

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

Do not enter social security numbers on this form as they may be made public.  
Go to [www.irs.gov/form990-EZ](http://www.irs.gov/form990-EZ) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning 01/01/2018 and ending 12/31/2018

**B** Check Type of organization:

Sole proprietorship  
 Partnership  
 **Non-Profit**  
 Trust  
 Estate  
 Other (specify): \_\_\_\_\_

**C** Name of organization: NAM Bucks County PA

**D** Employer identification number: 20-4135670

**E** Tax preparation number: 215-643-3055

**F** Group exemption number: \_\_\_\_\_

Address (street, city, state, and ZIP+4):  
1432 Easton Rd, Suite 20  
Warminster PA 18978

**G** Accounting Method:  Cash  Accrual  Other (specify): \_\_\_\_\_

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

**I** Website: www.nam-bucks.org

**J** Preparer's name (check one):  Individual  CPA  Enrolled agent  Other (specify): \_\_\_\_\_

**K** Form of organization:  Corporation  Not applicable  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, you must list assets with a value of \$500,000 or more. If a 501(c)(3) organization, list all of them. \$ 100,778

### 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 in response to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar contributions	100,778
2	Program service (excluding lobbying) government fees and contracts	75,000
3	Membership dues and assessed dues	4,972
4	Investment income	0
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events:	
6a	Gross income from gaming (attach Schedule G if greater than \$10,000)	
6b	Gross income from fundraising events (not including \$51,451 of contributions from fundraising events reported on line 1) (attach Schedule O if the sum of such gross income and contributions exceeds \$15,000)	51,451
6c	Less: direct expenses from gaming and fundraising events	3,000
6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c and 8	174,682
10	Grant and similar amount paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	122,000
13	Professional fees and other payments to independent contractors	2,575
14	Occupancy, rent, utilities, and maintenance	9,871
15	Printing, publications, postage and shipping	3,728
16	Other expenses (describe in Schedule O)	
17	Total expenses. Add lines 10 through 16	139,500
18	Change in (debt) for the year (Subtract line 17 from line 9)	35,182
19	Net assets or fund balances at beginning of year (from line 21, column (A) (must agree with six-year figure reported on prior year's return)	92,247
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	127,429

**Part II** Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule D to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,765	46,993
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	12,293	38,112
25 Total assets	25,058	85,115
26 Total liabilities (describe in Schedule O)	22,677	17,875
27 Net assets or fund balances (line 25 or 26) (All must agree with line 21)	2,381	67,240

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

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

What is the organization's primary exempt purpose?

Provide support for the needy in Ill.

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

Expenses (Required for section 501(c)(29) and 501(c)(4) organizations (optional for others.)

28	28a	28b
28a Grants \$ 1,113,659 (If this amount includes foreign grants, check here)	1,113,659	1,113,659
29 Grants \$ (If this amount includes foreign grants, check here)		
30 Grants \$ (If this amount includes foreign grants, check here)		
31 Other program services (describe in Schedule O)		
32 Total program service expenses (add lines 28a through 31a)		1,113,659

**Part IV** List of Officers, Directors, Trustees, and Key Employees for any one year if not compensated — see the instructions for Part IV

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

(a) Name and title	(b) Average annual compensation (Schedule O, part III)	(c) Reportable compensation (Form 990-EZ Use M-301 if not paid, enter -0-	(d) Self-benefits, including one to employee conditions, and deferred compensation	(e) Estimated amount of other compensation
Wanda Kumpke, CEO, President	2,000	0	0	0
Chris Keady, Treasurer	2,000	0	0	0
Rayanne Kirk, Secretary	2,000	0	0	0
Kelli Marshall, Director	2,000	0	0	0
Luise Boriniano, Director	2,000	0	0	0
Shana Beck, Board Director	2,000	0	0	0
Scottie MacDonald, Director	2,000	0	0	0
Melissa McDaniel, Director	2,000	0	0	0
Edna Ryan, Director	2,000	0	0	0
Christyna Wilkoxia, Director	2,000	0	0	0
Kate Webster, Esq., Director	2,000	0	0	0
John Russell, Director	2,000	0	0	0

**Part VII Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part VII.) Check "The organization used Schedule O to respond to any question in this Part VII"

