

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4817(a)(1) of the Internal Revenue Code
 (except private foundations)

Department of the Treasury
 Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 2017, and ending 2017

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization <u>NATIONAL ALLIANCE FOR THE MENTALLY ILL, STATE</u></p> <p>Address (Do not include P.O. box, if different address for direct marketing) <u>P O BOX 4120</u></p> <p>City or town, state or province, country, and ZIP or foreign postal code <u>MOORESCO CA 95352</u></p>	<p>D Employer identification number <u>77-3412286</u></p> <p>E Telephone number <u>(209) 404-1132</u></p> <p>F Group Exemption Number ▶</p>
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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-PF).

I Website: ▶ N/A

J Tax-exempt status: 501(c)1 501(c)3 501(c)29 501(c)28 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 44,581

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 <input type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	43,394
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	1,487
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of total gross income and contributions exceeds \$15,000)	6b	
6c Loss: direct expenses from gaming and fundraising events	6c		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,881	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	447
	11 Rents paid to or for members	11	12,271
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	28,247
	14 Occupancy, rent, utilities, and maintenance	14	540
	15 Printing, publications, postage, and shipping	15	1,665
	16 Other expenses (describe in Schedule O)	16	200
	17 Total expenses. Add lines 10 through 16	17	43,570
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,311
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	30,671
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	32,182

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

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

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

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? SEE ATTACHMENT #1. 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 type.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 2 columns: Description of program services, Expenses. Rows include: 28 SEE ATTACHMENT #2; 29 (Grants \$ 5,000) If this amount includes foreign grants, check here; 30 (Grants \$) If this amount includes foreign grants, check here; 31 Other program services; 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Row 1 contains: SEE ATTACHMENT #3.

Part V Other information (Note the Schedule A and personal benefit contract statements requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with columns for question number, question text, and Yes/No columns. Questions include: 33 Did the organization engage in any significant activity not previously reported to the IRS? 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? 35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6053(a) notice, reporting, and proxy tax requirements during the year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b Did the organization file Form 1120-POL for this year? 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? 38b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for social use of club facilities. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manager or disqualified persons during the year under sections 4912, 4912a, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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 8898-T. 41 List the states with which a copy of this return is filed: CA. 42a The organization's books are in care of: SEE ATTACHMENT #1 Telephone no.: ZIP + 4: Located at: 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: See the instructions for exceptions and filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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: 43 Section 4047(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year: 45 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 45a Did the organization have a controlled entity within the meaning of section 513(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a disqualified entity within the meaning of section 513(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

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 47-48b and 52, and complete the tables for lines 50 and 51.

Check if the organization uses 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 E

48		X
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49a Did the organization make any transfers 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		X
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$150,000 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) Reportable compensation (Form W-2 wages-MISC)	(d) Health, life, and disability insurance to employee benefit plans, and all other 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 service	(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 which preparer has any knowledge of.

Sign Here Signature of officer: DIANE DOMETS Date: _____
 Type or print name and title: TREASURER

Paid Preparer Use Only Print/Type preparer's name: PEGGY WIKI Preparer's signature: Peggy Wiki Date: 02-09-2018 Check if self-employed
 Firm name: HRB TAX GROUP INC Firm's EIN: 431811840
 Firm address: 1508 COFFEE RD STE E Phone no.: 209-529-2032

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 5047(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization: NATIONAL ALLIANCE FOR THE MENTALLY ILL, STANISLAUS CO Employer identification number: 077-0412286

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 I. (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 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-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 99 1/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 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 on the purpose 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 and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 connection with, and functionally integrated with, its 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 interdependence requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s):

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (describe unless otherwise instructed)	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,352	119,293	44,533	44,174	44,891	421,378
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	119,352	119,293	44,533	44,174	44,891	421,378
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.						421,378

