SUPPORT

EDUCATE

ADVOCATE

STRONGER TOGETHER

2014 ANNUAL REPORT • NAMI MINNESOTA
WE BELIEVE:
- Adults and children with mental illnesses are resilient and can recover
- Families and friends are important for recovery
- A strong, active grassroots organization benefits people impacted by mental illnesses

NAMI'S MISSION
NAMI Minnesota champions justice, dignity, and respect for all people affected by mental illnesses. Through education, support, and advocacy we strive to eliminate the pervasive stigma of mental illnesses, effect positive changes in the mental health system, and increase the public and professional understanding of mental illnesses.

“In union there is strength.” - Aesop
Everyday NAMI Minnesota touches the lives of Minnesotans who feel alone as they struggle with mental illnesses in themselves or someone they love. NAMI believes that no one should have to travel this journey alone. NAMI knows first-hand, when we share the road with others there is hope, healing and change.

together, we change attitudes
Although stigma, fear and discrimination are primary barriers to understanding mental illnesses, NAMI’s educational approach and public dialogues help to change attitudes. NAMI sets the stage for individuals and loved ones to share their stories, in a workplace, with a legislator or in the media. The goal is to use the power of people’s stories to decrease stigma and increase compassion and understanding.

together, we change the mental health system
In order to affect systemic change, individuals and families must feel supported and a deeply rooted sense of belonging to a movement. NAMI’s educational classes and support groups help to strengthen individuals and families. By partnering with professionals and providers, we build collaborations, cohesiveness and strength. By promoting broader anti-stigma messages to the public through multi-media, outreach events and presentations we break down that wall of stigma and reduce discrimination.

NAMI Minnesota brings everyone together to envision a better mental health system. Together we are stronger. All this happens when we join together as a community, create awareness, provide education, support one another and advocate for change.

With our funders, donors, community partners and volunteers, we are stronger together as we make measurable strides toward ensuring that people living with mental illnesses have access to the treatment and supports they need. In 2014, more collaborations were forged, partnerships brokered and public discourse took place. Along with our community mental health partners, it was a year marked by increased visibility in the media and more community conversations about mental illnesses. This year, NAMI reached over 110,000 people through our education classes, support groups, presentations and social media. We have seen a major increase in the number of calls and website visits of people looking for information and resources, particularly for children. We saw an increase in the number of people that participated in our classes and presentations, and we increased advocacy efforts, gaining more attention publicly, in order to improve the mental health system statewide.

- Kenyan Proverb
CAROL

At her wits’ end, Carol did not know where else to turn. Her 18-year-old son had been hospitalized a number of times throughout the year. Finally, after a dozen attempts to find help for him, she discovered the First Episode Program at the University of Minnesota. Although he was showing signs of stability and finding hope for recovery, she was still reeling from the last two years. She felt alone. The first Episode Program pointed her to NAMI where she took the 12 week Family-to-Family Class. There she learned more about her son’s diagnosis—bipolar II—and was able to connect with other parents and family members that were on a similar journey as hers. She was weary, but for the first time she had a better understanding of what her son was going through, but also gained her own coping skills. For the first time in years, she had found new friends that understood what her family was going through.

EDUCATION

• 75 free workshops and classes reached 1,200 family members throughout Minnesota.
• 184 classes reached 8,100 professionals on mental illnesses.
• 242 programs for the general public reached 7,600.
• 64 NAMI booths were staffed at events and conferences, including the Minnesota State Fair.
• 23 MNSure presentations were held statewide, reaching over 300 people including outreach efforts targeting African Americans.
• 19 Community Conversations on mental health were held statewide, attracting hundreds of participants.

education makes us stronger

When families and professionals have good information and know how to access resources, they are better equipped to support their loved one or their clients. In addition, NAMI works with the media and the greater public to raise awareness about mental illnesses and portray positive messages of courage and hope.

families

Ten different classes assisted 1,213 people who have a family member living with a mental illness. These classes provide information on mental illnesses, treatment options, the mental health system and coping strategies and have proven to be highly effective in increasing people’s awareness and knowledge of mental illnesses.

