WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> NAMI DANE COUNTY, INC. 818 WEST BADGER ROAD, 104 MADISON, WI 53713

Iddaalldaalaallallaall

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 158-800

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning an	d ending		
В с	heck if pplicable	C Name of organization		D Employer identifie	cation number
	Addres	NAMI DANE COUNTY, INC.			
	Name change			39-12707	06
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	818 WEST BADGER ROAD	104	608-249-	
	اreturn⊥ termin- ated		1201	G Gross receipts \$	703,742.
	Amend return			H(a) Is this a group re	
	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —
	ax-exe	empt status: X 501(c)(3)) or 527	1 ' '	list. See instructions
		e: WWW.NAMIDANECOUNTY.ORG	7 01 027	H(c) Group exemptio	
		organization: X Corporation	I Year		A State of legal domicile: WI
		Summary	L 10a1	or formation, === It	a ciato or logar dormono, =
	1	Briefly describe the organization's mission or most significant activities: PRO	VIDE ED	UCATION, SUI	PPORT, AND
ce		ADVOCACY FOR PEOPLE AFFECTED BY MENTAL I			
Governance		Check this box if the organization discontinued its operations or disp			
ver				3	12
ဗ		Number of independent voting members of the governing body (Part VI, line 1b)			12
& &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			12
itie		Total number of volunteers (estimate if necessary)			111
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		391,283.	698,069.
nue		Program service revenue (Part VIII, line 2g)		3,789.	5,623.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		229.	50.
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-40,616.	-46,258.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		354,685.	657,484.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		185,858.	204,872.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b.	Total fundraising expenses (Part IX, column (D), line 25)	321.		
Ě	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		80,638.	105,340.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		266,496.	310,212.
		Revenue less expenses. Subtract line 18 from line 12		88,189.	347,272.
or ses		•	Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		595,375.	974,640.
Ass	21	Total liabilities (Part X, line 26)		25,945.	46,295.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		569,430.	928,345.
Pa	rt II	Signature Block			
Unde	er penal	ities of perjury, I declare that I have examined this return, including accompanying schedul	es and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparer	has any knowledge.	
Sigr	۱	Signature of officer		Date	
Her	e	JEANNE MCLELLAN, EXECUTIVE DIRECTOR			
		Type or print name and title		D.1.	= L prin
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid -	1	SCOTT HAUMERSEN, CPA SCOTT HAUMERSEN	ı, CPA 1	1/15/22 self-employ	
Prep		Firm's name WEGNER CPAS LLP		Firm's EIN ▶	39-0974031
Use	Unly	Firm's address 2921 LANDMARK PL STE 300			00\ 074 4000
		MADISON, WI 53713-4236		Phone no. (6	08) 274-4020
May	the IR	RS discuss this return with the preparer shown above? See instructions			X Yes No

