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

> NAMI DANE COUNTY, INC. 818 WEST BADGER ROAD , NO. 104 MADISON, WI 53713

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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A I	For the	2020 calendar year, or tax year beginning and end	ling				
В	Check if applicable	C Name of organization		D Employer identifie	cation number		
X	Addres	NAMI DANE COUNTY, INC.					
	Name change			39-12707	06		
	Initial return		m/suite	E Telephone numbe	r		
	Final return/	818 WEST BADGER ROAD 104		608-249-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	395,301.		
	Amend return	MADISON, WI 33/13		H(a) Is this a group re	eturn		
	Application			for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		mpt status: $X = 501(c)(3) = 501(c)(6)(6)$ (insert no.) $4947(a)(1)$ or $4947(a)(1)$	527	If "No," attach a	list. See instructions		
		e: ▶ WWW.NAMIDANECOUNTY.ORG		H(c) Group exemptio			
			L Year o	of formation: 1977 N	N State of legal domicile: WI		
Pa		Summary	<u> </u>	IIOAMTON CII	DDODE AND		
çe	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ t PROVID}$ ADVOCACY FOR PEOPLE AFFECTED BY MENTAL ILLI	MECC	TN DAME CO	TIMEN		
Jan	-						
Governance	1	Check this box if the organization discontinued its operations or disposed		i i	9		
ဇ္		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			9		
<u>დ</u>		otal number of individuals employed in calendar year 2020 (Part V, line 1a)			4		
iţie		Total number of volunteers (estimate if necessary)			85		
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		, ,		Prior Year	Current Year		
Φ	8 (Contributions and grants (Part VIII, line 1h)	🗀	466,739.	391,283.		
nue	1	Program service revenue (Part VIII, line 2g)		2,447.	3,789.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		782.	229.		
<u></u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-44,713.	-40,616.		
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		425,255.	354,685.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		151,314.	185,858.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
х	b	Total fundraising expenses (Part IX, column (D), line 25) 10,176	•	105 120	00 630		
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		105,139. 256,453.	80,638. 266,496.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		168,802.	88,189.		
-SS	19	Revenue less expenses. Subtract line 18 from line 12	 Red	ginning of Current Year	End of Year		
ets c	20	otal assets (Part X, line 16)		493,519.	595,375.		
Ass Ba	21	otal assets (Part X, line 16) Total liabilities (Part X, line 26)		16,108.	25,945.		
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20		477,411.	569,430.		
Pa	art II	Signature Block		•	<u> </u>		
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	y knowledge and belief, it is		
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.			
		<u> </u>					
Sig	n	Signature of officer		Date			
Her	·e	ANNA MOFFIT, EXECUTIVE DIRECTOR Type or print name and title					
		<u> </u>	10	Date Check	I DTIN		
D-'		Print/Type preparer's name Preparer's signature.		11/0/01 if	PTIN		
Pai	- +	Firm's name WEGNER CPAS, LLP		11/8/21 self-employe	P00084908		
บชย	Unity	Firm's address 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236		Dhono no 60	8-274-4020		
Mar	, the ID	S discuss this return with the preparer shown above? See instructions		T Filotile IIO.O O	X Yes No		
ivid	y 1.11.1□ 1.1□	o alocaco ano retarri with the preparer shown above: Oce instructions			103 110		