professionals

Often professionals within the health care system, the criminal justice system and education are the first point of contact for individuals and families seeking assistance and support. NAMI reaches out to these professionals with specifically targeted information and trainings. Over 7,025 professionals participated in 140 classes statewide that included trainings on suicide prevention, de-escalation skills for emergency departments, crisis intervention trainings for police, older adult care, re-entry from the corrections system and the eight components of wellness.

the public

Changing public attitudes requires strategic outreach. NAMI presented to 5,703 people at workplaces, community settings, conferences and through online trainings. NAMI had booths at over 64 events. The information conveyed in these presentations and booths helped to build awareness and increase understanding.
EMILY

The Youth Mental Health First Aid training could not have come at a better time for Emily, a Hennepin County Program Manager. Shortly before the training, she was working with a patient who was threatening to harm herself and her boyfriend. Because of this training, she was able to develop a comprehensive plan for how to work with and support her client. In particular, she said the training demystified the fragility of working with suicidal patients and gave her the tools to respond effectively and connect them to appropriate resources. She felt confident and calm when she received a call unexpectedly from another client, who was suicidal. She was able to work effectively with her client, Child Crisis, and the police to get him admitted to the hospital for evaluation and stabilization. She said the training was integral to her work and wished she had completed it earlier.

new initiatives in 2014

• Community Conversations. In collaboration with NAMI local affiliates, area mental health centers and the MakeItOk campaign, Community Conversations were hosted in 19 different communities. Personal stories were shared and attendees discussed how to better address the needs of children and adults living with mental illnesses and their families. It was a compelling first step to creating a dialogue around mental illnesses and creating a movement for change.

• Smoking Cessation Program. This was launched this year to work with mental health centers to implement smoking cessation programs due to the high rate of smoking among people with a mental illness.

• First Episode Program. Blue Cross and Blue Shield of Minnesota partnered with the University of Minnesota’s First Episode Program and NAMI to provide extra support to young people after their first episode of psychosis. It is hoped that the information received as a result of this pilot program will show that intensive services provided early can prevent future hospitalizations and improve outcomes. Case management, education and support as well as home visits are part of a comprehensive approach.

• MNSure Navigator. In collaboration with multiple community mental health centers statewide, NAMI worked to raise awareness of the benefits of enrolling in health insurance through MNSure.

• Youth Mental Health First Aid. This evidence-based training program helps families and professionals identify mental health problems in young people, connect youth with care, and safely deescalate crisis situations.

• Make It OK Campaign. Continuing our partnership with HealthPartners to break the silence surrounding mental illnesses and make it ok to talk about it was important. In the fall, NAMI participated in a live one-hour program on Twin Cities Public Television to share personal stories. In addition, NAMI, Health Partners and TPT pooled their efforts to create a video entitled: Parents and Mental Illness, which explores the unique challenges parents face when their child experiences a mental illness. The campaign provides posters, booklets and speakers on recovery in hospitals and mental health centers as well as a website, www.makeitok.org.

• Mental Health Certification Training. Originally designed for adult foster care staff, it was opened up to the public and benefits parents of adult children who live with a mental illness, church befrienders or pastoral staff, emergency medical technicians, firefighters, staff of long term care or assisted living facilities, personal care attendants and more. The course covers the following topics: diagnosis, crisis response and de-escalation techniques, recovery, treatment options, medications, co-occurring substance abuse and community resources.

• QPR (Question, Persuade and Refer). Much like CPR, QPR is for the lay person and teaches basic steps to help someone who may be risk of suicide. It is a one-hour introduction to suicide prevention and complements NAMI’s other more comprehensive suicide prevention efforts.

• Two New Videos. To help hospital staff understand what helps when someone is hospitalized and to help patients have hope for recovery, NAMI created two videos. Both include people with mental illnesses sharing their own stories.
KAYLA

Failing school for lack of attendance, and feeling deeply depressed, Kayla could barely get out of bed and her anxiety was through the roof. She wanted to die. Her mother didn’t know how to help and so took NAMI’s Hope for Recovery class. There she learned about Progression, a 6-week course to help teens understand how to maintain good mental health. Kayla was amazed at how many other teens felt like her and formed a bond with them. Plus, she found resources for treatment and made a plan for the future. Although Kayla still struggles, she has more tools to help her understand her symptoms and most importantly she has made a few friends that understand.

support makes us stronger

Our work is rooted in the belief that connecting with others is essential and improves the quality of a person’s life. To provide the support that individuals living with a mental illness and their families need, NAMI offered 60 ongoing peer-to-peer support groups statewide. These groups support family members, adults living with a mental illness, parents of children, spouses/partners, adult sons and daughters and LGBTQ-identified people.

