line 1	3	16,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,717
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	165,955

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	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?		X
b Were the organization's financial statements audited by an independent accountant?	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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 separate basis, consolidated 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?		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		

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NAMI - OREGON

Employer identification number

93-0875209

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 a 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 ☐ 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 to 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 it 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?
- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support test—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	212,984	192,618	282,041	267,293	227,169	1,182,105
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					246,849	246,849
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	212,984	192,618	282,041	267,293	474,018	1,428,954
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						1,428,954

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	212,984	192,618	282,041	267,293	474,018	1,428,954
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2	161	259		422
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2	161	259		422
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	212,984	192,620	282,202	267,552	474,018	1,429,376
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 2011 (line 8, column (f) divided by line 13, column (f))	15	99.97 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV **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. Also complete this part for any additional information. (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527**▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**▶ **See separate instructions.****If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

If the organization answered "Yes" 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization

NAMI - OREGON

Employer identification number

93-0875209

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 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures**(The term "expenditures" means amounts paid or incurred.)**

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	25,500													
c Total lobbying expenditures (add lines 1a and 1b)	25,500													
d Other exempt purpose expenditures	353,704													
e Total exempt purpose expenditures (add lines 1c and 1d)	379,204													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	75,841													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	18,960													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	49,613	54,388	68,071	75,841	247,913
b Lobbying ceiling amount (150% of line 2a, column(e))					371,870
c Total lobbying expenditures	26,061	24,000	28,500	25,500	104,061
d Grassroots nontaxable amount	12,403	13,597	17,018	18,960	61,978
e Grassroots ceiling amount (150% of line 2d, column (e))					92,967
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to 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).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

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

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

1 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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

NAMI - OREGON

Employer identification number

93-0875209

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 the 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

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

	Amount
1c	
1d	
1e	
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 the 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,107	12,341	766
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ☐ 766

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 (ASC 740) 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	378,354
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	362,116
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,238
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	16,238

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	395,442
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	395,442
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-17,088
c	Add lines 4a and 4b	4c	-17,088
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	378,354

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

1	Total expenses and losses per audited financial statements	1	379,204
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)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	379,204
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-17,088
c	Add lines 4a and 4b	4c	-17,088
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	362,116

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 XI, Line 8 - Reconciliation of Changes - Other

AFFILIATE SUPPORT OF NATIONAL PROGRAMS	\$	17,088
AFFILIATE SUPPORT OF NATIONAL PROGRAMS	\$	-17,088

Part XII, Line 4b - Revenue Amounts Included on Return - Other

AFFILIATE SUPPORT OF NATIONAL PROGRAMS	\$	-17,088
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Part XIV Supplemental Information (continued)

Part XIII, Line 4b - Expense Amounts Included on Return - Other

AFFILIATE SUPPORT OF NATIONAL PROGRAMS \$ -17,088

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding**
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No 1545-0047

2011Open To Public
Inspection

Name of the organization

NAMI - OREGON

Employer identification number

93-0875209

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 <u>NAMI WALK</u> (event type)	(b) Event #2 <u>NEW FREEDOM AWA</u> (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	182,747	46,960		229,707
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	182,747	46,960		229,707
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	95,664			95,664
10 Direct expense summary Add lines 4 through 9 in column (d)				95,664
11 Net income summary Combine line 3, column (d), and line 10				134,043

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

NAMI - OREGON

Employer identification number

93-0875209

Form 990, Part I, Line 6

NAMI Oregon maintains a toll-free information and referral Helpline for individuals living with mental illness and their family members. The toll-free helpline is answered by trained volunteers and staff who provide consumers and family members statewide with information on local mental health services; access to mental health providers; prescription assistance programs; housing, transportation, and other basic services; supportive peer counseling; family-centered and peer-delivered education programs; and consumer rights.

During 2011, 1,275 total volunteers hours were contributed to NAMI Oregon.

Form 990, Part III, Line 4a - First Accomplishment

families about treatment and support services in their local communities across Oregon.