33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a certified copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
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 line 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, see the organization file a Form 990-B for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(3), 501(c)(29), or 501(c)(28) organization subject to section 5133(a) (i.e., reporting and proxy tax requirements during the year)? If "Yes," complete Schedule C, Part I	35c		X
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 M	36		X
37a	Enter amount of political expenditures (direct or indirect) as described in the instructions	37a		
b	Did the organization file Form 1120-POL for one year?	37b		X
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 still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the amount involved	38b		
39	Section 501(c)(3) organizations. Enter:			
a	Interest fees and rents, net (to file if included on line 6)	39a		
b	Gross receipts (net) filed on line 6, for public use of club facilities	39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	40a		
b	Section 501(c)(2), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4959 excess benefit transaction 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 Form 990 or 990-EZ? If "Yes," complete Schedule C, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or (self-declared) persons during the year under sections 4912, 4915, and 4918	40c		X
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax of line 40c reimbursed by the organization	40d		
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 990-B	40e		X
41	List the states with which a copy of this return is filed	41	PA	
42a	The organization's books are in care of	42a	147 Passon Blvd, Suite 2E Waco, TX 76783-7175	Telephone no. 214-341-3075
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 institution)? If "Yes," enter the name of the foreign country	42b		Yes No X
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	42c		Yes No X
43	Section 501(c)(3) nongovernmental charitable trusts filing Form 990-EZ in Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43		
44a	Did the organization maintain any donor adv accounts during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, see the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		X







**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 17, or 6 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unrelated grants.")	1,129	34,885	76,106	85,174	186,291	383,591
2 Tax-exempt fees levied for the organization's benefit and other activities or expenditures for its benefit						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,129	34,885	76,106	85,174	186,291	383,591
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	1,129	34,885	76,106	85,174	186,291	383,591

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,129	34,885	76,106	85,174	186,291	383,591
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	104	54	54	8	70	190
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 VI.)	3,294	25	24		1,206	4,749
11 Total support. Add lines 7 through 10	4,527	35,064	76,184	93,182	187,767	397,762
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, second, third, fourth, or fifth tax year as a separate 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	81.15%
15 Public support percentage from 2017 Schedule A, Part III, line 14	15	88.75%
16a 33 1/3% support test—2018. 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 type="checkbox"/>
b 33 1/3% support test—2017. 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.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. 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 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—2017. 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 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Disbursements for the calendar year (or fiscal year) received from donors (see instructions)						
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						
3 Gross receipts from activities that are not an integral part of the organization's exempt purpose						
4 Tax revenues levied for the organization's benefit and not expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amount included on line 2 from nonexcess business assets 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. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, royalties, and income from other sources						
b Unrelated business income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 III.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years of the Form 990 (s) for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(29) organization. Check this box and stop here ▶						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 11, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2018.** 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—2017.** 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** 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 V.)

**Section A. All Supporting Organizations**

- 1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part V how the supported organizations are designated. If designated by their purposes, describe the designation, if any, and controlling relationship, if any.
- 2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part V how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
  - b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part V when and how the organization made the determination.
  - c. Did the organization ensure that all support to such organizations was used exclusively for section 501(c)(2)(B) purposes? If "Yes," explain in Part V what controls the organization put in place to ensure such use.
- 4a. Was any supported organization not organized in the United States (i.e., a foreign supported organization)? If "Yes," state if you checked (a) or (b) in Part I, answer (b) and (c) below.
  - 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 V how the organization had such control and discretion, describe any approval or supervision by an IRS volunteer with its supported organizations.
  - c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part V what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 501(c)(2)(B) purposes.
- 5a. Did the organization add, substitute, or remove any supported organization during the tax year? If "Yes," answer (b) and (c) below. (If applicable, also provide (d) in Part V, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each; (iii) a survey (if the authority under the organization's governing documents authorizing such action, and (iv) cite the action was accomplished (such as by amending the governing documents).)
  - b. Type I or Type II only. Was any added or substituted supported organization or part of a class already designated in the organization's governing document?
  - c. Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 identified by one or more of its supported organizations, or (iii) other supporting organizations that also sustain or benefit one or more of the filing organization's supported organizations? If "Yes," provide details in Part V.
- 7. Did the organization provide a grant (loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor)? If "Yes," complete Part VII of Schedule C (Form 990 or 990-EZ).
- 8. Did the organization make a grant to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 4945 (other than functions, officers, managers, and organizational directors in section 509(a)(1) or (2))? If "Yes," provide details in Part V.
  - b. Did one or more disqualified persons (as defined in line 9a) have a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide details in Part V.
  - 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 details in Part V.
- 10a. Was the organization subject to the excess business holdings rules of section 4045 because of section 4045(b) (regarding certain Type II supporting organizations and all Type I or functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b. Did the organization have any excess business holdings in the tax year? (Use Schedule D (Form 990) to determine whether the organization has excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

- 1. 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 35% controlled entity of a person described in (a) or (b) above? If "Yes," to (a), (b), and (c) above, attach in Part VI

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1. Did the directors, trustees, or managerial staff of one or more supporting 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 VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization(s) have more than one supporting organization, describe how the powers to appoint or elect trustees, directors or trustees were divided among the supporting 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 VI how providing such benefit served the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations? If "No," describe in Part VI how control or management of the supporting organization was vested in not some persons that controlled or managed the supported organizations.