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	119,352	119,293	44,533	44,174	44,891	421,378
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0					0
11 Total support. Add lines 7 through 10	119,352	119,293	44,533	44,174	44,891	421,378
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check the box and stop here.						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.83%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.85%
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 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 -- 2017. 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 -- 2016. 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"/>	

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 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NATIONAL ALLIANCE FOR THE MENTALLY ILL, STANTSLAUS CO77-0412286

PART 1 LINE 1 - WALK INCOME, PEI INCOME, DONATIONS, KAISER GRANT, BOOK
SALES, AMAZON REFUND AND VENDING MACHINE INCOME

PART 1 LINE 13 - SPEAKERS, PROGRAM COORDINATOR, CLERICAL SUPPORT,
LEGAL EXPENSES, BOOKKEEPING SERVICES, OFFICE CLERK, PEER 2 EXPENSES

PART 1 LINE 15 - TRAINING, OFFICE SUPPLIES, ADVOCACY, CONNECTIONS,
OUTREACH, LIABILITY INSURANCE, MEMBERSHIP EVENTS, WEBSITE, VENDING
MACHINE, AWARDS, MISCELLANEOUS

PART 1 LINE 10 - KAISER END THE STIGMA, DONATIONS

PART 1 LINE 16 - BANK FEES, TAXES AND FEES



2017 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning

and ending

Name of Organization

Employer Identification Number

NATIONAL ALLIANCE FOR THE MENTALLY ILL, STANISLAUS COUNTY 77-0412286

Primary Purpose

THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) IS THE NATION'S LARGEST GRASSROOTS MENTAL HEALTH ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESS. NAMI HAS OVER 1,100 AFFILIATES IN COMMUNITIES ACROSS THE COUNTRY WHO ENGAGE IN ADVOCACY, RESEARCH, SUPPORT, AND EDUCATION. MEMBERS OF NAMI ARE FAMILIES, FRIENDS, AND PEOPLE LIVING WITH MENTAL ILLNESSES SUCH AS MAJOR DEPRESSION, SCHIZOPHRENIA, BIPOLAR DISORDER, OBSESSIVE-COMPULSIVE DISORDER (OCD), PANIC DISORDER, POST-TRAUMATIC STRESS DISORDER (PTSD), AND BORDERLINE PERSONALITY DISORDER.

STATE AGENT
STANISLAUS COUNTY
77-0412286

2017 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC
INSPECTION

For calendar year 2017, or tax period beginning _____, and ending _____

Name of Organization

Employer Identification Number

NATIONAL ALLIANCE FOR THE MENTALLY ILL, STANISLAUS COUNTY 17-0412286

Part III - Statement of Program Service Accomplishments

Grants and allocations 5,000 Amount includes foreign grants . . . Program service expenses

Exempt Purpose Achievements

NAMI STANISLAUS IS A LOCAL NONPROFIT ORGANIZATION THAT IS AN AFFILIATE OF NAMI CALIFORNIA, AND NAMI NATIONAL. OUR GOALS ARE TO OFFER EMOTIONAL SUPPORT, UNDERSTANDING AND ENCOURAGEMENT TO PERSONS HAVING A MENTAL DISORDER, AND TO THEIR FAMILIES AND FRIENDS; TO EDUCATE THE COMMUNITY AND OURSELVES ABOUT MENTAL DISORDERS, AND WORK TOWARD REMOVING THE STIGMA OF MENTAL DISORDERS. WE OFFER SUPPORT GROUPS FOR CONSUMERS, FAMILY MEMBERS AND IN SPANISH. WE ALSO HOST EDUCATIONAL MEETINGS SEVERAL TIMES A YEAR.

