

Return of Organization Exempt from Income Tax

2001

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type See specific instructions

ALLIANCE FOR THE MENTALLY ILL OF RACINE COUNTY, INC
818 6th Street
Racine, WI 53403

D Employer identification number
39-1341452

E Telephone number
262-637-0582

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

- H and I are not applicable to Section 527 organizations
- H (a)** Is this a group return for affiliates? Yes No
- H (b)** If 'yes' enter number of affiliates 3
- 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 GEN _____
- M** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 164,862

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

| | | | | | |
|------------|--|----------------|--------|-----------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | | | | |
| a | Direct public support | 1a | 99,230 | | |
| b | Indirect public support | 1b | 46,444 | | |
| c | Government contributions (grants) | 1c | | | |
| d | Total (add lines 1a through 1c) (cash \$ <u>144,874</u> noncash \$ <u>800</u>) | 1d | | 145,674 | |
| 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | |
| 3 | Membership dues and assessments | 3 | | 3,665 | |
| 4 | Interest on savings and temporary cash investments | 4 | | 575 | |
| 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 | | | |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | |
| b | Less cost or other basis and sales expenses | 8a | | | |
| c | Gain or (loss) (attach schedule) | 8b | | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8c | | | |
| 8d | Special events and activities (attach schedule) | 8d | | | |
| 9a | Gross revenue (not including \$ _____ of contributions reported on line 1a) | 9a | 14,818 | | |
| b | Less direct expenses other than fundraising expenses | 9b | 974 | | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | 13,844 | |
| 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 | | 130 | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 163,888 | |
| 13 | Program services (from line 44, column (B)) | 13 | | 119,001 | |
| 14 | Management and general (from line 44, column (C)) | 14 | | 20,941 | |
| 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 | | 139,942 | |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | 23,946 | |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 117,621 | |
| 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 | | 141,567 | |

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Part I 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

| 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 | 804 | 804 | | |
| 24 | Benefits paid to or for members (att sch) | 24 | | | | |
| 25 | Compensation of officers, directors, etc | 25 | 28,000 | 23,240 | 4,760 | |
| 26 | Other salaries and wages | 26 | 53,874 | 46,386 | 7,488 | |
| 27 | Pension plan contributions | 27 | | | | |
| 28 | Other employee benefits | 28 | 838 | 697 | 141 | |
| 29 | Payroll taxes | 29 | 6,215 | 5,289 | 926 | |
| 30 | Professional fundraising fees | 30 | | | | |
| 31 | Accounting fees | 31 | | | | |
| 32 | Legal fees | 32 | | | | |
| 33 | Supplies | 33 | 3,609 | 3,037 | 572 | |
| 34 | Telephone | 34 | 2,867 | 2,332 | 535 | |
| 35 | Postage and shipping | 35 | 2,369 | 1,876 | 493 | |
| 36 | Occupancy | 36 | 4,980 | 4,467 | 513 | |
| 37 | Equipment rental and maintenance | 37 | | | | |
| 38 | Printing and publications | 38 | 6,614 | 5,107 | 1,507 | |
| 39 | Travel | 39 | 4,860 | 4,860 | | |
| 40 | Conferences, conventions, and meetings | 40 | 3,417 | 3,417 | | |
| 41 | Interest | 41 | | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | 1,281 | 1,005 | 276 | |
| 43 | Other expenses not covered above (itemize) | | | | | |
| a | See Statement 2 | 43a | 20,214 | 16,484 | 3,730 | |
| b | | 43b | | | | |
| c | | 43c | | | | |
| d | | 43d | | | | |
| e | | 43e | | | | |
| 44 | Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 44 | 139,942 | 119,001 | 20,941 | 0 |

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 II Statement of Program Service Accomplishments

| What is the organization's primary exempt purpose? <u>Human service agency</u> | Program Service Expenses (Required for 501(c)(3) and (4) organizations 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 \$ _____) | 50,576 |
| b <u>Community Outreach Coordinator Project to provide outreach services</u> (Grants and allocations \$ _____) | 12,626 |
| c <u>Consumer Advocacy Team Provides information and referral resources for citizens of Racine</u> (Grants and allocations \$ _____) | 55,799 |
| d _____ (Grants and allocations \$ _____) | |
| e Other program services (Grants and allocations \$ _____) | |
| f Total of Program Service Expenses (should equal line 44, column (B), program services) | 119,001 |

Part IV Balance Sheets (See instructions)