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1. Did the organization provide to each of its supported organizations, by the last day of the Part III month of the organization's tax year: (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 due, was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, in the extent not previously provided?
- 2. Were any of the organization's officers, directors, or trustees also (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 VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3. By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's financial policies or in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI how each of the organization's supported organizations played a role.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1. Check the box next to the method that the organization used to satisfy the Integral 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 its supported organizations. Complete line 3 below.
  - c.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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 responsible? If "Yes," explain in Part VI identify those supported organizations and explain how these activities directly benefited their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these 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 VI 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. Did 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 VI.
  - b. Did 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 VI how such direction was exercised by the organization in the regard.

	Yes	No
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the integrated Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI); See instructions. All other Type III non-functionally integrated supporting organizations must complete Section A through E.

Section A - Adjusted Net Income. Table with columns (A) Prior Year and (B) Current Year (calendar). Rows include Net short-term capital gain, Recoveries of prior-year distributions, Other gross income, Depreciation and depletion, and Adjusted Net Income (subtract lines 3, 6, and 7 from line 4).

Section B - Minimum Asset Amount. Table with columns (A) Prior Year and (B) Current Year (calendar). Rows include Aggregate fair market value of all non-exempt-use assets (including for short tax year or assets held for part of year), Acquisition indebtedness applicable to non-exempt-use assets, and Minimum Asset Amount (add line 7 to line 6).

Section C - Distributable Amount. Table with columns (A) Prior Year and (B) Current Year. Rows include Adjusted taxable income for prior year (from Section A, line 8, Column A), Enter 65% of line 1, Minimum asset amount for prior year (from Section B, line 8, Column A), Enter greater of line 2 or line 3, Income tax imposed in prior year, and Distributable Amount (subtract line 5 from line 4, unless subject to emergency temporary reduction).

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

Section D - Distributions		Current Year
1	Amounts paid to support the organization's exempt purposes	
2	Amounts paid to pay for activity for directly farmers 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	Qualifying asset-side amounts (only for IRS approval required)	
6	Other distributions (less than Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6	
8	Distributions to affiliated supported organizations in which the organization is a respective provider (less than Part VI). See instructions.	
9	Distribution amount for 2018 from Section C, line 9	
10	Line 8 amount divided by the 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 (from Section C, line 9)			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions.			
3	<b>Excess distributions carryover from prior years</b>			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	<b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section C, line 7			
a	Applied to the distributions of prior years			
b	Applied to 2018 distributable amount			
c	<b>Remainder.</b> Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
8	<b>Breakdown of line 7</b>			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

**Part VII** Supplemental information. Provide the explanations required by Part I, line 10; Part II, line 17a or 17h; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part V, Section E, lines 1c, 2a, 2b, 3a, and 3c; Part V, line 7; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 8. Also complete this part for any additional information. (See instructions.)

Part I, line 10	Other Income	1	
Miscellaneous		\$	2,155
Part I, line 10	Other Income	1	
Miscellaneous		\$	2,155

**Schedule B**  
(Form 990, 990-EZ  
or 990-PF)  
Type or print the name  
of the contributor.

**Schedule of Contributors**

CBS/da 1/16/2018  
**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/form990](http://www.irs.gov/form990) for the latest information.

Name of the organization: NAM Episcopal Community BA Employer identification number: 20-4133610

Holders of: Section:  
Form 990 or 990-EZ  501(c)(3) ( ) (enter number) organization  
 4847(a)(2) (nonexempt charitable trust treated as a private foundation)  
 527 political organization  
Form 990-PF  501(c)(3) exempt private foundation  
 4847(a)(2) (nonexempt charitable trust treated as a private foundation)  
 501(c)(29) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.  
Notes: Only a section 501(c)(3) (8) or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule  
 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's tax-exempt status.

Special Rules  
 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 50% support test of the regulations under sections 513(a)(1) and 170(b)(1)(A)(ii) that entered Schedule A (Form 990 or 990-EZ) Part I, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on its Form 990, Part VIII, line 11, or its Form 990-EZ, line 1. Complete Parts I and II.  
 For an organization described in section 501(c)(3) (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the provision of health care services or assistance. Complete Parts I (except line 13a) in column (c) instead of the contributor name and address, line and III.  
 For an organization described in section 501(c)(7) (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't check any of the parts unless the General Rule applies to this organization because it received unrelated religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer the question in Part IV, line 2, of its Form 990; or check the box on line 1 of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: NAE - Bucks County PA Employer identification number: 20-4235679

**Part III** Contributors (see instructions). Use duplicate copies of Part III if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4.	(c) Total contributions	(d) Type of contribution
1	<u>Ronald S. Kalliger, Capt. U.S. Army</u> <u>15 Canal Street</u> <u>New Hope PA 19088</u>	\$ <u>13,429</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for noncash contributions.)
2	<u>Nicholas S. Panayiotoukas Family Ltd</u> <u>PO Box 8</u> <u>Glenside PA 19038</u>	\$ <u>10,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part III for non-cash contributions.)
3	<u>Lehigh Valley Foundation</u> <u>500 North West St.</u> <u>Doylestown PA 18901</u>	\$ <u>5,200</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for non-cash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part III for non-cash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for non-cash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for non-cash contributions.)