Form 990, Part III, Line 4b - Second Accomplishment

also held its third annual Gordon & Sharon Smith New Freedom Award banquet that annually recognizes a community leader who has a demonstrated record of public advocacy for individuals and families affected by mental illness.

Form 990, Part III, Line 4c - Third Accomplishment

They also advocate with local mental health authorities, county commissioners, city leaders, law enforcement and others in local communities.

Name of the organization

NAMI - OREGON

Employer identification number

93-0875209

Form 990, Part VI - Additional Information

Line 13 and 14: Currenty NAMI Oregon does not have a written policy for whistleblower, document retention and destruction, but is in the process of establishing such policies.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Members may elect board members and are asked to ratify board members who are named to the board between annual meetings.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Members may also take direct action to overturn a decision of a board or remove a member from a board.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The executive director and treasurer review the draft 990 prepared by independent paid preparer. Thereafter, corrections are provided by management to the paid preparer, and the final return is reviewed by the executive director and treasurer prior to filing of the final Form 990 with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT AFFIRMING THEIR KNOWLEDGE AND UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY. EACH VOTING MEMBER OF THE BOARD ANNUALLY SIGNS A STATEMENT DECLARING THEY ARE AN INDEPENDENT DIRECTOR. IF AT ANY TIME DURING THE YEAR THE INFORMATION IN THE ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND

Name of the organization

NAMI - OREGON

Employer identification number

93-0875209

REVISE THE ANNUAL DISCLOSURE FORM. THE EXECUTIVE COMMITTEE SHALL ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation for executive director is subject to review and approval process by board members on an annual basis using comparability data for similar positions in comparable organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The conflict of interest policy and audited financial statements for the most recently completed year are available to the public upon request. Articles of Incorporation and By-laws are normally not provided.

NAMI OREGON

FINANCIAL STATEMENTS

**FOR THE YEARS ENDED
DECEMBER 31, 2011 and 2010**

with

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

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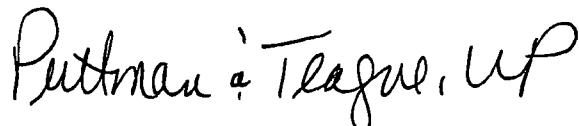
INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
NAMI Oregon

We have audited the accompanying statement of financial position of NAMI Oregon (a nonprofit organization) as of December 31, 2011 and 2010, and the related statement of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NAMI Oregon as of December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



PUTTMAN & TEAGUE, LLP
Certified Public Accountants

Portland, Oregon
March 28, 2012

NAMI OREGON
Statements of Financial Position
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS:		
Cash and cash equivalents	\$ 145,761	\$ 132,170
Fixed assets		
Furniture and fixtures	13,107	13,107
Accumulated depreciation	<u>(12,341)</u>	<u>(12,111)</u>
Net fixed assets	<u>766</u>	<u>996</u>
Other assets		
Prepaid expenses	6,770	7,186
Designated and restricted funds	<u>32,050</u>	<u>28,890</u>
Total other assets	<u>38,820</u>	<u>36,076</u>
 TOTAL ASSETS	 <u><u>\$ 185,347</u></u>	 <u><u>\$ 169,242</u></u>
 LIABILITIES:		
Accounts payable	\$ 2,130	\$ 1,527
Accrued payable		1,000
Accrued vacation		436
Credit card payable	790	627
Payable to affiliates	200	200
Payable to National	772	235
NAMI Northwest Walk: 2011 & 2010	<u>15,500</u>	<u>15,500</u>
 TOTAL LIABILITIES	 <u>19,392</u>	 <u>19,525</u>
 NET ASSETS:		
Unrestricted	148,455	135,377
Designated by Boards	<u>6,000</u>	<u>6,000</u>
Total unrestricted	154,455	141,377
 Temporarily restricted	 <u>11,500</u>	 <u>8,340</u>
 TOTAL NET ASSETS	 <u>165,955</u>	 <u>149,717</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u><u>\$ 185,347</u></u>	 <u><u>\$ 169,242</u></u>