RECEIVED
NATIONAL ALLIANCE FOR THE MENTALLY ILL
STANISLAUS COUNTY

2017 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning _____, and ending _____

Name of Organization

Employer Identification Number

NATIONAL ALLIANCE FOR THE MENTALLY ILL, STANISLAUS COUNTY 77-0412286

(A) Name and title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2, 1099-MISC) (Net, incl. in g-6-1)	(D) Cont. to employees ben. plans & def. comp.	(E) Expense account & other compensation
DARLENE THOMAS PRESIDENT	30.00	0	0	0
TAMMY REYNOLDS VICE PRESIDENT	10.00	0	0	0
SHELLY STEVENS SECRETARY	13.00	0	0	0
DIANE DOMIER TREASURER	25.00	0	0	0
SARAH OCHOA MEMBER AT LARGE	10.00	0	0	0
ALLISON CHARK MEMBER AT LARGE	13.00	0	0	0

2017 FORM 990 BOOKS ARE IN CARE OF

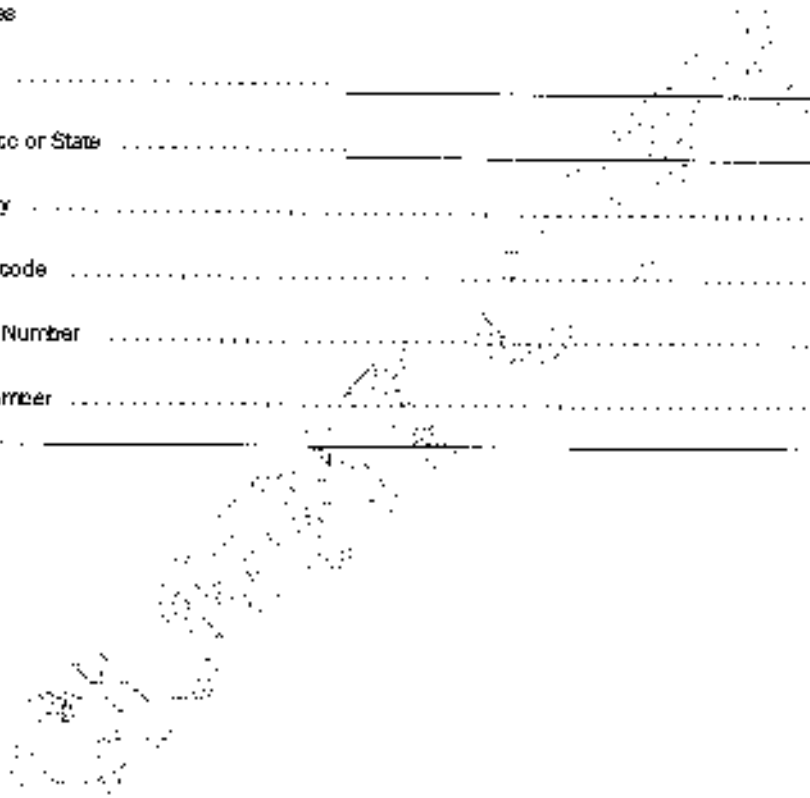
ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42a
OPEN TO PUBLIC INSPECTION
For calendar year 2017, or tax period beginning _____ and ending _____
Name of Organization: NATIONAL ALLIANCE FOR THE MENTALLY ILL, STANISLAUS COUNTY
Employer Identification Number: 77-0412296
Part V - Line 42a

Individual Name: DIANE DOMER
or
Business Name:

Street Address: 500 N 9TH STREET

U.S. Address:
Zip code: 95358 City: MODESTO State: CA

Foreign Address:
City:
Province or State:
Country:
Postal code:
Phone Number: (209) 404-1132
Fax Number:



BWF
TAXABLE YEAR **2017** California Exempt Organization
Annual Information Return

FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name: **NATIONAL ALLIANCE FOR THE MENTALLY ILL, STANISLAUS** California corporation number: **01941200**

Additional information. See instructions. FEIN: **77-0412286**

Street address (suite or room): **P O BOX 4120** PMB no.