Pa	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: NAMI DANE COUNTY IS THE FOUNDING CHAPTER OF THE NATIONAL ALLIA	NCE ON
	MENTAL ILLNESS, THE NATION'S LARGEST GRASSROOTS MENTAL HEALTH	
	ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF PEOPLE AFFECT	ED BY
	MENTAL ILLNESS. OUR MISSION IS TO PROVIDE EDUCATION, SUPPORT,	AND
2	Did the organization undertake any significant program services during the year which were not listed on the	
	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	2 700
4a	(Code:) (Expenses \$ 181,826 · including grants of \$ 0 ·) (Revenue \$	3,789.
	THROUGHOUT THE YEAR, BUT PARTICULARLY DURING MENTAL HEALTH MON	
	MAY, MINORITY MENTAL HEALTH MONTH IN JULY, AND MENTAL ILLNESS WEEK IN OCTOBER, NAMI DANE COUNTY LAUNCHED CAMPAIGNS AND HOSTE	
	TO RAISE PUBLIC AWARENESS OF MENTAL ILLNESS AND INSPIRE ACTION	
	CAMPAIGNS AND EVENTS FOUGHT STIGMA, PROVIDED SUPPORT, EDUCATED	
	PUBLIC, AND ADVOCATED FOR EQUAL CARE.	, 11111
	TODATO, THE TENOORIES TON EXCITE CINES	
	OUR ADVOCACY EFFORTS ALSO INCLUDED PARTICIPATION IN NAMI WISCO	NSIN'S
	ACTION ON THE SQUARE DAY, WHERE REPRESENTATIVES OF NAMI DANE O	
	SHARED THEIR PERSONAL STORIES AND EXPERIENCES WITH THE STATE S	
	HOUSE OF REPRESENTATIVE OFFICES. AT THE MEETINGS WITH THEIR	
	LEGISLATORS, ATTENDEES DISCUSSED THE IMPORTANCE OF IDENTIFYING	MENTAL
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	(Code:) (Expenses #	,
4d	Other program services (Describe on Schedule O.)	`
1.	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 181,826.	
4e	Total program service expenses ► 181,826.	Form 990 (2020)
		1 01111 300 (2020)

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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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>			
	Schedule D, Part III	8		Х
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 or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
·	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	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	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		X
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		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
40	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,"	40		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
_				

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		Х
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	22		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
Z-Tu	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		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
2 5a	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	200		
	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		Х
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%			٠,,
	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 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		Х
	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 lines 28a or 28b?			X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		7.7
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O To 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
U	(gambling) winnings to prize winners?	1c		
	· · · · · · · · · · · · · · · · · ·			

Form 990 (2020) NAMI DANE COUNTY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 4 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is grafer from 250, you may be required 16 e-file gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has if fed a Form 900 of the this year? If YeV 10 line 3b, provide an explanation on Schedule 0 4c All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country such as a bank account, securities account, or other financial account in a foreign country be. We will be regarded to the provided of the p				Yes	No
b If It least one is reported on line 2a, did the organization file all required federal employment tox returns? Note: If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has 1 filed a Form 980-1 for this year? If "No" to line 30, provide an explanation on Schedule 0 3c At any time during the celaterial year, did the organization have an interest in, or a significant on of Schedule 0 3c At any time during the celaterial year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts()? 4c At any time during the celaterial year, did the organization have an interest in, or a significant or other authority over, a financial accounts ("EAR). 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of exhirable contributions? 5c If "Yes", "idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhirable contributions and party for goods and services provided to the payor? 5c If "Yes", "idid the organization neity the donor of the value of the goods or services provided? 5c If "Yes", "indicates the number of Forms 82822 filed during the year 5c If the organization receive a payment in excess of 57 made paying solicitations and party for goods and services provided to the payor? 5c If the organization receives any party must, directly or indirectly, or paying the year organization	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I "I"ves," has it filed a Form 990-T for this year? I"No" to fine 8b, provide an explanation on Schedule 0 3b I "I"ves," has it filed a Form 990-T for this year? I"No" to fine 8b, provide an explanation or Schedule 0 3b I "I"ves," orther the name of the foreign country [such as a bank account; securities account, or other financial account? 4a X X b If "Yes," or the the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibitod fine the was or is a party to a prohibitod atx shelter transaction? 5b I "Yes," did the organization that it was or is a party to a prohibitod. any contributions that were not tax deductible as charitable contributions? 5c I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c I "Yes," did the organization notity the other of the value of the goods or services provided? 5c I bid the organization stealer applied in access of 3fs made party sa a confliction and party for goods and services provided to the payor? 5c I bid the organization stealer applied in access of 3fs made party sa a confliction and party for goods and services provided to the payor? 5c I bid the organization selection and the payor applied personal property for which it was required to the Form 882? 6c I bid the organization selection and the payor applied personal property for which it was required to the Form 882? 6c I bid the organization selection and the payor applied		filed for the calendar year ending with or within the year covered by this return 2a 2			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 11'ves, "indicate the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bark account, so rother financial account) a foreign country (auch as a bark account, so other financial account) a foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization in foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization the foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization the foreign country (auch as a bark account, so other financial accounts (FBAR). 5b Us any texable party notify the organization the foreign country (auch as a bark shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a bit the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b Us 1'ves, 'indicate the number of Forms 8282 filed during the year a Did the organization masses and payment in excess of \$75 made party as a contribution of any payment and payment and payment and payment any payment and	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4s At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4s At any time during the calendar year, did the organization have an interest in, or a signature or other financial account? 4s		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A lary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibite dat was or is a party to a prohibited tax was or? 5a Was the organization aparty to a prohibite dat was shelter transaction at any time during the tax year? 5a I **Yes* to line 5a or 5b, did the organization the Ferm 88867* C. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions. 6b I **Yes** of did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 7b Organizations that many receive deductible contributions under section 170(c). 8b If **Yes**, 'did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 8c V Organizations that many receive deductible contributions under section 170(c). 8b If **Yes**, 'did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible or orbity the donor of the value of the goods or services provided? 7c Organizations that many receive deductible contributions under section 170(c). 8b If **Yes**, 'did the organization include with every solicitation and partly for goods and services provided to the payor? 7c I X 7d If the organization received a contribution of the value of the goods or services provided? 7c I X 7d If the organization received a contribution of payor indirectly, to pay premiums on a personal benefit contract? 7e I X 7f I Wes**, 'indicate the number of Forms 8822 filed during the year 9c I West organization received a contribution of qualified intellectual property, did the organization file Form 1989 organization and pa	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 1'Yes, "retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I'Yes' to line Sa or 5b, did the organization file Form 8986-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start many receive deductible contributions under section 170(c). a lid the organization receive a agment in excess of \$75 made party as a contribution of prossibility of the organization received anyment in excess of \$75 made party as a contribution of prossibility of the organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess organization received anyment in excess party organization received and contribution of organization property of the organization received anyment in excess business holdings at any time during the year? 9a Sponsoring organization make any taxable distributions under section 49667 9a Section 501(c)(12) organi	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b		14b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	_	000	1005