See Auditors' Report and Notes to Financial Statements

NAMI OREGON
Statement of Activities
For the Year Ended December 31, 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Revenues and support:			
2011 Walk results	\$ 182,747	\$	\$ 182,747
Less: distribution to affiliates	<u>(78,576)</u>		<u>(78,576)</u>
2011 Walk results, net	104,171		104,171
 Other contributions and revenues	278,285	7,185	285,470
In-kind contributions	5,687		5,687
Interest income	<u>114</u>		<u>114</u>
Total revenues	388,257	7,185	395,442
 Satisfaction of restrictions	<u>4,025</u>	<u>(4,025)</u>	
 Total revenues and support	<u>392,282</u>	<u>3,160</u>	<u>395,442</u>
 Expenses			
Program services	271,424		271,424
Management and general	55,355		55,355
Fundraising	<u>35,337</u>		<u>35,337</u>
Total functional expenses	362,116		362,116
 Affiliate support of national programs	<u>17,088</u>		<u>17,088</u>
Total expenses	<u>379,204</u>		<u>379,204</u>
 Change in net assets	13,078	3,160	16,238
 Net assets, beginning of year	<u>141,377</u>	<u>8,340</u>	<u>149,717</u>
 Net assets, end of year	<u>\$ 154,455</u>	<u>\$ 11,500</u>	<u>\$ 165,955</u>

See Auditors' Report and Notes to Financial Statements

NAMI OREGON
Statement of Activities
For the Year Ended December 31, 2010

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Revenues and support:			
2010 Walk results	\$ 181,841	\$	\$ 181,841
Less: distribution to affiliates	<u>(83,953)</u>		<u>(83,953)</u>
2010 Walk results, net	97,888		97,888
 Other contributions and revenues	292,472	2,950	295,422
In-kind contributions	16,424		16,424
Interest income	<u>259</u>		<u>259</u>
Total revenues	407,043	2,950	409,993
 Satisfaction of restrictions	<u>2,473</u>	<u>(2,473)</u>	
 Total revenues and support	<u>409,516</u>	<u>477</u>	<u>409,993</u>
 Expenses			
Program services	249,122		249,122
Management and general	57,274		57,274
Fundraising	<u>33,959</u>		<u>33,959</u>
Total functional expenses	340,355		340,355
 Affiliate support of national programs	<u>15,551</u>		<u>15,551</u>
Total expenses	<u>355,906</u>		<u>355,906</u>
 Change in net assets	53,610	477	54,087
 Net assets, beginning of year	<u>87,767</u>	<u>7,863</u>	<u>95,630</u>
 Net assets, end of year	<u><u>\$ 141,377</u></u>	<u><u>\$ 8,340</u></u>	<u><u>\$ 149,717</u></u>

See Auditors' Report and Notes to Financial Statements

NAMI OREGON
Statement of Functional Expense
For the Year Ended December 31, 2011

	Program Services				Support Services		
	Support	Education	Advocacy	Outreach	Total Program Services	Management & General	Fundraising Total
Personnel expense:							
Salaries	\$ 32,386	\$ 32,386	\$ 24,527	\$ 27,623	\$ 116,922	\$ 15,861	\$ 8,581
Employee benefits	1,235	1,235	935	1,053	4,458	605	328
Payroll taxes	3,585	3,585	2,715	3,058	12,943	1,756	950
Total personnel expense	37,206	37,206	28,177	31,734	134,323	18,222	9,859
Other expense:							
Payroll fee						1,085	1,085
Professional fees and independent contractors		500	24,836	1,976	27,312	14,420	150
Affiliate support	10,000	12,600			22,600		22,600
Office supplies and postage	513	84	6	791	1,394	2,760	814
Telephone						4,121	4,121
General marketing	1,402	149	130	781	2,462	9	161
Occupancy	1,808	1,808	1,808	1,808	7,232	1,808	1,808
Equipment	380	480	687	2,585	4,132	4,178	8,310
Printing	289	9,924		3,973	14,186	2,676	3,192
Subscriptions and publications						1,075	1,075
Conferences and facilities	1,356	11,079	1,299	9,402	23,136	16	18,617
Travel and entertainment	2,833	8,253	3,979	3,364	18,429	2,084	66
Insurance	362	362	362	362	1,448	362	362
Fees	600	900		3,537	5,037	1,259	6,296
Depreciation						230	230
Miscellaneous expenses	14			9,719	9,733	1,050	308
Total other expense	19,557	46,139	33,107	38,298	137,101	37,133	25,478
Total functional expense	\$ 56,763	\$ 83,345	\$ 61,284	\$ 70,032	\$ 271,424	\$ 55,355	\$ 35,337
							\$ 362,116