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 | 31,554 | 45 | 52,753 |
| | 46 Savings and temporary cash investments | 23,168 | 46 | 23,744 |
| | 47 a Accounts receivable | 47 a 1,178 | | |
| | b Less allowance for doubtful accounts | 47 b | 47 c | 1,178 |
| | 48 a Pledges receivable | 48 a 61,444 | | |
| | b Less allowance for doubtful accounts | 48 b | 48 c | 61,444 |
| | 49 Grants receivable | 160 | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51 a Other notes & loans receivable (attach sch) | 51 a 883 | | |
| | b Less allowance for doubtful accounts | 51 b | 51 c | 883 |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 5,019 | 53 | 3,276 |
| | 54 Investments – securities (attach schedule) | | 54 | |
| | 55 a Investments – land, buildings, & equipment basis | 55 a | | |
| b Less accumulated depreciation (attach schedule) | 55 b | 55 c | | |
| 56 Investments – other (attach schedule) | | 56 | | |
| 57 a Land, buildings, and equipment basis | 57 a 9,339 | | | |
| b Less accumulated depreciation (attach schedule) Statement 3 | 57 b 6,281 | 3,539 | 57 c | 3,058 |
| 58 Other assets (describe ▶ _____) | | 58 | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 120,940 | 59 | 146,336 | |
| LIABILITIES | 60 Accounts payable and accrued expenses | 317 | 60 | 1,166 |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a Tax exempt bond liabilities (attach schedule) | | 64 a | |
| | b Mortgages and other notes payable (attach schedule) | | 64 b | |
| | 65 Other liabilities (describe ▶ See Statement 4) | 3,002 | 65 | 2,883 |
| 66 Total liabilities (add lines 60 through 65) | 3,319 | 66 | 4,049 | |
| UNRESTRICTED OR CURRENTLY RESTRICTED ASSETS | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | 60,121 | 67 | 80,843 |
| | 68 Temporarily restricted | 57,500 | 68 | 61,444 |
| | 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) | 117,621 | 73 | 142,287 |
| | 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | 120,940 | 74 | 146,336 |

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.

BAA

Part VI Other Information (See specific instructions)

| | | 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 |
| 78b | 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? If 'Yes,' enter the name of the organization ▶ <u>N/A</u> | | X |
| ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | | |
| 81a | Enter direct or indirect political expenditures See line 81 instructions | 81a | 0 |
| 81b | Did the organization file Form 1120-POL for this year? | | 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? | X | |
| 82b | 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 in Part III) | 82b | 720 |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| 84b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | |
| 85a | 501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members? | N/A | |
| 85b | 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 | N/A | |
| 85c | Dues, assessments, and similar amounts from members | 85c | N/A |
| 85d | Section 162(e) lobbying and political expenditures | 85d | N/A |
| 85e | Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices | 85e | N/A |
| 85f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| 85g | Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f? | | N/A |
| 85h | If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | N/A |
| 86a | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| 86b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87a | 501(c)(12) organizations Enter a Gross income from members or shareholders | 87a | N/A |
| 87b | 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 301.7701-3? 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> | | |
| 89b | 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 on line 89c, above, reimbursed by the organization | | 0 |
| 90a | List the states with which a copy of this return is filed ▶ <u>Wisconsin</u> | | |
| 90b | Number of employees employed in the pay period that includes March 12, 2001 (see instructions) | 90b | 7 |
| 91 | The books are in care of ▶ <u>Alliance For The Mentally Ill</u> Telephone number ▶ <u>262-637-0582</u> Located at ▶ <u>818 6th Street, Racine, WI</u> ZIP + 4 ▶ <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 instructions)

Note 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 & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 3,665 |
| 95 Interest on savings & temporary cash invmnts | | | | | 575 |
| 96 Dividends & 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 pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | 13,844 |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a _____ | | | | | |
| b Miscellaneous | | | | | 130 |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | | 18,214 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 18,214 |

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 instructions)

| 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) |
|---------|--|
| 1 | See Statement 8 |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

| (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 instructions)

- 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 any knowledge.

Date 2/13/03

SURER

Schedule A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)
Supplementary Information - (see separate instructions)

2001

Department of the Treasury
Internal Revenue Service

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization **ALLIANCE FOR THE MENTALLY ILL OF RACINE
COUNTY, INC**

Employer Identification Number
39-1341452

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter 'None')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$50,000 ▶ | | 0 | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | 0 |

Part III Statements About Activities (See instructions)

| | 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> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) 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. | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| e Transfer of any part of its income or assets? | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) | | X |
| 4 Do you have a section 403(b) annuity plan for your employees? | | X |
| Note 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. | | |

