

990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Do not enter social security numbers on this form as they may be made public.

Go to www.irs.gov/form990ez for instructions and filing information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01/01/2017 and ending 12/31/2017

B Organization name	<u>National Alliance on Mental Illness</u>	D Employer identification number	<u>42-1872819</u>
Address	<u>27 Pennsylvania Avenue</u>	E Mailing address	<u>27 Pennsylvania Avenue</u>
City or town	<u>Washington</u>	F Group Exempt Number	<u>00000000</u>
State	<u>DC</u>		
Zip code	<u>20004</u>		

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-BL).

I Website: www.namimn.org

J Tax-exempt status for reporting: 501(c)(3) 501(c) _____ 501(c) _____

K Form of organization: Corporation Trust Association Other _____

L And lines 7a, 7b, and 7c below determine gross receipts. If gross receipts are \$200,000 or more, or from assets that fluctuate, it below are additional criteria. If L1, use 990 instead of Form 990-EZ. **L1** 1,448

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I X

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	87,810
2	Program service revenue, including government fees and contracts	86,193
3	Membership dues and assessments	3,323
4	Investment income	81
5a	Gross amount from sale of assets other than inventory	0
b	Less: cost or other basis and sales expenses	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
b	Gross income from fundraising events (not including 501(c)(3) fundraising events reported on line 1) (attach Schedule G if the total of such gross income and profit before expenses exceeds \$15,000)	43,976
c	Less: direct expenses from gaming and fundraising events	3,714
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	39,262
7a	Gross sales of inventory, less returns and allowances	0
b	Less: cost of goods sold	0
c	Gross profit (or loss) from sales of inventory (Subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	0
9	Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8	132,334
10	Grants and similar amounts paid (file in Schedule O)	0
11	Benefits paid to or for members	0
12	Salaries, other compensation, and employee benefits	113,607
13	Professional fees and other payments to independent contractors	3,800
14	Occupancy rent, utilities, and maintenance	4,487
15	Printing, publications, postage, and shipping	8,937
16	Other expenses (describe in Schedule O)	45,177
17	Total expenses. Add lines 10 through 16	185,620
18	Excess of (or deficit) for the year (Subtract line 17 from line 9)	-53,286
19	Net assets or fund balances at beginning of year (from line 20, column (a), (trial agree with) one-of-year figure reported on prior year's return)	110,440
20	Other changes in net assets or fund balances (explain in Schedule O)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	57,154

For Paperwork Reduction Act Notice, see the separate instructions.

or 990-EZ (2017)

Part III Balance Sheets (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	92,154	22	12,419
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	27,954	24	2,295
25 Total assets	119,108	25	14,714
26 Total liabilities (describe in Schedule O)	3,000	26	0
27 Net assets or total balances (line 27 of column (B) must agree with line 21)	116,108	27	14,714

Part IV Statement of Program Service Accomplishments (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

What is the organization's primary exempt purpose?

Provide a brief description of the purpose(s):

Describe the organization's program service accomplishments for each of its three largest program activities as measured by expenses. In a clear and concise manner describe the service provided, the number of persons benefited, and other relevant information for each program line.

Expenses
(Required for section 501(c)(3) and 501(c)(29) organizations; optional for others)

28	Program activity 1: <u>Depression and Suicide Helpline</u> (Part IV, line 21) and (Part III, line 27) (amount may differ from line 27 due to rounding)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	140,830
29	Program activity 2: <u>Depression and Suicide Helpline</u>		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	Program activity 3: <u>Depression and Suicide Helpline</u>		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program activities (describe in Schedule O)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	140,830

Part V List of Officers, Directors, Trustees, and Key Employees (List each and own if not compensated — see the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

(a) Name and title	(b) Average annual compensation received as a positive	(c) Reportable compensation (Form 990-B, line 13b) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael Scott (2017-2018) Chairman	0.00	0	0	0
David Archer (2017-2018) Vice President	2,000	0	0	0
Debra Wall Treasurer	2,000	0	0	0
Equiana Clark Secretary	2,000	0	0	0
Kim Arnold Director	0.00	0	0	0
Deborah Wood Director	2,000	0	0	0
James Scott (2017-2018) Director	2,000	0	0	0
Bonnie MacDonnell Director	0.00	0	0	0
Yolanda Miller (2017-2018) Director	0.00	0	0	0
Lee Ryan Director	2,000	0	0	0
Debbie Mullis Executive Director	40,000	37,000	0	0