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete this schedule only if you checked "Yes" on Form 990, Part IV, line 17, or if the organization raised more than \$10,000 on Form 990-EZ, line 8a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/efile](http://www.irs.gov/efile) for preparation and the latest information.

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

Donor: Jefferson  
State: Virginia

Name of the organization

NAME Bureau County Va

IRS identification number

20-4135679

**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 services. Check all that apply.

- a.  Mail solicitations
- 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 contract agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity (including a professional fundraising services) \_\_\_\_\_ Yes  No

b. If "Yes," list the 10 highest paid individuals (fundraisers) pursuant to agreements and/or written arrangements to be compensated, each \$5,000 or the organization.

10 9 8 7 6 5 4 3 2 1	Name (last, first, middle initial, or full name) (Do not check this box if the individual is a spouse or dependent child of the organization)	Title	Individual described in section 513(c)(1)(B)?		Did the organization receive any compensation for fundraising services?	If "Yes," how much (in dollars) (Do not check this box if the individual is a spouse or dependent child of the organization)	Did the individual have a written contract or agreement with the 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 (rank) donations 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, lines 1 and 8b. List events with gross receipts greater than \$5,000.

	(a) Event #		(b) Event		(c) Gross Receipts		(d) Total event gross receipts (col. 6c)
	ME	State	Description	Receipt type	Amount	Business	
<b>Revenue</b>							
1. Gross receipts					51,481		51,481
2. Less: Contributions					51,481		51,481
3. Gross income (line 1 minus line 2)							
<b>Direct Expenses</b>							
4. Cash prizes							
5. Noncash prizes							
6. Rentability costs							
7. Food and beverage							
8. Other direct expenses					9,094		9,094
9. Other direct expenses							
10. Direct expense summary: Add lines 4 through 9 in column (c)							9,094
11. Net gaming summary: Subtract line 10 from line 3, column (c)							9,094

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a.

	(a) State		(b) Non-related businesses/activities		(c) Other part		(d) State gaming board or other regulatory body
	Game	Game	Game	Game	Game	Game	
<b>Revenue</b>							
1. Gross revenue							
<b>Direct Expenses</b>							
2. Cash prizes							
3. Noncash prizes							
4. Rentability costs							
5. Other direct expenses							
6. Volunteer story	Yes/No	%	Yes/No	%	Yes/No	%	
7. Direct expense summary: Add lines 2 through 5 in column (c)							
8. Net gaming income summary: Subtract line 7 from line 1, column (c)							

9. Over 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 annulled during the tax year?  Yes  No  
 b. If "Yes," explain:

- 11 Does the organization conduct gaming activities with members?  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 Select the percentage of gaming activity reported by:

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 assets (tablets, books and records):

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party that, when 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 ▶ \$ \_\_\_\_\_

Descriptor of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

- 17 Main state distribution:
- 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 III** Supplemental Information. Provide the explanations required by Part I, line 2b, column (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

NAMI Bucks County PA

Employer identification number

20-6038670

Form 990-EZ, Part 7, Line 8: Other Revenue

Description	Amount
Miscellaneous	\$ 1,961
<b>Total</b>	<b>\$ 1,961</b>

Form 990-EZ, Part 7, Line 10: Other Expenses

Description	Amount
Advertising	\$ 708
Office Expenses	\$ 11,103
Computer Expenses	\$ 2,063
Travel	\$ 2,287
Meetings and Conferences	\$ 5,258
Insurance	\$ 7,202
Program Expense	\$ 10,910
Other Expenses	\$ 1,168
<b>Total</b>	<b>\$ 49,689</b>

Form 990-EZ, Part III, Line 24: Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 42,993	\$ 38,132
<b>Total</b>	<b>\$ 42,993</b>	<b>\$ 38,132</b>

Form 990-EZ, Part III, Line 26: Other Liabilities

Description	Beginning of Year	End of Year
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Name of the organization

Employer identification number

NAMI Family Solutions DBA

92-8735648

Supplies, Payable, and Approval Expenses ..... \$ 2,618 ..... 2,070