

Return of Organization Exempt From Income Tax

2000

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the **2000** calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return

C Please use IRS label or print or type See Specific Instructions.
ALLIANCE FOR THE MENTALLY ILL OF RACINE
 818 6th Street
 Racine, WI 53403

D Employer identification number
39-1341452

E Telephone number
262-637-0582

F Check if application pending

G Organization type (check only one) 501(c)(3) (insert no) 527 OR 4947(a)(1)
 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs.
H(a) Is this a group return filed for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (if "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no (GEN) ▶
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	1a	62,145	
b Indirect public support	1b	48,500	
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ <u>110,645</u> noncash \$ _____)	1d		110,645
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		3,375
4 Interest on savings and temporary cash investments	4		1,072
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶ _____)	7		
	(A) Securities	(B) Other	
8a Gross amount from sales of assets other than inventory	8a		
b Less cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)		See Statement 1	
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	7,030	
b Less direct expenses other than fundraising expenses	9b	996	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		6,034
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		484
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		121,610
13 Program services (from line 44, column (B))	13		104,882
14 Management and general (from line 44, column (C))	14		23,040
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		127,922
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-6,312
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		122,778
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		116,466

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23	225	225	
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	35,000	29,050	5,950
26 Other salaries and wages	26	45,689	37,454	8,235
27 Pension plan contributions	27			
28 Other employee benefits	28	666	554	112
29 Payroll taxes	29	6,168	5,081	1,087
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	2,484	2,073	411
34 Telephone	34	3,013	2,432	581
35 Postage and shipping	35	2,134	1,720	414
36 Occupancy	36	4,800	4,381	419
37 Equipment rental and maintenance	37	175	116	59
38 Printing and publications	38	9,415	7,320	2,095
39 Travel	39	1,747	1,747	
40 Conferences, conventions, and meetings	40	3,976	3,976	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	1,361	1,054	307
43 Other expenses (itemize) a Statement 2	43a	11,069	7,699	3,370
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15.	44	127,922	104,882	23,040 0

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? Human service agency

Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)	
a <u>AMI: Provides individual and group support for families with persons with mental illnesses, and it educates the public about mental illnesses.</u> (Grants and allocations \$ 0)	47,982
b <u>Community Outreach Coordinator: Project to provide outreach services.</u> (Grants and allocations \$ 0)	13,259
c <u>Consumer Advocacy Team: Provides information and referral resources for citizens of Racine.</u> (Grants and allocations \$ 0)	43,641
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	104,882

Part IV Balance Sheets (See Specific Instructions on page 23)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash - non-interest-bearing	35,259	45	31,554
	46 Savings and temporary cash investments	22,097	46	23,168
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable	57,500		
	b Less allowance for doubtful accounts		48c	57,500
	49 Grants receivable		49	160
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,053	53	5,019
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	10,940			
b Less accumulated depreciation (attach schedule) Stmt 3	7,401	57c	3,539	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	124,935	59	120,940	
LIABILITIES	60 Accounts payable and accrued expenses	362	60	317
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> See Statement 4)	1,795	65	3,002
66 Total liabilities (add lines 60 through 65)	2,157	66	3,319	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	47,783	67	60,121
	68 Temporarily restricted	74,995	68	57,500
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	122,778	73	117,621	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	124,935	74	120,940	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions on page 26)

		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
b	If "Yes," enter the name of the organization <u>N/A</u>			
and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt				
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	1,155	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations	85a	N/A	
a	Were substantially all dues nondeductible by members?			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter	86a	N/A	
a	Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter	87a	N/A	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter Amount of tax in 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <u>Wisconsin</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		5
91	The books are in care of <u>Alliance For The Mentally Ill</u> Telephone no <u>262-637-0582</u> Located at <u>818 6th Street, Racine, WI</u> ZIP code <u>53403</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,375
95 Interest on savings & temporary cash investments					1,072
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events					6,034
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Miscellaneous					484
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					10,965
105 Total (add line 104, columns (B), (D), and (E))					10,965

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Statement 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 knowledge.

