Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

**2009**

**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: Alliance On Mental Illness of Racine County, Inc.

Number and street (or P O box, if mail is not delivered to street address): 2300 DeKoven Ave | Room/suite:

City or town, state or country, and ZIP + 4: Racine WI 53403

D Employer identification number: 39-1341452

E Telephone number: 262-637-0582

F Group Exemption Number ▶

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

G Accounting method [ ] Cash [X] Accrual Other (specify) ▶

I Website: ▶ www.namiracine.org

H Check ▶ [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — [X] 501(c)( 3 ) ◀ (insert no ) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 243,248

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | 1 | 205,383 |
| | 2 | Program service revenue including government fees and contracts | | | 2 | |
| | 3 | Membership dues and assessments See Statement 1 | | | 3 | 3,682 |
| | 4 | Investment income | | | 4 | 498 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | | |
| | b | Less cost or other basis and sales expenses | 5b | | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ] | | | | |
| | a | Gross revenue (not including $ ______ of contributions reported on line 1) | 6a | 31,545 | | |
| | b | Less direct expenses other than fundraising expenses | 6b | 6,524 | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | 6c | 25,021 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | | |
| | b | Less cost of goods sold | 7b | | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | |
| | 8 | Other revenue (describe ▶ See Statement 2 ) | | | 8 | 2,140 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | | 9 | 236,724 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | | 10 | 5,981 |
| | 11 | Benefits paid to or for members | | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | | 12 | 166,798 |
| | 13 | Professional fees and other payments to independent contractors | | | 13 | 9,048 |
| | 14 | Occupancy, rent, utilities, and maintenance | | | 14 | 9,715 |
| | 15 | Printing, publications, postage, and shipping | | | 15 | |
| | 16 | Other expenses (describe ▶ See Statement 3 ) | | | 16 | 36,145 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | | 17 | 227,687 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | 18 | 9,037 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | 19 | 123,769 |
| | 20 | Other changes in net assets or fund balances (attach explanation) See Statement 4 | | | 20 | 2,634 |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | | | 21 | 135,440 |

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## Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions for Part II ) | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 67,414 | 22 | 77,693 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe ▶ See Statement 5 ) | 59,717 | 24 | 63,290 |
| 25 Total assets | 127,131 | 25 | 140,983 |
| 26 Total liabilities (describe ▶ See Statement 6 ) | 3,362 | 26 | 5,543 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 123,769 | 27 | 135,440 |



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

What is the organization's primary exempt purpose?

See Statement 7

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

| | | |
|---|---|---|
| 28 See Statement 8<br>(Grants$ ) If this amount includes foreign grants, check here ▶ ☐ | 28a | 96,585 |
| 29 Community Outreach Coordinator: Project to provide outreach services.<br>(Grants$ ) If this amount includes foreign grants, check here ▶ ☐ | 29a | 25,273 |
| 30 Consumer Advocacy Team: Ensures the mental health delivery system meets expressed needs and wishes of the consumers of the services.<br>(Grants$ ) If this amount includes foreign grants, check here ▶ ☐ | 30a | 76,075 |
| 31 Other program services (attach schedule) See Statement 9<br>(Grants$ ) If this amount includes foreign grants, check here ▶ ☐ | 31a | 14,167 |
| 32 **Total program service expenses** (add lines 28a through 31a) ▶ | 32 | 212,100 |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| See Statement 10 | | | | |

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ______ , section 4912 ▶ ______ , section 4955 ▶ ______ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ ______ | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ ______ | | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |

41 List the states with which a copy of this return is filed ▶ WI

42a The organization's books are in care of ▶ Alliance on Mental Illnes Telephone no ▶ 262-637-0582

2300 DeKoven Ave

Located at ▶ Racine, WI ZIP + 4 ▶ 53403

| | | | Yes | No |
|---|---|---|---|---|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country ▶ ______ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42c | | X |
| | If "Yes," enter the name of the foreign country ▶ ______ | | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

| | | | Yes | No |
|---|---|---|---|---|
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | X |



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**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

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

| (a) Name and address of each employee paid more than $100,000 | (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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

| (a) Name and address of each independent contractor paid more than $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |
| | | |

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

**Sign Here**

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

▶ Cheryl Zimmerman | 02/22/2011
Signature of officer | Date

▶ Cheryl Zimmerman President
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ [signature] CPA | Date 2/15/11 | Check if self-employed ▶ ☐ | Preparer's Identifying Number (See instr) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Jenkins & Vojtisek SC, 8338 Corporate Dr Ste 300, Racine, WI 53406 | | | EIN ▶ |
| | | | Phone no ▶ 262-884-1040 |

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



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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization Alliance On Mental Illness of Racine County, Inc.

Employer identification number 39-1341452

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 [ ] 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 exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I  b [ ] Type II  c [ ] Type III–Functionally integrated  d [ ] Type III–Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the US? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## Section A. Public Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|---|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 138,385 | 146,033 | 184,976 | 188,308 | 209,065 | 866,767 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | **Total.** Add lines 1 through 3 | 138,385 | 146,033 | 184,976 | 188,308 | 209,065 | 866,767 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | **Public support.** Subtract line 5 from line 4 | | | | | | 866,767 |

## Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|---|
| 7 | Amounts from line 4 | 138,385 | 146,033 | 184,976 | 188,308 | 209,065 | 866,767 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,236 | 1,601 | 1,360 | 677 | 498 | 5,372 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 0 | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | 4,352 | 3,126 | 2,893 | 2,870 | 2,140 | 15,381 |
| 11 | **Total support.** Add lines 7 through 10 | | | | | | 887,520 |

12 Gross receipts from related activities, etc (see instructions) | 12 | 135,339

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ [ ]

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.66 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 97.25 %

16a **33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3 % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ [ ]

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ [ ]

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ [ ]

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information See instructions.