See Auditors' Report and Notes to Financial Statements

NAMI OREGON

Statement of Functional Expense

For the Year Ended December 31, 2010

Personnel expense:

Other expense:

[illegible]

Total functional expense

See Auditors' Report and Notes to Financial Statements

NAMI OREGON
Statements of Cash Flows
For the Years Ended December 31, 2011 and 2010

	2011	2010
Cash flows from operating activities:		
Cash received from Walk	\$ 182,747	\$ 181,841
Cash received from other contributions and revenues	285,470	295,422
Cash received from interest	114	259
	468,331	477,522
Cash paid to member charities, employees and vendors	(451,580)	(443,669)
Net cash provided by operating activities	16,751	33,853
Cash flows from investing activities:		
(Increase) decrease in designated and restricted funds	(3,160)	2,023
Purchase of property and equipment	(1,149)	(1,149)
Net cash provided (used) by investing activities	(3,160)	874
Net increase in cash and cash equivalents	13,591	34,727
Cash and cash equivalents at beginning of year	132,170	97,443
Cash and cash equivalents at end of year	\$ 145,761	\$ 132,170
Reconciliation of change in net assets to net cash provided by operating activities:		
Change in net assets	16,238	\$ 54,087
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation expense	230	153
Decrease (increase) in prepaid expense	416	(6,551)
Increase (decrease) in accounts payable	603	(6,393)
Increase (decrease) in accrued payable	(1,000)	(6,937)
Increase (decrease) in accrued vacation	(436)	(718)
Increase (decrease) in credit card payable	163	341
Increase (decrease) in payable to affiliates	(814)	(814)
Increase (decrease) in payable to National	537	235
Increase (decrease) in deferred revenue	450	450
Net cash provided by operating activities	16,751	\$ 33,853

See Auditors' Report and Notes to Financial Statements

NAMI OREGON
Notes to Financial Statements
For the Years Ended December 31, 2011 and 2010

NOTE A. ORGANIZATION

NAMI Oregon is a statewide grassroots organization that is dedicated to improving the quality of life of individuals living with mental illness, as well as their families and loved ones. Under the umbrella of the National Alliance on Mental Illness, NAMI Oregon serves all Oregonians through their education, support, advocacy and outreach at the state and county levels.

NAMI Oregon provides a toll-free Helpline to answer general questions about mental illness, provide referrals to community resources and to connect callers with local NAMI affiliates. The Organization offers many free education programs and support groups to individuals living with mental illness and their families and loved ones to help strengthen their knowledge of mental illnesses, treatments, and alternatives.

The Organization prioritizes to expand an integrated community system of mental health care; improve community services, such as access to treatment, housing, and employment; investment in improved facilities and care delivery at the Oregon State Hospital; and ensure that people living with mental illness are not incarcerated, but accepted into treatment programs.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies followed by the Organization are described below to enhance the usefulness of the financial statements to the reader.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles and accordingly, reflect all significant receivables, payables and other liabilities.