	1 990 (2021) NAMI DANE COUNTY, INC.	39-1270706	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
_			
1	Briefly describe the organization's mission:	7 T T 7 N C D O N	
	NAMI DANE COUNTY IS THE FOUNDING CHAPTER OF THE NATIONAL		
	MENTAL ILLNESS - THE NATION'S LARGEST GRASSROOTS MENTAL		
	ORGANIZATION DEDICATED TO BUILDING BETTER LIVES FOR PEOP	LE AFFECTED	BY
	MENTAL ILLNESS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			▼
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
7		• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, al	ıa
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$) (Rever	ue\$5 <i>,</i>	<u>623.</u>
	THROUGHOUT THE YEAR, BUT PARTICULARLY DURING MENTAL HEAL	TH MONTH IN	
	MAY, MINORITY MENTAL HEALTH MONTH IN JULY, AND MENTAL IL	LNESS AWAREN	ESS
	WEEK IN OCTOBER, NAMI DANE COUNTY LAUNCHED CAMPAIGNS AND		
			10
	TO RAISE PUBLIC AWARENESS OF MENTAL ILLNESS AND INSPIRE		
	CAMPAIGNS AND EVENTS FOUGHT STIGMA, PROVIDED SUPPORT, ED	UCATED THE	
	PUBLIC, AND ADVOCATED FOR EQUAL CARE.		
	OUR ADVOCACY EFFORTS ALSO INCLUDED PARTICIPATION IN NAMI	WTCCONCTN'C	
	ACTION ON THE SQUARE DAY, WHERE REPRESENTATIVES OF NAMI		
	SHARED THEIR PERSONAL STORIES AND EXPERIENCES WITH THE S		AND
	HOUSE OF REPRESENTATIVE OFFICES. AT THE MEETINGS WITH TH	EIR	
	LEGISLATORS, ATTENDEES DISCUSSED THE IMPORTANCE OF IDENT	IFYING MENTA	<u> </u>
4b	(Code:) (Expenses \$ including grants of \$) (Rever	iue \$,
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$	ue\$	
4c	(Code:) (Expenses \$	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue\$	
4c	(Code:) (Expenses \$	ue\$	
		ue\$	

Form 990 (2021) NAMI DANE COUNTY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		122
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	U			

Form 990 (2021) NAMI DANE COUNTY,

Part IV Checklist of Required Schedules (continued)

	· · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0.5	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 71
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			990	(0004)

132004 12-09-21

	990 (2021) NAMI DANE COUNTY, INC.	39-1270	706	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			•	
		1		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	ority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	unts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	-			,,
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	-			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	s provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re		_		- v
	to file Form 8282?	1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	•			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control.		7e		X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		/11		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0		
a	5.11		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:		36		
	Initiation fees and capital contributions included on Part VIII, line 12	na			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10				
11	Section 501(c)(12) organizations. Enter:	~			
а	Gross income from members or shareholders	a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans	b			
С	Enter the amount of reserves on hand	SC .			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				

Form **990** (2021)

17

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

NAMI DANE COUNTY, INC. 39-1270706 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2021)

16141115 788028 00028.1AU01

100, MADISON

MIKE BRAND, CPA - 262-391-5855 6200 MINERAL POINT ROAD, SUITE

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box offi	not cl	Pos heck ss per	more rson i	than of structures to the structure to t	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANNA MOFFIT	40.00									
EXECUTIVE DIRECTOR				X				43,981.	0.	5,500
(2) NIKYRA MCCANN	1.00									
DIRECTOR		Х						0.	0.	0
(3) JAKE LEPPER	1.00	l							•	
DIRECTOR	1 00	Х						0.	0.	0
(4) ELICIA CASEY	1.00	-		,,					0	
SECRETARY	1.00	X		Х				0.	0.	0
(5) AMANDA PIRT-MEYER PRESIDENT	1.00	X		х				0.	0.	0
(6) CHRISTOPHER SCHELL	1.00	Λ		^				0.	0.	0
TREASURER	1.00	X		х				0.	0.	0
(7) DONNA ULTEIG	1.00							•	0.	0
DIRECTOR	1.00	х						0.	0.	0
(8) TARIQ SAQQAF	1.00									-
DIRECTOR		х						0.	0.	0
(9) DIANE GOODING	1.00									
VICE PRESIDENT		Х		х				0.	0.	0
(10) JESSA VICTOR	1.00									
DIRECTOR		Х						0.	0.	0
(11) WHITNEY COOK	1.00									
DIRECTOR		Х						0.	0.	0
(12) DR. KENNETH HERMANN	1.00									
DIRECTOR		X						0.	0.	0
(13) NADINE NEHLS	1.00									
DIRECTOR		Х						0.	0.	0
		1				-				
		-								
		<u> </u>	\vdash		_	_				
		-								
		1	\vdash		\vdash	-				
		4								

Form **990** (2021)