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶WI			
18	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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MIKE BRAND, CPA - 262-391-5855			
	2501 PARMENTER ST STE 100B, MIDDLETON, WI 53562-2675			

Form **990** (2020)

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 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 and/or Box 7 of Form 1099-MISC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l		((C)		iioai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloyee	comb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANNA MOFFIT	40.00	_	_		_					
EXECUTIVE DIRECTOR				Х				69,058.	0.	6,750.
(2) NIKYRA MCCANN	1.00									_
DIRECTOR		Х						0.	0.	0.
(3) JAKE LEPPER	1.00									
DIRECTOR		Х						0.	0.	0.
(4) ELICIA CASEY	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(5) AMANDA PIRT-MEYER	1.00									
PRESIDENT	1 00	Х		Х				0.	0.	0.
(6) CHRISTOPHER SCHELL	1.00	١		l					•	•
TREASURER	1 00	Х		Х				0.	0.	0.
(7) DONNA ULTEIG	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(8) TARIQ SAQQAF	1.00	X						0.	0.	0.
OIRECTOR (9) DIANE GOODING	1.00	Δ						0.	0.	0.
VICE PRESIDENT	1.00	X		x				0.	0.	0.
(10) JESSA VICTOR	1.00			<u> </u>				0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
DINDETON								0.	•	
		1								
										_
		1								
		1								
		1								
										_
		L	L	L	L		L			
		L								
										- 000

Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	า	an	(F) timate nount o 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)	organizations (W-2/1099-MIS		frorgand	pensatom the anization related in the second	e on ed
					×								
1b Subtotal c Total from continuation sheets to Part V							>	69,058.		0.		6 , 7!	50. 0.
d Total (add lines 1b and 1c)							no re	69,058. eceived more than \$100	0.000 of reportable	0.		6,7!	50.
compensation from the organization									,			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								hest compensated emp			3		Х
4 For any individual listed on line 1a, is the si and related organizations greater than \$15		le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		elat	ed organization or indivi	idual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	-									pens	ation f	rom	
the organization. Report compensation for (A) Name and business			endi ONI		vith	or w	ithir	n the organization's tax y (B) Description of s		0	(C Comper		—— 1
		140	2141					2000 градина					
2 Total number of independent contractors (including but n	ot li	mito	d to	tho	ال مع	ster	d ahove) who received m	nore than				
\$100,000 of compensation from the organi		OL III		u 10		0	J. C. C.	above, wild leceived II	iore triair		Form	990 (2	2020)