In addition to support groups, NAMI offers classes for youth and young adults to help them understand their own mental illnesses or those of a parent or sibling. Additionally, NAMI started an experienced parent program in Dakota County where parents new to the mental health system are matched with more experienced parents.

NAMI also provides advice and help to individuals and family members through our help line advocates who respond to over 4,000 phone calls and e-mails annually. We also have nine booklets on various mental health topics, with one new one published this year to help parents prepare teens with a mental illness for independence.

To further promote the importance and awareness of the latest mental health issues and research, NAMI hosted three conferences. In the fall, NAMI’s Annual State Conference featured mother and daughter keynote speakers Cinda and Linea Johnson, authors of “Perfect Chaos,” who spoke about coping with bipolar disorder from a family perspective. Fifteen breakout sessions featured a variety of current mental health issues. In the winter, the 12th Annual Research Dinner was held in collaboration with the University of Minnesota Department of Psychiatry and featured the newest information on research in the areas of adolescents with depression, studies on neuromodulation, and co-morbidity studies in anxiety and alcoholism. Finally this spring, the first annual Red Lake Mental Health Conference held in collaboration with the Red Lake Indian Reservation drew over 220 local residents, mental health providers, educators, law enforcement and the general public. Presentations included topics on suicide prevention, mental health crisis planning, children’s challenging behaviors and the benefits of smoking cessation. Over 670 people attended these three events.
support initiatives in 2014

- Young Adult Connections is a group for youth ages 16 to 20 who live with a mental illness, that meets weekly in the metro area.

- Progression is a 6-week course that empowers young people to take charge of their lives and deal with the issues they are facing in a healthy and effective way.

- Family Support Groups trained new facilitators and added five additional family support groups.

- NAMI Connections is a support group for adults living with a mental illness.

- Transitions is a new booklet to assist parents in supporting their young adult with a mental illness.

- Parent Resource Groups helps parents find resources to meet the challenges of raising a child with a mental illness.
together we create systemic change

Mental health advocates worked hard again this year and had a very successful year at the legislature. There were many changes that were a direct result of NAMI Minnesota’s work. Positive changes were recommended to the Adult Corporate Foster Care training requirements, a new law made improvements to crisis teams, NAMI worked on language to require counties to give community mental health centers 90-day notice before closing to allow time for client transition, a new bullying law was passed that sets more stringent policies to prevent bullying, money was appropriated to schools to help them reduce the use of seclusion and restraints and grant money was given to community mental health centers that serve uninsured children. These are only a few of the major changes. For a detailed summary visit www.namihelps.org and go to Legislative Update. The successes this year are due to the hard work of NAMI staff, volunteers and members. Our grassroots movement depends on everyone doing what they can together to create deep system change. NAMI is ever grateful to all who called, wrote, testified and came to Thursdays at the Capitol.

mental health issues in the spotlight raise awareness

Each year NAMI Minnesota gains more traction in the public and in the media as the leader on mental health advocacy. NAMI Minnesota watches the media closely and responds to misrepresented media reports on mental illnesses. In addition, NAMI Minnesota utilizes the media to bring light to important issues. In collaboration with other mental health advocates, mental health providers and our members and families, NAMI Minnesota saw an increase in visibility in the media in 2014. In May, a press conference was held to urge the Governor and the Department of Human Services to take additional steps to address the problems in a licensing investigation on the Minnesota Security Hospital in St. Peter that was issued in response to the death of a patient. In February, NAMI Minnesota led a press conference taking city officials to task for blocking a children’s treatment program. Mental health advocates were on hand to stand up for children, and the media backed them up.

NAMI Minnesota also responded immediately to the abrupt closing of Riverwood Centers, a provider of mental health services for about 3,000 people in east central Minnesota. NAMI Minnesota called for an immediate response by the Commissioner of Human Services and the Governor to address the problem. This closing prompted NAMI Minnesota to successfully change legislative language to prevent this from occurring again.