Date: 1/20/01
 Type or print name and title: GEOFFREY CRESWELL DINSOR, EXEC DIR

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	92,086	124,265	61,985	54,976	333,312
16 Membership fees received	2,985	2,677	2,685	2,420	10,767
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	7,725	6,535	4,514	3,748	22,522
18 Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	760	645	330	292	2,027
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets. See St 8.	890				890
23 Total of lines 15 through 22	104,446	134,122	69,514	61,436	369,518
24 Line 23 minus line 17	96,721	127,587	65,000	57,688	346,996
25 Enter 1% of line 23	1,044	1,341	695	614	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					6,940
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					346,996
d Add Amounts from column (e) for lines 18 2,027 19 and 22 890 26b					2,917
e Public support (line 26c minus line 26d total)					344,079
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.16%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year N/A					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add Amounts from column (e) for lines 15 16 and 17 20 and line 27b total 21					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

	Yes	No
29		
30		
31		

- 32** Does the organization maintain the following
 - a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
32d		

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

- 33** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

- 34a** Does the organization receive any financial aid or assistance from a governmental agency?

- b** Has the organization's right to such aid ever been revoked or suspended?
 If you answered "Yes" to either 34a or b, please explain using an attached statement.

34a		
34b		

- 35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here a if the organization belongs to an affiliated group
 Check here b if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h).			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

ALLIANCE FOR THE MENTALLY ILL OF RACINE

Employer identification number

39-1341452

Organization type (check one) - Section 501(c)(3) ◀ (enter number), 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ Schedule B (Form 990 or 990-EZ) (2000)

Client ALLIA01

ALLIANCE FOR THE MENTALLY ILL OF RACINE

39-1341452

12/19/01

05 12PM

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events:

- A) Iris Sales
 B) All Other Events
 C)
 Other.

Special Events	A	B	C	Other	Total
Gross Receipts	\$ 4,612	2,418		0	7,030
Less: Contributions	0	0		0	0
Gross Revenue	4,612	2,418		0	7,030
Less: Direct Expenses	996	0		0	996
Net Income (Loss)	\$ 3,616	2,418		0	6,034

Statement 2
Form 990, Part II, Line 43
Other Expenses

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Insurance	\$ 2,600	1,600	1,000	
Membership dues	230	230		
Miscellaneous	526	391	135	
Professional fees	4,742	2,507	2,235	
Staff training	1,341	1,341		
State and national dues	1,630	1,630		
Total	\$ 11,069	7,699	3,370	0

Statement 3
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Asset	Basis	Accum. Deprec.	Book Value
Machinery and equipment	\$ 10,940	7,401	3,539
Total	\$ 10,940	7,401	3,539

Client ALLIA01

ALLIANCE FOR THE MENTALLY ILL OF RACINE

39-1341452

12/19/01

06 12PM

Statement 4
Form 990, Part IV, Line 65
Other Liabilities

	<u>Ending</u>
Accrued payroll taxes	\$ 2,503
Accrued salaries	499
Total	<u>\$ 3,002</u>

Statement 5
Form 990, Part IV-A, Line b(4)
Other Amounts

Special event costs	\$ 996
Total	<u>\$ 996</u>

Statement 6
Form 990, Part IV-B, Line b(4)
Other Amounts

Special event costs	\$ 996
Total	<u>\$ 996</u>

Statement 7
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
94	Membership dues raise consciousness of Organization's mission as well as raising funds in furtherance of the organization's activities.
95	Interest on savings account used for Organization's programs.
101	Special events raise awareness of the Organization and its mission as well as raising funds for the Organization's activities.
103	Miscellaneous revenues in furtherance of the organization's activities.