Part II, Line 10 - Other Income Detail

| | | |
|---|---|---|
| Other Income | $ | 15,381 |

Form **990**

# Special Events Schedule

**2009**

For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10

Name
Alliance On Mental Illness of
Racine County, Inc.

Employer Identification Number
39-1341452

| | (A) | (B) | (C) | Others | Total |
|---|---|---|---|---|---|
| Gross receipts | 31,545 | 0 | 0 | 0 | 31,545 |
| Less contributions | 0 | 0 | 0 | 0 | 0 |
| Gross revenue | 31,545 | 0 | 0 | 0 | 31,545 |
| Less direct expenses | 6,524 | 0 | 0 | 0 | 6,524 |
| Net income (loss) | 25,021 | 0 | 0 | 0 | 25,021 |

Description (A) Bike Ride, Iris Day, Misc.

(B)

(C)

Others

# Federal Statements

## Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

| Description | Amount |
|---|---|
| Membership Dues | $ 3,682 |
| Total | $ 3,682 |

## Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

| Description | Amount |
|---|---|
| Reimbursed Shared Expenses | $ 1,417 |
| CIT Income | 550 |
| Miscellaneous Income | 173 |
| Total | $ 2,140 |

## Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount |
|---|---|
| Expenses | $ |
| Printing - Advertising | 462 |
| Travel | 4,356 |
| Mileage Reimbursements | 1,515 |
| Insurance | 4,938 |
| Cleaning Services | 491 |
| Supplies | 3,516 |
| Library | 237 |
| Telephone | 2,121 |
| Postage | 3,368 |
| Rent/Maint. Equipment | 2,614 |
| Printing & Publications | 2,607 |
| Pre-printed brochures | 1,151 |
| CIT Training expenses | 2,265 |
| Membership Dues Paid | 2,165 |
| Staff Training | 220 |
| Miscellaneous Expenses | 4,033 |
| CIP-Partner Training Expe | 86 |
| Total | $ 36,145 |

## Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

| Description | Amount |
|---|---|
| Investment Gain (Loss) | $ 2,634 |
| Total | $ 2,634 |

# Federal Statements

## Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beginning of Year | End of Year |
|---|---|---|
| Pledges Receivable | $ 3,542 | $ 6,627 |
| Grants Receivable | 50,055 | 51,000 |
| Accounts Receivable | 1,322 | 1,382 |
| Prepaid Expenses and Deferred Charges | 3,040 | 3,117 |
| Office equipment | 9,092 | 9,092 |
| Less Accumulated Depreciation | 7,334 | 7,928 |
| | 59,717 | 63,290 |

## Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

| Description | Beginning of Year | End of Year |
|---|---|---|
| Accounts Payable and Accrued Expenses | $ 3,362 | $ 5,543 |
| | 3,362 | 5,543 |

## Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The Alliance on Mental Illness of Racine County, Inc. is a nonprofit organization working to improve the quality of life through support, education, and advocacy for all individuals affected by mental illness.

## Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

AMI: Improves the quality of life through support services, public education, advocacy and support of mental illness research and advocacy for individuals affected by mental illness.

## Statement 9 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

The PeerLink program is designed to help reduce the number of consumers who repeatedly use the hospital as their main source of treatment.

# Federal Statements

## Statement 10 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

| Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
|---|---|---|---|---|---|
| Deborah Ganaway<br>2300 DeKoven Ave<br>Racine, WI 53403 | Executive Di | 40.00 | 41,709 | 0 | 0 |
| Cheryl Zimmerman | President | 5.00 | 0 | 0 | 0 |
| Tom Christensen | Vice Preside | 5.00 | 0 | 0 | 0 |
| Mary Peterson | Secretary | 3.00 | 0 | 0 | 0 |
| Carl Johnson | Treasurer | 3.00 | 0 | 0 | 0 |
| Bill Adams | Director | 3.00 | 0 | 0 | 0 |
| Callie Adams | Director | 2.00 | 0 | 0 | 0 |
| Jean Boticki | Director | 2.00 | 0 | 0 | 0 |
| Bob Carlson | Director | 2.00 | 0 | 0 | 0 |
| Dave Coughlin | Director | 2.00 | 0 | 0 | 0 |
| Julie Hueller | Director | 2.00 | 0 | 0 | 0 |
| J. Johnson | Director | 2.00 | 0 | 0 | 0 |
| Marta Kultgen | Director | 2.00 | 0 | 0 | 0 |
| Barney Lavin | Director | 2.00 | 0 | 0 | 0 |
| Cherie Lyford | Director | 2.00 | 0 | 0 | 0 |
| Gwen Perry-Brye | Director | 2.00 | 0 | 0 | 0 |
| Art Rader | Director | 2.00 | 0 | 0 | 0 |
| Mary Jane Whitmore | Director | 2.00 | 0 | 0 | 0 |

# Federal Statements

**Statement 10 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

| Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
|---|---|---|---|---|---|
| Ann Wirtz | Director | 2.00 | 0 | 0 | 0 |