Along with the University of Minnesota and other mental health leaders, NAMI Minnesota met with Senator Amy Klobuchar to discuss the importance of programs that intervene early with young people experiencing their first psychotic episode. Two mothers shared their adult children’s stories including the difficulty of obtaining a diagnosis and appropriate treatment. The event was tied to Congressional action that dedicated funding for this kind of program.

NAMI Minnesota has successfully completed its third year as the state’s outreach partner for the National Institute of Mental Health where we distribute their materials and promote research, further broadening the impact we have as an agency.
volunteers make NAMI stronger
With over 502 NAMI volunteers clocking in a total of 15,006 hours, work gets done. NAMI Volunteers are the foot soldiers of our grassroots movement and help to carry out our mission and broaden our reach. With 25 volunteer-run affiliates statewide, we are able to bring classes, support groups and advocacy initiatives to every corner of Minnesota.

NAMI volunteers facilitated 75 classes for families, led 60 on-going peer-to-peer support groups for individuals living with a mental illness and their families; they spoke at over 100 public events, staffed information tables at 64 outreach events, provided research, front desk reception, office assistance, served on the board and on over 40 different committees and task forces and assisted with over 15 special events. NAMI Volunteers are the backbone of NAMI’s success.

looking ahead
The year 2014 marked the launch of NAMI Minnesota’s five-year strategic plan. In building on the success of the past, the NAMI community has set forth an aggressive plan for the next five years to deepen our commitment to our mission. Our goals include: expanding our membership, strengthening the voice of our grassroots movement, building stronger affiliates, creating collaborative relationships and deepening our reach to diverse communities and unique needs of specific populations. We believe that there is strength in numbers and have deliberately worked to strengthen our collaborations and partnerships with others that serve individuals with mental illnesses and their families.
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<thead>
<tr>
<th>Organization/Individual</th>
<th>Category</th>
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<tbody>
<tr>
<td>Mental Health Crisis Alliance</td>
<td>Provider</td>
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<tr>
<td>Aaron Maua</td>
<td>Professional</td>
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<td>Minnesota Daily</td>
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<td>Sen. Julie Rosen</td>
<td>Legislator</td>
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<td>Rep. Diane Loeffler</td>
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<td>Brian Guess</td>
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<td>Calynn Hendrickson</td>
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<td>Sue Hanson</td>
<td>Lifetime Achievement Award</td>
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<td>HealthPartners &amp; Regions Hospital</td>
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<td>Mary Regan</td>
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Anne M. Leverone
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Bill & Laura Lunger

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Donald Schneider
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S. Charles Schulz, MD
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Michael Torgesen
Derek Trites
Barb Tuckner
Sharon Van Druten
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Brenda Vogel
Mira Weickert
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James & Rochelle Westerhaus
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Jim & Mary White
Laura Wild & Chris Lindem
Gladys Williamson
Lloyd Wills
Rachel Woerner
Amy & Nate Woodward
Don & Fran Worden
Jenny Wrenson
Richard & Nancy Wyatt
Michelle & Dennis Zuzek
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Marie Abel
Willard Arnold
David & Mary Burke
Dana Cook
Herb & Nancy Marth

Linda Armstrong
Dan & Suzanne Starks
Thomas Beran

Nathan & Kylie Beran
Cheryl & Jerry Diede
Doug & Lori Faust
Daniel & Sally Holter
Norman & Cynthia Kane
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Diane & Gary Olsen
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Paul J. Burke II
Kathleen M. Burke

Lisa Ann Calderon
Jim & Carol LeDuc
Anna Lisan
Tom & Margery Peterson

Allison Callahan
Garrett & Diane Lysiak

Angela Chipman
Marion Lorence
Russell K. Stephens

Katherine Christopher
Michael Magnuson
Mark Lucas & Joanne Orten-dahl-Lucas

Terri Cich
Tim & Renee Gallaher
Dan & Cheryl Schulte
Herman & Mary Schulte
Patti & Mark Schulte

Dean Collander
Gene & Marilyn Martin

Debbie Cosby
Andrew Johnson

Emily Dau
Bill & Sue Fink

Caleb Dayton
Rebecca Biderman & David J Fraher
Gail Asher
Marjorie Newton
Abby Rutchick
Rick De Geus