	990 (2021) NAMI DANI									39-12	<u> 270'</u>	706	Р	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s SC/	fr org an	ipensa rom th janizat d relat anizati	e tion ted
		line)	pul	Inst	1,40	Key	Hig	For						
									42.001					0.0
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)							>	43,981. 0. 43,981.		0. 0.			
2	Total number of individuals (including but n compensation from the organization						e) wh	o re		000 of reportable)			0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> :			-	-	-		-	•	-		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl),000? If "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth J f	ner compensation from the for such individual	ne organization		4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors											5		Х
	Complete this table for your five highest conthe organization. Report compensation for (A)										ensat		om C)	
	Name and business	address	NO	ONI	3				Description of s	ervices	C		nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to	thos (ted	above) who received mo	ore than			000	
												Form	990 (2021)

16141115 788028 00028.1AU01

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 15,798. 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events 252,762. 1c d Related organizations 1d 83,475. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 346,034 similar amounts not included above ... 1f 3,296. g Noncash contributions included in lines 1a-1f 698,069. h Total. Add lines 1a-1f **Business Code** 5,623. 5,623. 813920 2 a MEMBERSHIP DUES Program Service f All other program service revenue 5,623. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 50. 50. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$252,762. of contributions reported on line 1c). See Part IV, line 18 46,258, **b** Less: direct expenses -46,258. -46,258. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d -46,208. 657,484. 5,623. **12 Total revenue.** See instructions

Pai	t IX Statement of Functional Expense	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	elete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	73,923.	48,050.	16,263.	9,610.
6	trustees, and key employees Compensation not included above to disqualified	13,525.	40,030.	10,203.	3,010.
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	109,965.	71,477.	24,193.	14,295.
8	Pension plan accruals and contributions (include	ļ	,	,	•
	section 401(k) and 403(b) employer contributions)	5,414.	3,519.	1,191.	704.
9	Other employee benefits				
10	Payroll taxes	15,570.	10,121.	3,425.	2,024.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	15 544		15 544	
	Accounting	17,544.		17,544.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	2,075.	1,817.	258.	
12	Advertising and promotion				
13	Office expenses	22,522.	10,283.	10,646.	1,593.
14	Information technology	-			-
15	Royalties				
16	Occupancy	9,800.	6,370.	2,156.	1,274.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 052	4 765	274	1 014
19	Conferences, conventions, and meetings	7,053.	4,765.	374.	1,914.
20	Interest				
21 22	Payments to affiliates	195.	127.	43.	25.
23	Insurance	4,449.	2,892.	979.	578.
24	Other expenses. Itemize expenses not covered		= / 0 / 2 - 1	2.2.	9,51
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	EDUCATION	35,547.	35,547.		
b					_
С					
d		C 155	4	E0.6	004
	All other expenses	6,155.	4,555.	796.	804.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	310,414.	199,523.	11,000.	32,821.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	111,598.	55,799.	50,219.	5,580.
	in following out 30-2 (NOO 300-120)		55,755	30,2134	5,5001

Form **990** (2021)