Basis of Presentation

The Organization has adopted the provisions of the Financial Accounting Standards Board in its Accounting Standard Codification (FASB ASC) 958-210-45-1, "Financial Statements of Not-for-Profit Entities" and FASB ASC 958-605-45-3, "Contributions Received". Under these provisions, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. *Unrestricted net assets* are not subject to donor-imposed stipulations. *Temporarily restricted net assets* are subject to donor-imposed stipulations that will be met either by actions of the organization and/or the passage of time. *Permanently restricted net assets* are subject to donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. As of December 31, 2011, unrestricted net assets were \$154,455, temporarily restricted net assets were \$11,500 and there were no permanently restricted net assets.

NAMI OREGON
Notes to Financial Statements
For the Years Ended December 31, 2011 and 2010

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires that management make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NAMI Northwest Walk Event

NAMI Northwest Walk event is an annual collaboration between NAMI National, NAMI Oregon and local NAMI affiliates in Oregon and Southwest Washington. The purpose of this event is to raise awareness and funds to support NAMI programs in Oregon and Southwest Washington. Contributions are collected through walkers, event sponsors, and general donations.

Support from campaigns is recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Fiscal Agent

During the 2011 Walk, revenue was raised for Columbia County which does not have a 501 (c)(3) designation. NAMI Oregon is acting as fiscal agent for Columbia County's Walk dollars as directed by NAMI National. NAMI Oregon, under the direction of Chris Bouneff, executive director, has complete control over the safekeeping of the funds, approving expenses and payment of the expenses. The expenses must be for activities that are in alignment with the mission and goals of NAMI Oregon. The revenues and expenses are recorded on the books of NAMI Oregon and unspent funds are reflected in temporarily restricted net assets.

At December 31, 2011, Columbia County has a balance of \$1,585 reflected in temporarily restricted net assets.

Revenue Recognition

Revenues are received and recognized in the calendar year predominantly from contributions and membership fees. Revenues from annual special events such as NAMI Northwest Walk and New Freedom Award are generally available for unrestricted use in the related event year. Walk revenue received for a subsequent year is deferred and recorded as a liability. At December 31, 2011 and 2010, the Organization received \$15,500 and \$15,500 in deferred revenue for NAMI Northwest Walk 2012 and 2011, respectively.

NAMI OREGON
Notes to Financial Statements
For the Years Ended December 31, 2011 and 2010

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Distributions to Member Affiliates

All Walk revenues are deemed by the Organization to be designated by donors to member affiliates. Contributions received by the Organization are allocated to member affiliates in the following manner:

As specifically designated by the donor, or

Based on an affiliate revenue sharing agreement with NAMI Oregon.

In-Kind Contributions

The Organization receives contributed services from a large number of volunteers who assist in fundraising and other efforts through their participation in a range of programs and activities. In accordance with FASB ASC 958-605-45-3 "Contributions Received", the value of such services, which the Organization considers not practicable to estimate, has not been recognized in the statement of activities. Significant services received which create or enhance a non-financial asset or require specialized skills that the Organization would have purchased if not donated are recognized in the statement of activities.

In addition, in-kind contributions of equipment and other materials are recorded where there is an objective basis upon which to value these contributions and where the contributions are an essential part of the Organization's activities.

The Organization recorded \$5,687 and \$16,424 in contributed rents and materials or goods for the years ended December 31, 2011 and 2010, respectively. No contributed services met the criteria for recognition.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

Capital Assets and Depreciation

Office furniture and equipment are carried at cost, or fair value when acquired by gift. Depreciation is generally provided on a straight-line basis over the estimated useful lives of the respective assets, which is generally 3 to 5 years. Maintenance and repairs are charged to expense as incurred; expenditures for additions, improvements and replacements in excess of \$500 are generally capitalized. Donated furniture and equipment is recorded at estimated fair value on the date of donation.

Depreciation expense for the year ended December 31, 2011 was \$230 and depreciation expense for 2010 was \$153.

NAMI OREGON
Notes to Financial Statements
For the Years Ended December 31, 2011 and 2010

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Functional Expenses

The cost of providing various program and supporting services have been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Income Taxes

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and comparable state law. In accordance with FASB ASC 958-720-50, no income taxes were required to be provided for in the accompanying financial statements.