Anton Bivainis
Michael Brennan
Center for Counseling and StressMgmt
John & Bonnie Zoller

Paul Delmore
Sandra Accola
Robert Anderson
Sandy Buckingham & Michael J. McGraw
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Richard & Monica Iverson
Robert & Kathleen Iverson
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Wilson & Terese Hunt
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Joel & Sara Martinek
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Gary & Karen Puffett
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Larry & Vicky Bender
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Paige Buck
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Paul & Kathleen Gorzycki
Michelle Grunnder
Patti & William Heideman
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Employees
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Sue Abel
Mary Rukavina

Andrea Ayers & Cathy Strobel
Wedding
Margaret Peterson
Lydia Davitt & Daniel Dahl
Wedding
Charles Dahl
Steven & Candace Dahl
Calvin Feine

Nate Feldhahn and Michelle Saari Wedding
Susan Macken

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Deborah L. Herman

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Nancy Coyle Strahan

Ronald & Jennifer Prasek
Mary Vorhes

Michael Schneider & Russell Sassani Marriage
Kay King & Zach Doering

Christopher Simondet
Gene & Marilyn Martin

Tom’s Big Ride, Doug Anderson participant
David McConnell

Tom’s Big Ride
Scott Thomas

Kyle White’s work on behalf of our son
Rebecca Lynn Wallin

In-Kind

A. Johnson & Sons Florist
Abdallah Candies & Gifts
Amy Brugh
Andrea Ayres
Ashley Sugalski
Barb & Jerry Lindberg
Barbette
Behavioral Institute for Children & Adolescents
Bibelot
Big Stone Mini Golf & Sculpture Gardens
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Nancy Silsky
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Pamela Guthrie
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Patricia Mack
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Peter Zelle
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Print Central
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Treasure Island Resort & Casino
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STATEMENT OF ACTIVITIES
Years ended June 30, 2014 & 2013

SUPPORT AND REVENUES

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Individuals</td>
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<td>Government</td>
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<tr>
<td>Juvenile Justice Coalition</td>
<td>39,303</td>
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<tr>
<td>Membership Dues</td>
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<td>Interest Income</td>
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<tr>
<td>Investment Income on</td>
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<tr>
<td>Funds Held by Others</td>
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<tr>
<td>Conference</td>
<td>107,287</td>
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<tr>
<td>Workshops</td>
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<tr>
<td>Special Events, Net</td>
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<td>Miscellaneous</td>
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<td>268,553</td>
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Total Support and Revenues $1,339,597 (29,555) - $1,310,042

EXPENSES

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<th>Program Services</th>
<th>Unrestricted</th>
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<td>Information and Advocacy</td>
<td>66,353</td>
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<tr>
<td>Public Awareness</td>
<td>163,658</td>
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<td>Public Policy</td>
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<td>Membership</td>
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Total Program Services $1,069,560 - - $1,069,560

<table>
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<th>Support Services</th>
<th>Unrestricted</th>
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<tr>
<td>Management and General</td>
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<tr>
<td>Fundraising</td>
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</tbody>
</table>

Total Support Services $265,691 - - $265,691

Total Expenses $1,335,251 - - $1,335,251

CHANGE IN NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
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</tr>
</thead>
<tbody>
<tr>
<td>NET ASSETS, Beginning of Year</td>
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<td>200,451</td>
<td>54,907</td>
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<tr>
<td>NET ASSETS, End of Year</td>
<td>$215,686</td>
<td>$170,896</td>
<td>$54,907</td>
<td>$441,489</td>
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</tbody>
</table>
### STATEMENT OF ACTIVITIES
Years ended June 30, 2014 & 2013

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
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<th>Total</th>
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<tbody>
<tr>
<td><strong>SUPPORT AND REVENUES</strong></td>
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<tr>
<td>Contributions</td>
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<tr>
<td>Government</td>
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<td>Juvenile Justice Coalition</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Membership Dues</td>
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<td>Funds Held by Others</td>
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<tr>
<td>Conference</td>
<td>33,231</td>
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<tr>
<td>Workshops</td>
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<tr>
<td>Special Events, Net</td>
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<td>Miscellaneous</td>
<td>11,410</td>
<td>-</td>
<td>-</td>
<td>11,410</td>
</tr>
<tr>
<td>Net Assets Released from Restrictions</td>
<td>243,359</td>
<td>(243,359)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Support and Revenues</strong></td>
<td>$1,494,578</td>
<td>$2,166</td>
<td>-</td>
<td>$1,496,744</td>
</tr>
</tbody>
</table>