Par	rt X	Balance Sheet							
		Check if Schedule O contains a response or	note to a	y line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			306,486.	1	661,956.		
	2	Savings and temporary cash investments			219,013.	2	219,035.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			2,391.	4	9,927		
	5		Loans and other receivables from any current or former officer, director,						
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%					
		controlled entity or family member of any of t		5					
	6	Loans and other receivables from other disqu	ualified p	rsons (as defined					
		under section 4958(f)(1)), and persons describ		6					
ış	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
₹	9	Prepaid expenses and deferred charges			3,443.	9	1,440		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	10,660. 10,660.					
	b	Less: accumulated depreciation	195.	10c	0.				
	11	Investments - publicly traded securities		11					
	12	Investments - other securities. See Part IV, Iir		12					
	13	Investments - program-related. See Part IV, lin		13					
	14	Intangible assets	44 41-	14					
	15	Other assets. See Part IV, line 11	63,847.	15	82,282				
	16	Total assets. Add lines 1 through 15 (must e	595,375.	16	974,640				
	17	Accounts payable and accrued expenses			23,445.	17	45,445		
	18	Grants payable	0 500	18	0.5.0				
	19	Deferred revenue	2,500.	19	850				
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Comple				21			
es	22	Loans and other payables to any current or for							
Liabilities		trustee, key employee, creator or founder, su							
<u>a</u>		controlled entity or family member of any of t				22			
-	23	Secured mortgages and notes payable to uni				23			
	24	Unsecured notes and loans payable to unrela				24			
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on li		·					
		of Schedule D			25,945.	25	46,295.		
	26			🔻	25,345.	26	40,233		
ပ္သ		Organizations that follow FASB ASC 958, o	спеск пе	e ▶ ⚠					
ဗို ၂	07	and complete lines 27, 28, 32, and 33.			569,430.	27	899,029.		
ala	27	Net assets with donor restrictions			307,430.	28	29,316.		
9 0	28	Net assets with donor restrictions Organizations that do not follow FASB ASC				20	25,510		
틸		and complete lines 29 through 33.	C 956, Ci	eck fiere					
ō	20		, do			29			
ets	29 30	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				30			
SS	31	Retained earnings, endowment, accumulated				31			
Net Assets or Fund Balances	32				569,430.	32	928,345.		
Ž	33	Total net assets or fund balances Total liabilities and net assets/fund balances			595,375.	33	974,640.		

Pa	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			84.				
2	Total expenses (must equal Part IX, column (A), line 25)	2			12.				
3	Revenue less expenses. Subtract line 2 from line 1	3	34'	7,2	72.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	569	9,4	30.				
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1:	1,6	43.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	coluṃn (B))	10	928	3,3	<u>45.</u>				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2 b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

132012 12-09-21

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number

			DANE COUN					9-12/0/06					
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must	complete th	nis part.) S	ee instructions.						
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, o	check only	one box.)							
1		A church, convention of ch)(A)(i).						
2		A school described in sect											
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4	一	A medical research organiz					•	the hospital's name,					
		city, and state:	•	,			XXXXXX	,					
5		An organization operated for	or the benefit of a col	llege or university owne	d or operat	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C		,	•	, 0							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	X												
		section 170(b)(1)(A)(vi). (C					a o o a goo.a. _l						
8		A community trust describe		(1)(A)(vi). (Complete Pa	rt II)								
9	Ħ	An agricultural research org			•	ed in coniu	nction with a land-grant	college					
Ū		or university or a non-land-g				-	-	-					
		university:	jiani conege or agno	antaro (coo monactione)	Lintol tilo	namo, only	, and state of the comege	3 01					
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sun	oort from c	ontribution	s membershin fees and	d aross receints from					
	ш	activities related to its exen	*	•			•	-					
		income and unrelated busin		•	` '		• •	•					
		See section 509(a)(2). (Con		(1000 decition of the taxy in	om baome	occ acqui	ed by the organization t	arter darie de, 1070.					
11		An organization organized a	•	vely to test for public sa	fety See	section 50	19(a)(4)						
12	H	An organization organized a	· ·	•	•			nurnoses of one or					
		more publicly supported or	· ·	•	-		· · · · · · · · · · · · · · · · · · ·						
		lines 12a through 12d that	~					SHOOK THE BOX OH					
а		Type I. A supporting orga				•	, ,	aivina					
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•		-							
		organization. You must o			a majority c	inc direc	tors or trustees or the st	аррогинд					
b		Type II. A supporting org	-		tion with it	e cunnorte	d organization(s) by hav	/ina					
b	, r	control or management o	•					-					
		organization(s). You mus			arrie perso	iis iiiai coi	ittor or manage the supp	ported					
С		Type III functionally inte			in connoc	tion with	and functionally intograte	od with					
·	· L	its supported organization	-				• •	ou with,					
d		Type III non-functionally		·				zation(c)					
u		that is not functionally int											
		requirement (see instructi	•		•			veness					
е		Check this box if the orga	,	•									
C	· L	functionally integrated, or					Type i, Type ii, Type iii						
f	Ente	er the number of supported of											
		vide the following information											
9		i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
				above (see instructions))									
					<u> </u>								
					1								
					1								
					1								
				ļ				!					