Part IV Reason for Non-Private Foundation Status (See 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)
- 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 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 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) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|---|-----------------|-----------------|-----------------|-------------|--------------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 113,791 | 92,086 | 124,265 | 61,985 | 392,127 |
| 16 Membership fees received | 3,375 | 2,985 | 2,677 | 2,685 | 11,722 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 6,034 | 7,725 | 6,535 | 4,514 | 24,808 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (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 | 1,072 | 760 | 645 | 330 | 2,807 |
| 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 schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 9. | 484 | 890 | | | 1,374 |
| 23 Total of lines 15 through 22 | 124,756 | 104,446 | 134,122 | 69,514 | 432,838 |
| 24 Line 23 minus line 17 | 118,722 | 96,721 | 127,587 | 65,000 | 408,030 |
| 25 Enter 1% of line 23 | 1,248 | 1,044 | 1,341 | 695 | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 | | | | | 26a 8,161 |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. | | | | | 26b |
| c Total support for Section 509(a)(1) test. Enter line 24, column (e). | | | | | 26c 408,030 |
| d Add: Amounts from column (e) for lines | 18 2,807 | 19 | | | 26d 4,181 |
| | 22 1,374 | 26b | | | 26e 403,849 |
| e Public support (line 26c minus line 26d total) | | | | | 26e 403,849 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 98.98% |
| 27 Organizations described on line 12: N/A | | | | | |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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). Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____ | | | | | |
| c Add: Amounts from column (e) for lines | 15 _____ | 16 _____ | | | 27c _____ |
| | 17 _____ | 20 _____ | 21 _____ | | |
| 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 from 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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

| | | N/A | |
|------------|---|-----|----|
| | | Yes | No |
| 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) ----- ----- ----- | | |
| 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? 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? 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 | | |
| 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 | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' 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 -- | The lobbying nontaxable amount is -- | |
| Not over \$500,000 | 20% of the amount on line 40 | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| Over \$17,000,000 | \$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)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4 -Year Averaging Period | | | | |
|---|---|-------------|-------------|-------------|--------------|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non taxable 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 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

- 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)

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Client ALLIA01

ALLIANCE FOR THE MENTALLY ILL OF RACINE
COUNTY, INC.

39-1341452

2/06/03

03 36PM

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

| Special Events | Gross Receipts | Less Contributions | Gross Revenue | Less Direct Expenses | Net Income (Loss) |
|------------------|------------------|--------------------|------------------|----------------------|-------------------|
| All Other Events | 9,750 | 0 | 9,750 | 0 | 9,750 |
| Iris Sales | 5,068 | 0 | 5,068 | 974 | 4,094 |
| Totals | \$ 14,818 | \$ 0 | \$ 14,818 | \$ 974 | \$ 13,844 |

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

| | (A) Total | (B) Program Services | (C) Management & General | (D) Fundraising |
|-------------------------|------------------|-------------------------|-----------------------------|--------------------|
| Convention expense | 6,123 | 6,123 | | |
| Insurance | 2,196 | 1,398 | 798 | |
| Membership dues | 125 | 125 | | |
| Miscellaneous | 359 | 327 | 32 | |
| Professional fees | 6,966 | 4,066 | 2,900 | |
| Staff training | 2,041 | 2,041 | | |
| State and national dues | 2,404 | 2,404 | | |
| Total | \$ 20,214 | \$ 16,484 | \$ 3,730 | \$ 0 |

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

| Category | Basis | Accum Deprec. | Book Value |
|-------------------------|-----------------|-----------------|-----------------|
| Machinery and Equipment | \$ 9,339 | \$ 6,281 | \$ 3,058 |
| Total | \$ 9,339 | \$ 6,281 | \$ 3,058 |

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

| | |
|-----------------------|-----------------|
| Accrued payroll taxes | \$ 2,192 |
| Accrued salaries | 691 |
| Total | \$ 2,883 |

2/06/03

03 36PM

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

Special event costs Total \$ 974
\$ 974

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

Special event costs Total \$ 974
\$ 974

**Statement 7
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees**

| Name and Address | Title and Average Hours Per Week Devoted | Compensation | Contribution to EBP & DC | Expense Account/Other |
|--|--|------------------|--------------------------|-----------------------|
| Geoffrey Greiveldinger 818 Sixth Street Racine, WI 53403 | Exec Director 32+hrs/week | \$ 28,000 | \$ 0 | \$ 0 |
| See Schedule Attached | Various | 0 | 0 | 0 |
| Total | | <u>\$ 28,000</u> | <u>\$ 0</u> | <u>\$ 0</u> |

**Statement 8
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes**

| Line # | Explanation of Activities |
|--------|--|
| 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 |

ALLIANCE FOR THE MENTALLY ILL OF RACINE
COUNTY, INC.