Part V **Other Information** (State the Schedule A and personal benefit conflict-of-interest requirements in the instructions for Part V.) Check if the organization used Schedule C to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported on the 990? If "Yes," provide a detailed description of each activity in Schedule D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a confirmed copy of the amended documents (they reflect a change to the organization's name). Otherwise, explain the change on Schedule D (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6c, and 7a, among others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "Yes," provide an explanation in Schedule D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(29) organization subject to section 5022(c), notice reporting, and other requirements during the year? If "Yes," complete Schedule C - Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	<input type="text" value="0"/>	
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year (and not repaid) at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II a-d under the loans amount involves	<input type="text" value="0"/>	
39 Section 501(c)(27) organizations. Enter:	<input type="text" value="0"/>	
a Inflation fees and capital contributions included on line 9	<input type="text" value="0"/>	
b Gross receipts, included on line 9, for public use of subtraction	<input type="text" value="0"/>	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	<input type="text" value="0"/>	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction or during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L - Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="text" value="0"/>	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of section 4912 tax reimbursement by the organization	<input type="text" value="0"/>	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 3886-T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 Let the states with which a copy of this return is filed	<input type="text" value="IA"/>	
42a The organization's books are in care of	<input type="text" value="D&B 331192"/>	
located at	<input type="text" value="Baltimore, MD"/>	
Telephone no.	<input type="text" value="410-528-6300"/>	
ZIP+4	<input type="text" value="21201-4100"/>	
b 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)? If "Yes," enter the name of the foreign country:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FBAR, Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="text" value=""/>	
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt income received or accrued during the tax year	<input type="text" value="0"/>	
44a Did the organization maintain any covered advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization make any payments for long-term care services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "Yes," provide an explanation in Schedule D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 513(b)(3)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization receive any payment from an entity in any transaction with a controlled entity within the meaning of section 513(b)(3)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C

48		X
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49a Did the organization make any inclusions to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's ten highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reported compensation (Form W-2(s) W-9(s))	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of services	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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 Date 4-19-18
 Signature of officer Fred Korn
 Type or print name and title LEASER OF

Paid Preparer Use Only	Preparer's name	Preparer's EIN	Date	Check <input type="checkbox"/> P <input type="checkbox"/> N	PTIN
	Scott A. Beagwell, CPA Hrs. name: Bee, Beagwell & Co. 180 Box 754 Warrington, PA 18976-0754	Capital Energy 2015 N. 2nd Street Pottsville, PA 17854	03/15/18		*****
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Form 990-E (2017)	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

Complete this information: a trust or (1)(B)(i) organization or trust or (A)(7)(C)(i) trust or (A) charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization: **National Alliance on Mental Illness of Pennsylvania Inc. (NAMI)** Employee identification number: **94-1670**

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 12, 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 B (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital care 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 in the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part III.)
- 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 III.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part III.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non- and part-entails of Agricultural (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) not 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 13 1/3% of its support from gross investment income and unrelated business taxable income (less expenses) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 in lines 12a through 12d that describes the type of supporting organization she (complete lines 12e, 12f, and 12g):
 - a **Type I.** A supporting organization operated, supervised, or controlled by, or supported or controlled by, the supported organization(s); the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in conjunction with, and functionally integrated with, the supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

12e Enter the number of supported organizations: _____

12f Provide the following information about the supported organization(s):

(a) Name of supported organization	(b) EIN	(c) Type of organization (indicate if (b) or (c) they have the same)	(d) Is organization total gross governing board?		(e) Form 990 or 990-EZ filed?	(f) Form 990 or 990-EZ filed?
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part III 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "in-kind" grants.)	36,317	22,001	24,891	26,190	28,117	137,516
2 Tax revenues levied for the organization's benefit and either held for 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	36,317	22,001	24,891	26,190	28,117	137,516
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 (b)						
6 Public support. Subtract line 5 from 4	36,317	22,001	24,891	26,190	28,117	137,516