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

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

Sec	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			_
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	` ,	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	357,268.	346,786.	466,739.	391,283.	698,069.	2260145.
2	Tax revenues levied for the organ-						
	ization'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	357,268.	346,786.	466,739.	391,283.	698,069.	2260145.
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)						0060115
	Public support. Subtract line 5 from line 4.						2260145.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	357,268.	346,786.	466,739.	391,283.	698,069.	2260145.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	140	271	782.	220	EΛ	1 570
	and income from similar sources	140.	371.	704.	229.	50.	1,572.
9	Net income from unrelated business						
	activities, whether or not the	1,225.	802.				2,027.
40	business is regularly carried on	1,223.	002.				2,021.
10	Other income. Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10						2263744.
	Gross receipts from related activities,	etc (see instruction	nne)			12	24,776.
	First 5 years. If the Form 990 is for the	,	,	fourth or fifth tax v	 /ear as a section 5		21///01
10	organization, check this box and stor	· ·				* * * * *	
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	99.84 %
	Public support percentage from 2020					15	99.39 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						. 37
b	33 1/3% support test - 2020. If the		~				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
- iu		
4b		
15		
4c		
70		
_		
5a		
5b		
5c		
6		
7		
8		
,		
9a		
9b		
30		
9с		
10a		
10b		

132024 01-04-21 Schedule A (Form 990) 2021

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what contained or rectifications, if any, applied to each power during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	\neg		
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	\neg	1	
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	, , , , , , , , , , , , , , , , , , , ,	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		а		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See i					
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
•	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see	
	inate actional	, 5	5 9-	`	

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

NAMI DANE COUNTY, INC.

Employer identification number

39-1270706

Organization type (check one):						
Filers of:	;	Section:				
Form 990 or 9	990-EZ [X 501(c)(3) (enter number) organization				
	[4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	[527 political organization				
Form 990-PF	[501(c)(3) exempt private foundation				
	[4947(a)(1) nonexempt charitable trust treated as a private foundation				
	[501(c)(3) taxable private foundation				
-	section 501(c)(7)	covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules	s					
sect cont	tions 509(a)(1) an tributor, during th	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; tine 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year is ch purp	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1					
answer "No"	on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

NTN N/T	ים דע ע כו	α	TNTC
NAMIT	DANE	COUNTY,	INC

39-1270706

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>15,798.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>166,941.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

NAMI DANE COUNTY, INC.

39-1270706

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/153 11-11			Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** NAMI DANE COUNTY, INC. 39-1270706 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

NAMI DANE COUNTY, 39-1270706 INC.