NOTE C. RESTRICTED CASH

For purposes of the cash flow statement, cash includes all cash available for use in operations. In addition, NAMI Oregon has the following designated and restricted cash as follows for the year ended December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Temporarily Restricted:		
Ratliff Scholarship	\$ 4,663	\$ 4,663
Advocacy	900	900
Dartmouth IPS	4,352	2,777
Columbia County Fiscal Fund	<u>1,585</u>	
	11,500	8,340
 NAMI Northwest Walk	 15,500	 15,500
Board Designated:		
New Freedom Award	<u>6,000</u>	<u>6,000</u>
	<u>\$33,000</u>	<u>\$29,840</u>

NOTE D. INVESTMENTS

Funds are currently held at one financial institution in checking and savings accounts. All accounts are insured up to \$250,000 per account by the Federal Deposit Insurance Corporation (FDIC). There were no cash balances in excess of the insured limits at December 31, 2011 and 2010.

NAMI OREGON
Notes to Financial Statements
For the Years Ended December 31, 2011 and 2010

NOTE E. EXPENSES

Expenses are recognized by the Organization during the period in which they are incurred. Expenses which are paid in advance and not yet incurred are deferred to the applicable period.

Program services consist of costs associated with managing, maintaining, and increasing revenue sources for the Organization's state affiliates and member agencies from existing workplace fundraising campaigns; increasing overall recognition and representation of member agencies; and costs that benefit the overall campaign. Management and general maintenance of its corporate existence, including general office management, and financial reporting. Fundraising includes those costs associated with accessing new workplace fundraising campaigns.

NOTE F. OPERATING LEASES

The Organization leases its office equipment and space under agreements classified as operating leases as follows:

- A) Office copier lease signed May 1, 2009 for 60 months at \$163 per month expiring April 30, 2014.
- B) Rental lease signed November 1, 2010 for 60 months at \$800 per month for the first two years then \$848 per month the remaining three years, expiring October 31, 2015.

At December 31, 2011, the aggregate future minimum leases on non-cancellable operating leases were as follows:

December 31, 2012	\$11,650
December 31, 2013	12,130
December 31, 2014	10,827
December 31, 2015	<u>8,480</u>
	<u>\$43,087</u>

Aggregate rentals under operating leases totaled \$11,554 and \$3,554 for the years ended December 31, 2011 and 2010, respectively.

NOTE G: ECONOMIC DEPENDENCY

NAMI Oregon received 23% and 24% of its revenue from a State of Oregon contract for the years ended December 31, 2011 and 2010, respectively. Should this contract be discontinued or reduced, it would have significant impact on the activities of the Organization.

NAMI OREGON
Notes to Financial Statements
For the Years Ended December 31, 2011 and 2010

NOTE I. RELATED PARTIES

The Organization is a chapter of the National Alliance on Mental Illness (NAMI National). Contributions received from NAMI Annual Northwest Walk event are subjected to fees payable to NAMI National. These fees include an annual one time participation fee of \$5,000 and 10% of total gross contributions. Total fees paid to NAMI National totaled \$17,088 and \$15,551 for the years ended December 31, 2011 and 2010, respectively.

The Organization is also working with local affiliates to provide support, education, advocacy, and outreach at the county level. During the years ended December 31, 2011 and 2010, the Organization has collected and transferred contributions made for the NAMI Annual Northwest Walk to its local affiliates totaling \$78,576 and \$83,953, respectively.

NOTE J. SUBSEQUENT EVENTS

FASB ASC 855-10-50-2 "Nonrecognized Subsequent Events" requires accounting and disclosure for subsequent events. Subsequent events have been evaluated through March 28, 2012, which is the date the financial statements were available to be issued. This date coincides with the audit report date and management representation letter.

New Program Implemented

Parents & Teachers as Allies is a program to help school professionals and families within the school community understand the early signs of mental illnesses in children and adolescents, and help them ensure that youth are linked with services.