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	36,317	22,001	24,891	26,190	28,117	137,516
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	100	28	24	21	173
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 (Report in Part VI)	17,288	17,288				34,576
11 Total support. Add lines 7 through 10	53,605	39,389	24,919	26,214	28,138	172,305
12 Gross receipts from related activities, etc. (see instructions)					12	12
13 First five years. If the Form 990 is for the organization's first year, 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 2017 (line 6, column (e) divided by line 11, column (e))	14	53.01%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	53.01%
16a 33 1/3% support test—2017. 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.		<input checked="" type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 of Co. and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 15a, 15b, or 16a, 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 15a, 15b, or 16a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check the box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
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.		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part I)
 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, or contributions received from individuals, corporations, or partnerships						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities rented in a regularly scheduled activity that is related to the organization's exempt purpose						
3 Grants received from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amount included on lines 1, 2, and 3 received from disqualified persons						
b Amount 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 6 for the year						
c Add lines 7a and 7b						
8 Public support. Is at least line 7c from line 6						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 8						
10a Gross income from interest, dividends, annuities, royalties, or other income (do not include business taxable income)						
b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1993						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b and that are not regularly carried on						
12 Other income. Do not include gains or losses from the sale of capital assets (Report in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) plus line 11, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017. 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 20 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 20 1/3% and line 18 is not more than 20 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation. If no organization did not check a box on line 14, 19a or 19b, check this box and see instructions.

Part VII Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part VI.)

Section A. All Supporting Organizations

	Yes	No
1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated or designated by class or purpose, describe the designation, if historic and continuing relationship, explain.	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the organization have any supported organization that does not have an IRS determination of status under section 501(c)(3) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 501(c)(3) or (2).	<input type="checkbox"/>	<input type="checkbox"/>
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and specified the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the organization ensure that all support to such organizations was used exclusively for 501(c)(4), (5), or (6) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<input type="checkbox"/>	<input type="checkbox"/>
4a. Was any substantial organization in the organization in the United States (foreign supported organization)? If "Yes," and if you checked 12a or 12b of Part I, answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization can such control and discretion, describe being controlled or supervised by or in connection with its supporting organizations.	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(2) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 501(c)(3)(B) purposes.	<input type="checkbox"/>	<input type="checkbox"/>
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; by the reasons for each such action; (ii) the authority under the organization's governing document authorizing such action; and (c) how the action was accomplished (such as by amendment to the governing document).	<input type="checkbox"/>	<input type="checkbox"/>
b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supporting organizations, or (iii) other supporting organizations that also benefit or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(b)(3)(C)) or a family member of a substantial contributor, or a 25% controlled entity with regard to a substantial contributor? If "Yes," complete Part VII of Schedule I (Form 990 or 990-EF).	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the organization make a loan to a disqualified person (as defined in section 4958) or a loan listed in line 7? If "Yes," complete Part I of Schedule I (Form 990 or 990-EF).	<input type="checkbox"/>	<input type="checkbox"/>
9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations and all Type III non-judicially registered supporting organizations)? If "Yes," answer 10b below.	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

- 11. Has the organization accepted a gift or contribution from any of the following persons?
 - a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b. A family member of a person described in (a) above?
 - c. A SBA-controlled entity of a person described in (a) or (b) above? If "Yes" to (a), (b), or (c), provide details in Part VII.

	Yes	No
11a	<input type="checkbox"/>	<input type="checkbox"/>
11b	<input type="checkbox"/>	<input type="checkbox"/>
11c	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Type I Supporting Organizations

- 1. Do the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VII how the supported organization(s) internally operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the power to appoint, appoint, remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VII how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Type II Supporting Organizations

- 1. Were a majority of the organization's officers or trustees during the tax year also a majority of the directors or trustees of each of the organizations supported organization(s)? If "No," describe in Part VII how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>

Section D. All Type III Supporting Organizations

- 1. Did the organization provide to each of its supported organizations, by the end of the first month of the organization's tax year, (i) a written policy describing the types and extent of support provided during the prior tax year, (ii) a copy of the Form 990 it was most recently filed as of the date of notification, and (iii) copies of the organizational governing documents in effect on the date of notification, to the extent not previously provided?
- 2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VII how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3. By reason of the relationships described in (2), did the organization's supported organization(s) have a significant voice in the organization's investment policies and in all other the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VII the role the organization's supported organization(s) played in this regard.