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or	Accounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	riting that the assets he	eld in donor advised f	unds
	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?			Yes No
Pai		nization answered "Ye	s" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a h	istorically important land area
	Protection of natural habitat	,	7	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribu	ution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic struc	ture included in (a)		2c
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			
	year ▶			
4	Number of states where property subject to conservation ease	ment is located 🕨 🔃		
5	Does the organization have a written policy regarding the period	dic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, ar	nd enforcing conserva	ation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above		. , . ,	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statements	that describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tra	an Othor	Cimilar Assats
Pai	rt III Organizations Maintaining Collections of A		asures, or Other	Sillilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958,	•		
	of art, historical treasures, or other similar assets held for public			erance of public
	service, provide in Part XIII the text of the footnote to its financial			
b	If the organization elected, as permitted under FASB ASC 958,	•		
	art, historical treasures, or other similar assets held for public e	exnibition, education, oi	r research in furtherai	nce of public service,
	provide the following amounts relating to these items:			.
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical treas			n, provide
	the following amounts required to be reported under FASB ASC	~		.
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			• \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Par	tt III Organizations Maintaining C	ollections of An	i, Historicai Tre	asures, or O	tner S	similar	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ma	ake sign	ificant us	se of its		
collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange program					
b Scholarly research e Other									
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exemp	t purpose	e in Part i	XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								_	
	to be sold to raise funds rather than to be ma							Yes	No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Pa	· ·							
1a	Is the organization an agent, trustee, custodi		•					7	
	on Form 990, Part X?						L	Yes	L No
b If "Yes," explain the arrangement in Part XIII and complete the following table:								A	
						-		Amount	
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f		7	
	Did the organization include an amount on Fo				-			Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. Tr V Endowment Funds. Complete in						<u></u>		
ı uı	Endownient Fands: Complete	(a) Current year	(b) Prior year	(c) Two years b) Three ye	ars hack	(e) Four	years back
10	Beginning of year balance	63,714.	52,960.	41,2			9,724.	(6) 1 041	33,223.
b	• • • • • • • • • • • • • • • • • • • •	7,000.	6,950.	7,1			4,924.		2,250.
C	Net investment earnings, gains, and losses	12,258.	4,317.	6,9			2,215.		6,022.
d			-,	- , , ,			_,		
	Other expenditures for facilities								
C				1,8	59.		1,224.		1,771.
f	and programs Administrative expenses	690.	513.	,	40.		_,		
g	End of year balance	82,282.	63,714.	52,9		4	1,209.		39,724.
2	Provide the estimated percentage of the curr	, ,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
	Board designated or quasi-endowment	100	%	, ricia as.					
b									
		<u></u> ,,							
	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse		tion that are held an	d administered	for the o	organizat	ion		
	by:	3				3			Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the							,	
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, lin	e 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Acc	umulated	Ŀ	(d) Book	value
		basis (investr	nent) basis	(other)	depre	eciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		1	0,660.	1	L0,66	0.		0.
	Other						_		
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X column (R) line 10	Oc.)					0.

Schedule D (Form 990) 2021

(2) Closely held equity interests (3) Other (4) (6) (7) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Schedule D (Form 990) 2021 NAMI DANE C Part VII Investments - Other Securities.	, , , , , , , , , , , , , , , , , , ,		-1270706 Page 3
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (C) (D) (E) (G) (F) (F) (G) (G) (F) (F) (G) (F) (G) (G) (F) (F) (G) (F) (G) (F) (G) (F) (F) (G) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests (3) Other (4) (4) (5) (6) (7) (7) (8) (9) (1)	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	(1) Financial derivatives			
(A) (B) (C) (D) (D) (E) (F) (F) (G) (G) (H) (H)(c)(, (t) must equal form 990, Part X, col. (B) line 12.) > (E) (F) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(2) Closely held equity interests			
(B) (C) (C) (D) (E) (E) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other			
CO (D)	(A)			
(D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(B)			
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part Viii Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)	(C)			
(F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (h) (h) (h				
(th) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost		on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (104. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION (82, 282. (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				I-of-vear market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 82, 282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 82, 282. (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value				, , , , , , , , , , , , , , , , , , , ,
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION 82, 282. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 82, 282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5)				
(4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (19) (10) (10) (10) (10) (10) (10) (10) (10				
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION 82, 282. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 82, 282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)	(5)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION 82, 282. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 82, 282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5)	(6)			
Solution Color District Color Color District Color Color District Color	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	(8)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION 82, 282. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) \$82, 282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (2) (3) (4) (6)				
(a) Description (b) Book value (1) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION 82, 282. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 82, 282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)		5 000 B 1 11 / 1	44.1.0. 5	
(1) BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)			11d. See Form 990, Part X, line 15.	(h) Dook value
(2) FOUNDATION 82,282. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 82,282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)			MADICON COMMINITARY	(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)		ום עושם כושכ	MADISON COMMUNITY	82 282
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 82, 282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				02,202.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 82, 282. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	82,282.
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)	Part X Other Liabilities.			
(1) Federal income taxes (2) (3) (4) (5)	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(2) (3) (4) (5)	1. (a) Description of liability			(b) Book value
(3) (4) (5)	(1) Federal income taxes			
(4) (5)				
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(7) (8) (9)