Statement 8
Schedule A, Part IV-A, Line 22
Other Income

<u>Description</u>	<u>(a) 1999</u>	<u>(b) 1998</u>	<u>(c) 1997</u>	<u>(d) 1996</u>	<u>(e) Total</u>
Miscellaneous	\$ 890	\$ 0	\$ 0	\$ 0	\$ 890
Total	<u>\$ 890</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 890</u>

**Alliance for the Mentally Ill of Racine County, Inc.
2001-2002 Board of Directors**

<u>Title and Term Expiration</u>	<u>Name and Address</u>	<u>Contact info</u>	<u>Avg hours</u>	<u>Cont. to Plans</u>
President May, 2002	Peggy Crane 1405 Crabapple Dr Racine WI 53405	633-7033 (Home) 942-5605 (Work) -5606 fax peggy.crane@aurora.org	5	0
Vice President May, 2002	Pat Bohon 6618 Spring Hill Dr Racine WI 53406	884-3160 (Work) 504-5415 (fax) 886-6794 (Home) plbohon@aol.com	5	0
Secretary May, 2002	Pat Anderson 133 Lakeland Cr Racine WI 53402	681-1424 (Home) 636-9207 (Work) panderson@cityofracine.org	3	0
Treasurer May, 2002	Bushra Latif 1827-1/2 12th Street Racine WI 53403	632-6269 (Home) 619-4866 (Work) blatif@execpc.com	3	0
Director May, 2003	George Baumgardt 3338 Oregon St Racine WI 53405	554-7947 (Work) gbaumgar@bankofelmwood.com	2	0
Director May, 2003	Gwen Becker 108 Fawn Trail Sturtevant WI 53177	835-1754 (Home) 554-3922 (Work) gbecker@johnsonbank.com	2	0

Director May, 2003	Betty Brenneman 904 Orchard St Racine WI 53405	637-3119 (Home)	2	0
Director May, 2002	R Stephen Callaghan, M.D 1433 College Ave Racine WI 53403	636-1903 (Home) 635-5520 (Work) call1234@wi.net	2	0
Director May, 2002	Lt Tom Christensen Racine Police Dept 730 Center St Racine WI 53403	634-8521 (Home) 635-7727 (Work) tc@cityofracine.org	2	0
Director May, 2002	Fred Ganaway 1010 Orchard St Racine WI 53405	637-8223 (Home) 636-1385 (Work) fe.Ganaway@Modine.com	2	0
Director May, 2002	Cathie Lehman 2421 James Blvd Racine WI 53403	632-3330 (Home)		
Director May, 2002	Cristina Mondragon 827 Main St Racine WI 53403	634-0229 (Work) 632-8015 (Home)	2	0
Director May, 2003	Amy Randolph 1440 S Wisconsin Ave Racine WI 53403	632-1328 (Home)	2	0

Director May, 2003	Darlene Reiter 37500 87 th St Burlington WI 53105	537-2945 (Home) Dareiter@bbw tds net	2	0
Director May, 2003	Shirley Reynolds 1924 Wushum Ave Racine WI 53404	632-1329 (Home) Shirley.Reynolds@worldnet att net		
Director May, 2002	Ruth Schaaf, O P St Luke's, Pastoral Care Services 1320 Wisconsin Ave Racine WI 53403	636-2377 (Work) admrvilla@mlserv net	2	0
Director May, 2002	Ann Wirtz 4302 Farmington Lane Racine WI 53403	554-7493 (Home) 637-1440 (Work) shorelunemaror@yahoo com	2	0

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)
 Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization ALLIANCE FOR THE MENTALLY ILL, INC	Employer Identification Number 39-1341452
	Number, Street, and Room or Suite Number If a P O Box, see instructions 818 SIXTH STREET	
	City, Town or Post Office For a foreign address, see instructions RACINE	State ZIP Code WISCONSIN 53403

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a group return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20____ or
- ▶ tax year beginning 7/1, 2000, and ending 6/30, 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Elizabeth Hoyt Title ▶ CPA Date ▶ 10/29/01

KFA For Paperwork Reduction Act Notice, See Instructions.

Form 8868 (12-2000)