City: **MODESTO** State: **CA** Zip code: **95352**

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Yes No
- B Amended Return Yes No
- C IRC Section 4947(a)(1) trust Yes No
- D Final information return: Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date (mm/dd/yyyy)
- E Check accounting method: (1) Cash (2) Accrual (3) Other
- F Federal return filed? (1) 990T (2) 990FP (3) Sch H 1990; (4) Other 990 series
- G Is this a group filing? See instructions Yes No
- H Is this organization in a group exemption? Yes No
If "Yes," what is the parent's name?
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activity? See instructions Yes No
- K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$
- L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
No filing fee is required Yes No
- M Is the organization a Limited Liability Company? Yes No
- N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	Expenditures	Filing Fee
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	9 Total expenses and disbursements. From Side 2, Part II, line 10	11 Total payments
2 Gross dues and assessments from members and affiliates	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	12 Use tax. See General instruction K
3 Gross contributions, gifts, grants, and similar amounts received	11 Total payments	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11
4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	12 Use tax balance. If line 12 is more than line 13, subtract line 11 from line 12	14 Use tax balance. If line 12 is more than line 13, subtract line 11 from line 12
5 Cost of goods sold	15 Filing fee \$20 or \$70. See General instruction F	15 Filing fee \$20 or \$70. See General instruction F
6 Cost or other basis, and sales expenses of assets sold	16 Penalties and interest. See General instruction J	16 Penalties and interest. See General instruction J
7 Total costs. Add line 5 and line 6	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result
8 Total gross income. Subtract line 7 from line 4		

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 this return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *Roggy Uruka* Title: **TREASURER** Date: **12-09-2016** Telephone: **209591308**

Preparer's signature: *Roggy Uruka* Date: **12-09-2016** Check if self-employed PTIN: **000591308**

Firm's name (or yours, if self-employed) and address: **HRB TAX GROUP INC**
1808 COFFER RD STE E
MODESTO CA 95355
EIN: **431671840**
Telephone: **2095292032**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts -- complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part 5, line 1.	8	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	427
Expenses and Disbursements	10	Disbursements to or for members	10	12,271
	11	Compensation of officers, directors, and trustees. Attach schedule	11	
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	549
	16	Depreciation and depletion (See instructions)	16	
	17	Other Expenses and Disbursements. Attach schedule	17	2100
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part 5, line 6.	18	13,458

Schedule L Balance Sheet

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		30,871		32,182
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 Total assets		30,871		32,182
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in capital surplus. Attach schedule				
21 Retained earnings or income fund				
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule.
2	Federal income tax	8	Deductions in this return not charged against book income this year. Attach schedule.
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8.
4	Income not recorded on books this year. Attach schedule.	10	Net income per return.
5	Expenses recorded on books this year and deducted in this return. Attach schedule.		Subtract line 9 from line 6.
6	Total. Add line 1 through line 5.		

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts -- complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		
	2	Interest	2		
	3	Dividends	3		
	4	Gross rents	4		
	5	Gross royalties	5		
	6	Gross amount received from sale of assets (See instructions)	6		
	7	Other income. Attach schedule	7		
	8	Total gross sales or receipts from other sources. Add the -- See 7. Enter here and on Side 1, Part I, line 1	8		
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	47	
	10	Disbursements to or for members	10	12,271	
	11	Compensation of officers, directors, and trustees. Attach schedule	11		
	12	Other salaries and wages	12		
	Expenses and Disbursements	13	Interest	13	
		14	Taxes	14	
		15	Ports	15	540
		16	Depreciation and depletion (See instructions)	16	
		17	Other Expenses and Disbursements. Attach schedule	17	700
		18	Total expenses and disbursements. Add the 9 through the 17. Enter here and on Side 1, Part I, line 9.	18	13,458

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(b)	(c)	(d)	(e)
Assets				
1 Cash		30,671		32,182
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 Total assets		30,671		32,182
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgage payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in capital reserves. Attach schedule				
21 Retained earnings or income fund				
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax	8	Adjustments in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule	10	Net income per return
5	Expenses recorded on books this year not deducted in this return. Attach schedule		Subtract line 9 from line 8
6	Total. Add line 1 through line 5		