2	9	-1	27	7 N '	7 C	16	Page 4	L
,			4 /	v	<i>1</i> L	, 0	Page	r

Total revenue, gains, and other support per audited financial statements			1	733,485.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	18,100.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	11,643.		
e Add lines 2a through 2d			2e	29,743. 703,742.
3 Subtract line 2e from line 1			3	703,742.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		46 050	-	
b Other (Describe in Part XIII.)		-46,258.		46 050
c Add lines 4a and 4b			4c	-46,258.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. Part XII Reconciliation of Expenses per Audited Financial Sta	tomente With	Evnences per E	5 Deturn	657,484.
Complete if the organization answered "Yes" on Form 990, Part IV, lir		Expenses per r	ietuiii.	
			1	374,570.
Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:				3/4,3/0.
	2a	18,100.		
a Donated services and use of facilities b Prior year adjustments		10,100.	-	
c Other losses	l l		-	
d Other (Describe in Part XIII.)		46,258.		
e Add lines 2a through 2d			2e	64.358.
3 Subtract line 2e from line 1			3	64,358. 310,212.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	<u></u>		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	310,212.
PART V, LINE 4: THE BOARD OF DIRECTORS DESIGNATED A GENERAL			SUPI	PORT THE
MISSION OF NAMI.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
CHANGE IN BENEFICIAL INTEREST IN ASSETS H	ELD BY MAI	DISON		
COMMUNITY FOUNDATION				11,643.
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
DIRECT EXPENSES REPORTED ON FORM 990, PAR	r VIII, LI	NE 8B		-46,258.
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
132054 10-28-21			Schedu	le D (Form 990) 202

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 39-1270706 NAMI DANE COUNTY, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
				BANQUET	(, , , , , ,)	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Revenue			222 522	20 240		252 762
Re	1	Gross receipts	232,522.	20,240.		252,762.
	2	Less: Contributions	232,522.	20,240.		252,762.
	_	Less. Outributions	232,3224	20,2101		23277024
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes	3,895.			3,895.
Direct Expenses		Rent/facility costs	017			017
ber	6		917.			917.
Ě	7	Food and haverage	2,225.			2,225.
ie.	′	Food and beverages	2,223.			2,223.
	8	Entertainment				
	9	Other direct expenses		2,616.		39,221.
	10	Direct expense summary. Add lines 4 through				46,258.
		Net income summary. Subtract line 10 from li				-46,258.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		() Dellate for the st		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				Singo, progressive singe		(b)
图	1	Gross revenue				
ß	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
빍						
Ë	4	Rent/facility costs				
_	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	_					
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
	_					
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:						
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:				

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 NAMI DANE COUNTY, INC.	39-12/0/06 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the an	mount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	
organization's own exempt activities during the tax year \$\$	it iii tile
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and ((v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v), and r art III, III es 5, 55, 165,
135, 136, 10, and 175, as applicable. Also provide any additional information. Occ instituctions.	
	_

Schedule G	(Form 990)	NAMI	DANE	COUNTY,	INC.	39-1270706	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(c}	continued)				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NAMI DANE COUNTY, INC.