	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>

Section E. Type III Functionally-Integrated Supporting Organizations

- 1. Check the box next to the manner that the organization used to satisfy the Integrated Part Test during the year (see instructions):
 - a. The organization satisfied the Activities Test. (Complete line 2 below.)
 - b. The organization is the parent of each of the supported organizations. (Complete line 3 below.)
 - c. The organization supported a governmental entity. (Describe in Part VII how you supported a government entity (see instructions).)

2. Activities Test. Answer (a) and (b) below.

- a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VII identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that those activities constituted substantially all of its activities.
 - b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VII the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3. Parent of Supported Organizations. Answer (a) and (b) below.
- a. Do the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VII.
 - b. Do the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organizations? If "Yes," describe in Part VII the role played by the organization in this regard.

	Yes	No
2a	<input type="checkbox"/>	<input type="checkbox"/>
2b	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on May 20, 1970 (explain in Part VII); See Instructions. **All other Type III non-functionally integrated supporting organizations must complete Sections A through L.**

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (see lines 1a, 1b, and 1c)	1d	
e	Discount claimed for brokerage or other favors (explain in detail in Part VII)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use (enter 1-1/2% of line 3 (for greater amount), see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .025	6	
7	Recovery of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, or less subject to emergency temporary reduction (see Instructions)	6

Check here if the current year is the organization's first as a non-functionally integrated Type supporting organization (see instructions).

Part VII Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to alternative supported organizations to which the organization is responsible (provide details in Part VI). See instructions.	
9	Deductible amount for 2017 (see Section C, line 6)	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line C			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required; explain in Part VI. See instructions.)			
3 Excess distributions (carryover), if any, in 2017:			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e Total of lines 3a through d			
f Applied to underdistributions of prior years			
g Applied to 2017 distributable amount			
h Carryover from 2017 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributable for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017 (any Subtotal line 5g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.)			
6 Remaining underdistributions for 2017. Subtract lines 3f and 4b from line 4. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 6c.			
B Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Supplemental Information Regarding Fundraising or Gaining Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 14, 15, or 19, and the organization raised more than \$10,000 on Form 990-EZ, line 10.

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

▶ Form 990-EZ filers only; do not file if the filer is a corporation.

DO NOT WRITE IN THESE SPACES

Name of the organization: **National Alliance to Mend a Heart
of Pennsylvania, Inochig County**

Employer identification number

94-2984862

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 and telephone
- b Internet and e-mail 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

1	2	3	4	5	6	7		8
						9	10	
Individual or entity name (include full name)	Check this box if the individual is a spouse or child of the fundraiser	11	12	13	14	15	16	17
		Yes	No	18	19	20	21	22
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								

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

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

	Revenue	(a) Name	(b) Location	(c) Date	(d) Total gross receipts (including net gift)
		Name (include)	Address	Month/year	
1	Gross receipts				43,974
2	Less: Contributions				43,974
3	Gross income (Part III, line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				9,114
10	Direct expense summary. Add lines 4 through 9 in column (d)				9,114
11	Net income summary. Subtract line 10 from line 3, column (d)				9,114

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$10,000 on Form 990-EZ, line 6a

	Revenue	Game	In NJ (licensed or nonlicensed)		Not in NJ gaming	Total state gaming less net gift (page 20)
			Yes	No		
1	Gross revenue					
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. Subtract line 7 from line 1, column (c)					

8 Enter the state(s) in which the organization conducts gaming activities:
 a. Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b. If No, explain:

10a. Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b. If "Yes," explain:

- 11 Does the organization conduct 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 limited to administrative gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who presides the organization's gaming special events, seeks 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 earned 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 laws to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15a, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990 or 990-EZ

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

National Alliance on Mental Illness
of Pennsylvania Bucks County

Employer identification number

00-0000000

Form 990-EZ, Part III, Line 25 - Other Expenses

Description	Amount
Expenses	
Office expenses	\$ 4,536
Telephone expenses	\$ 1,943
Travel	\$ 1,203
Meetings and conferences	\$ 1,281
Repairs	\$ 6,287
Program expenses	\$ 23,509
Other expenses	\$ 355
Total	\$ 40,114

Form 990-EZ, Part III, Line 26 - Other Assets

Description	Beginning of Year	End of Year
Accounts receivable	\$ 21,357	\$ 17,293
Total	\$ 21,357	\$ 17,293

Form 990-EZ, Part III, Line 27 - Other Liabilities

Description	Beginning of Year	End of Year
Accounts payable and accrued expenses	\$ 3,103	\$ 17,611