Client ALLIA01

39-1341452

2/06/03

03 36PM

Statement 9
Schedule A, Part IV-A, Line 22
Other Income

| Description | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|---------------|---------------|---------------|-------------|-------------|-----------------|
| Miscellaneous | \$ 484 | \$ 890 | \$ 0 | \$ 0 | \$ 1,374 |
| Total | <u>\$ 484</u> | <u>\$ 890</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 1,374</u> |

Sec 181 1005
Wis Stats.

State of Wisconsin
Department of Financial Institutions

06 6412006

DEPARTMENT OF FINANCIAL INSTITUTIONS
STATE OF WISCONSIN
2002 JUN -5 AM 8:00

ARTICLES OF AMENDMENT - NONSTOCK CORPORATION

A The present corporate name (prior to any change effected by this amendment) is

~~Alliance for the Mentally Ill, Inc. (AMI) of Racine County, Wisconsin~~

Text of Amendment (Refer to the existing articles of incorporation and the instructions on the reverse of this form Determine those items to be changed and set forth the number identifying the paragraph being changed and how the amended paragraph is to read)

RESOLVED, THAT the articles of incorporation be amended as follows

Amend Article I to read:

The name of the corporation is Alliance for the Mentally Ill of Racine County (NAMI-Racine), Inc. *OH ONE*

.. .. .
#

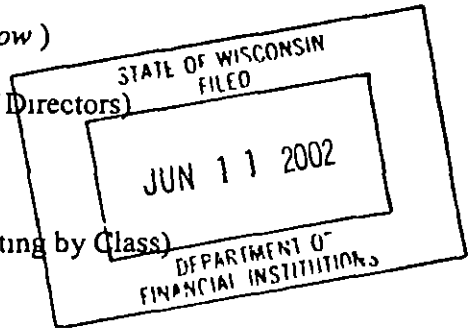
B Amendment(s) adopted on May 14, 2002

(Indicate the method of adoption by checking (X) the appropriate choice below)

() In accordance with sec 181 1002, Wis Stats (By the Board of Directors)

OR
(x) In accordance with sec 181 1003, Wis Stats (By Members)

OR
() In accordance with sec 181 1004, Wis Stats (By Members voting by Class)



C Approval by 3rd Person (Contingency Statement)

() Written approval for amending the articles of incorporation was obtained from the person whose approval is required by a provision of the articles of incorporation authorized under sec. 181 1030.

D Executed on May 28, 2002
(Date)

Patrick L. Bohon
(Signature)

Title (x) President () Secretary
or other officer title _____

Patrick L. Bohon
(Printed name)

This document was drafted by Geoffrey Greiveldinger
(Name the individual who drafted the document)

FILING FEE - \$25.00 SEE instructions, suggestions and procedures on following page

ARTICLES OF AMENDMENT (Ch 181, Nonstock)

Γ

Alliance for the Mentally Ill of Racine County
818 Sixth Street
Racine, WI 53403-1176

▲ Your return address and phone number during the day (262) 637 - 0582

INSTRUCTIONS (Ref sec 181 1005 Wis Stats for document content)

Submit one original and one exact copy to Dept. of Financial Institutions, P O Box 7846, Madison WI, 53707-7846, together with a **FILING FEE of \$25.00**, payable to the department. (If sent by Express or Priority U.S. mail, address to 345 W Washington Ave , 3rd Floor, Madison WI, 53703) This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature, per sec 181 0120(2), Wis Stats. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 608-266-8818 for TDY.

A Enter the name of the corporation (before any change effected by this amendment) and the text of the amendment(s). The text should recite the resolution adopted (e g , "Resolved; that Article 1 of the articles of incorporation be amended to read. . . (set forth the amended article)

B. Enter the date of adoption of the amendment(s). If there is more than one amendment, identify the date of adoption of each Mark (X) one of the three choices to indicate the method of adoption of the amendment(s)

By Board of Directors – Refer to sec. 181 1002 for specific information on the character of amendments that may be adopted by the Board of Directors without the approval of members with voting rights

By Members – Adoption by members requires 2/3rd of votes cast or a majority of the voting power, whichever is less, except as conditioned by the articles of incorporation, bylaws, ss 181 1002(1), 181 1030 or other provisions of Ch 181, Wis Stats.