Employer identification number 39-1270706

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ILLNESS AS YOUNG AS POSSIBLE, RECEIVING MENTAL HEALTH TREATMENT AND SUPPORTIVE SERVICES, AND AVOIDING THE CRIMINAL JUSTICE SYSTEM OR QUALITY SERVICES WHILE INSIDE THE SYSTEM. RECEIVING APPROPRIATE, NAMI DANE COUNTY ALSO OFFERS CRISIS INTERVENTION PARTNER (CIP) TRAINING TO EMERGENCY DISPATCHERS AND NAMI ENDING THE SILENCE FOR TEACHERS - A PROGRAM TO HELP SCHOOL STAFF RECOGNIZE WHEN THEIR STUDENTS MAY BE SHOWING SIGNS OF A MENTAL ILLNESS AND HOW TO CONNECT THEM TO APPROPRIATE RESOURCES. NAMI DANE COUNTY'S RAISE YOUR VOICE CLUB AT WEST HIGH SCHOOL HOSTED A DAY-LONG MENTAL HEALTH FAIR DURING MAY MENTAL HEALTH MONTH. STUDENTS LEARNED ABOUT THE EARLY WARNING SIGNS OF MENTAL ILLNESS AND HOW TO SUPPORT A PEER. THEY ALSO LEARNED ABOUT COMMUNITY RESOURCES AVAILABLE. MORE THAN 500 STUDENTS ATTENDED THE DAY-LONG EVENT TO RAISE AWARENESS ABOUT YOUTH MENTAL HEALTH IN DANE COUNTY. THERE WERE MORE THAN 24,000 NAMI DANE COUNTY WEBSITE VISITORS IN 2020. VISITORS LEARNED MORE ABOUT MENTAL ILLNESSES, MEDICATION AND TREATMENT AND FOUND SUPPORT AND RESOURCES.

NAMI DANE COUNTY GAINED MORE THAN 600 NEW FOLLOWERS ON ITS FACEBOOK,

TWITTER, AND INSTAGRAM ACCOUNTS. NAMIWALKS DANE COUNTY WAS HELD DURING

MENTAL ILLNESS AWARENESS WEEK IN OCTOBER--OUR LARGEST PUBLIC AWARENESS

AND FUNDRAISING EVENT. NEARLY 500 WALKERS RAISED OVER \$175,000 TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization 39-1270706 NAMI DANE COUNTY, INC. SUPPORT NO-COST NAMI EDUCATION AND SUPPORT PROGRAMS. NAMI DANE COUNTY PARTNERED WITH WEA TRUST TO DEVELOP AN INTERACTIVE EXHIBIT ON MENTAL HEALTH IN THE WORKPLACE, COVERING STIGMA AND ACCESS TO CARE. NAMI CONTINUED TO DELIVER CRISIS INTERVENTION TEAM (CIT) AND CRISIS INTERVENTION PARTNER (CIP) TRAINING TO FIRST RESPONDERS TO APPROPRIATELY RESPOND TO THOSE EXPERIENCING A MENTAL HEALTH CRISIS. MORE THAN 140 FIRST RESPONDERS GRADUATED NAMI DANE COUNTY'S CIT AND CIP TRAININGS TO APPROPRIATELY RESPOND TO THOSE EXPERIENCING A CRISIS. NAMI DANE COUNTY'S SUPPORT LINE (608-249-7188) RESPONDED TO MORE THAN 350 INDIVIDUALS NEEDING SUPPORT, REFERRAL, AND INFORMATION. OVER 2,400 INDIVIDUALS AND FAMILIES ATTENDED OUR NO-COST, PEER-LED MENTAL HEALTH EDUCATION CLASSES AND SUPPORT GROUPS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: THE BYLAWS MAY BE AMENDED OR REPEALED BY A TWO-THIRDS VOTE OF MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** 39-1270706 NAMI DANE COUNTY, INC. GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE EXECUTIVE DIRECTOR MAKES DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEWS ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MADISON 11,643. COMMUNITY FOUNDATION TOTAL TO FORM 990, PART XI, LINE 9 11,643.