|                  |              |                        |                        |           |
| **EXPENSES**     |              |                        |                        |           |
| Program Services |              |                        |                        |           |
| Education and Support | 735,178    | -                      | -                      | 735,178   |
| Information and Advocacy | 84,621     | -                      | -                      | 84,621    |
| Public Awareness  | 200,211      | -                      | -                      | 200,211   |
| Public Policy     | 104,761      | -                      | -                      | 104,761   |
| Membership        | 50,189       | -                      | -                      | 50,189    |
| **Total Program Services** | $1,174,960 | -                      | -                      | $1,174,960 |
| Support Services  |              |                        |                        |           |
| Management and General | 124,068   | -                      | -                      | 124,068   |
| Fundraising       | 156,579      | -                      | -                      | 156,579   |
| **Total Support Services** | $280,647    | -                      | -                      | $280,647  |
| **Total Expenses** | 1,455,607   | -                      | -                      | $1,455,607 |

|                  | 38,391       | 2,166                  | -                      | 41,137    |
| **CHANGE IN NET ASSETS** |          |                        |                        |           |
| **NET ASSETS, Beginning of Year** | 215,686     | 170,896                | 54,907                 | 441,489   |
| **NET ASSETS, End of Year** | $254,057    | $173,062               | $54,907                | $482,626  |
## STATEMENT OF FINANCIAL POSITION

**June 30, 2014 & 2013**

### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$99,431</td>
<td>$261,778</td>
</tr>
<tr>
<td>Cash Held for Others</td>
<td>37,700</td>
<td>11,900</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>179,639</td>
<td>76,379</td>
</tr>
<tr>
<td>Contributions Receivable</td>
<td>-</td>
<td>1,013</td>
</tr>
<tr>
<td>Inventories</td>
<td>4,718</td>
<td>6,772</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>58,853</td>
<td>41,368</td>
</tr>
<tr>
<td>Furniture and Equipment, Net</td>
<td>16,499</td>
<td>3,321</td>
</tr>
<tr>
<td>Beneficial Interest in Funds Held by Others</td>
<td>168,850</td>
<td>150,725</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$565,690</td>
<td>$553,256</td>
</tr>
</tbody>
</table>

### LIABILITIES AND NET ASSETS

#### LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$29,742</td>
<td>81,433</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>10,622</td>
<td>10,934</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>5,000</td>
<td>7,500</td>
</tr>
<tr>
<td>Funds Held for Others</td>
<td>37,700</td>
<td>11,900</td>
</tr>
</tbody>
</table>

**Total Liabilities**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$83,064</td>
<td>$111,767</td>
</tr>
</tbody>
</table>

#### NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted Undesignated</td>
<td>85,807</td>
<td>64,961</td>
</tr>
<tr>
<td>Beneficial Interest in Funds Held by Others</td>
<td>168,850</td>
<td>150,725</td>
</tr>
<tr>
<td>Total Unrestricted</td>
<td>254,657</td>
<td>215,686</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>173,062</td>
<td>170,896</td>
</tr>
<tr>
<td>Permanently Restricted</td>
<td>54,907</td>
<td>54,907</td>
</tr>
</tbody>
</table>

**Total Net Assets**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>482,626</td>
<td>441,489</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES AND NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$565,690</td>
<td>$553,256</td>
</tr>
</tbody>
</table>
FINANCIALS

revenues
- Contributions and Individuals: 34%
- Contributions from Foundations: 31%
- Government Grants: 24%
- Fiscal Sponsorship: 2%
- Special Events: 5%
- Conference: 2%
- Membership Dues: 1%
- Miscellaneous: 1%
- Interest Income: 0%
- Merchandise, Sales, Net: 0%

TOTAL: 100%

expenses
- Program Services: 51%
- Education and Support: 14%
- Public Awareness: 14%
- Information and Advocacy: 6%
- Public Policy: 7%
- Membership: 3%

Supporting Services:
- Management and General: 8%
- Fundraising: 11%

TOTAL: 100%