By Members thru Class Voting – Refer to sec 181 1004 for specific information on class voting by members

Approval by Other Person – Amendment of the articles of incorporation may require the approval of a person other than the board or members, if so specified in the articles of incorporation under sec. 181 1030

C Enter the date of execution and the name and title of the person signing the document The document must be signed by one of the following. An **officer** of the corporation (or incorporator if directors have not been elected), or a court-appointed receiver, trustee or fiduciary A director is **not** empowered to sign

D If the document is executed in Wisconsin, sec 182 01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner If the document is not executed in Wisconsin, enter that remark

**Alliance for the Mentally Ill of Racine County, Inc.
2002-2003 Board of Directors**

| <u>Title & Term Expiration Plans</u> | <u>Name & Address</u> | <u>Contact info</u> | <u>Avg hours</u> | <u>Cont. to</u> |
|--|--|--|------------------|-----------------|
| President May, 2003 | Pat Bohon 6618 Spring Hill Dr Racine WI 53406 | 884-3160 (Work) 504-5415 (fax) 886-6794 (Home) pnjbohon@voyager.net | 5 | 0 |
| Vice President May, 2003 | Pat Anderson 133 Lakefield Crt Racine WI 53402 | 681-1424 (Home) 636-9207 (Work) 6 panderson@cityofracine.org | 5 | 0 |
| Secretary May 2003 | Darlene Reiter 37500 87 th St Burlington WI 53105 | 537-2945 (Home) Dareiter@bbw.tds.net | 3 | 0 |
| Treasurer May, 2003 | Bushra Latif 1827-1/2 12th Street Racine WI 53403 | 632-6269 (Home) 619-4866 (Work) blatf@johnsonbank.com | 3 | 0 |
| Director May, 2003 Full term | George Baumgardt 5310 Lathrop Ave Racine WI 53403 | ⁵⁸⁴ 554-7947 (Work) 552-7527 Home gbaumgardt@bankofelmwood.com | 2 | 0 |
| Director May, 2003 Full term | Betty Brenneman 904 Orchard St Racine WI 53405 | 637-3119 (Home) ebbren@execpc.com | 2 | 0 |

| | | | | |
|---|---|---|---|---|
| Director May, 2004 Full term | R Stephen Callaghan, M D 1433 College Ave Racine WI 53403 | 636-1903 (Home) 635-5520 (Work) call1234@wi net | 2 | 0 |
| Director May, 2004 Full term | Evelyn Christensen 6200 Charles St Racine WI 53402 | 639-9727 (Home) email n/a | 2 | 0 |
| Director May, 2004 Full term | Cpt Tom Christensen Racine Police Dept 730 Center St Racine WI 53403 | 634-8521 (Home) 635-7804 (Work) tc@cityofracine.org | 2 | 0 |
| Director May, 2003 Appointed to fill unexpired term | Peggy Crane 1405 Crabapple Dr Racine WI 53405 | 633-7033 (Home) 948-5605 (Work) -5606 fax peggycrane@aurora.org | 2 | 0 |
| Director May, 2004 Full term | Fred Ganaway 1010 Orchard St Racine WI 53405 | 637-8223 (Home) 636-1385 (Work) f e Ganaway@Modine.com | 2 | 0 |
| Director May, 2004 Full term | Rev Tony Larsen 625 College Ave Racine WI 53403 | 632-9886 (Home) 634-0659 (Work) obuuc@wi net | 2 | 0 |
| Director May, 2004 Full term | Cathie Lehman 708 Orchard St Racine WI 53405 | 632-3330 (Home) cathy lehman@racineco.com 554-6515 work | 2 | 0 |

| | | | | |
|------------------------------------|--|--|---|---|
| Director May, 2004 Full term | Cristina Mondragon 827 Main St Racine WI 53403 | 634-0229 (Work) 632-8015 (Home) jaustin@execpc.com | 2 | 0 |
| Director May, 2003 Full term | Amy Randolph 1440 S. Wisconsin Ave Racine WI 53403 | 632-1328 (Home) amyr51@aol.com | 2 | 0 |
| Director May, 2003 Full term | Shurley Reynolds 1924 Wustum Ave Racine WI 53404 | 632-1329 (Home) Shurley Reynolds@worldnet.att.net | 2 | 0 |
| Director May, 2004 Full term | Arthur Wells 1710 S Wisconsin Ave Racine WI 53403 | 633-5939 (Home) 636-3050 (Work) email n/a | 2 | 0 |
| Director May, 2004 Full term | Ann Wirtz 4302 Farmington Lane Racine WI 53403 | 554-7493 (Home) 637-1440 (Work) shorelinemanor@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 39-1841452 |
| | 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 WI | State ZIP Code 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 FEB 15, 20 03, 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, 20 01, and ending 6/30, 20 02

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 ▶ CRA Date ▶ 11/11/02