Pa	I L V	4111			- to their Deat VIII			
			Check if Schedule O contains a response	e or note to any iin I	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	sections 512 - 514
ıts	1	а	Federated campaigns 1a	23,778.				
iran			Membership dues 1b	-				
s, G			Fundraising events 1c	204,536.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
imil			Government grants (contributions) 1e	44,828.				
tion		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	118,141.				
d O		g	Noncash contributions included in lines 1a-1f 1g \$	500.				
g E		h	Total. Add lines 1a-1f		391,283.			
				Business Code				
9	2	а	MEMBERSHIP DUES	813920	3,789.	3,789.		
Program Service Revenue		b						
Se una		С						
ran ev		d						
Pog F		е						
Δ.			All other program service revenue					
		g	Total. Add lines 2a-2f	>	3,789.			
	3		Investment income (including dividends, inte		000			000
			other similar amounts)		229.			229.
	4		Income from investment of tax-exempt bond	T				
	5		Royalties					
	_		(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	′	а		(ii) Other				
		h	assets other than inventory Less: cost or other basis					
ē		D	and sales expenses 7b					
Revenue		_	Gain or (loss) 7c					
Rev			Net gain or (loss)					
ē			Gross income from fundraising events (not					
퉏	Ū	_	including \$ 204,536. of					
			contributions reported on line 1c). See					
			Part IV, line 18	a 0.				
		b	Less: direct expenses 8	40,616.				
			Net income or (loss) from fundraising events		-40,616.			-40,616.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses9t					
		С	Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			and allowances10	a				
		b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory					
SZ				Business Code				
Miscellaneous Revenue	11							
llar		b						
Sce		C	All all and an analysis					
Ξ			All other revenue					
	12	е	Total Add lines 11a-11d		354,685.	3,789.	0.	-40,387.
	14		Total revenue. See instructions		554,565.	<u> </u>		

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	75,808.	57,046.	16,109.	2,653
6	trustees, and key employees	73,000.	37,040.	10,100.	2,033
O	persons (as defined under section 4958(f)(1)) and				
	paragna described in costion (0F0(a)(0)(D)				
7	Other salaries and wages	93,416.	69,828.	20,789.	2,799
8	Pension plan accruals and contributions (include	20,110	05,020	20,700	-,
-	section 401(k) and 403(b) employer contributions)	3,823.	2,877.	812.	134
9	Other employee benefits	2,2=20	-,		
10	Payroll taxes	12,811.	10,108.	1,784.	919
11	Fees for services (nonemployees):	,			
а					
b					
С	· [17,489.		17,489.	
d	Lobbying				
е	D (' 1(1 ' ' ' O D ' N(' ' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	67.	67.		
12	Advertising and promotion				
13	Office expenses	27,601.	12,224.	14,042.	1,335
14	Information technology				
15	Royalties	10.040	0.000	0 205	202
16	Occupancy	10,949.	8,239.	2,327.	383
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	C 20E	4 225	246	1 004
19	Conferences, conventions, and meetings	6,395.	4,225.	346.	1,824
20	Interest				
21	Payments to affiliates	869.	654.	185.	30
22	Depreciation, depletion, and amortization	2,835.	2,134.	602.	99
23	Insurance Other expenses. Itemize expenses not covered	۵,000.	4,134.	002.	33
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) EDUCATION	14,392.	14,383.	9.	
a b	LIBRARY	41.	41.		
C					
d					
e	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	266,496.	181,826.	74,494.	10,176
<u> </u>	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 if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			202,307.	1	306,486.
	2	Savings and temporary cash investments			215,658.	2	219,013.
	3	Pledges and grants receivable, net	15,545.	3	0.		
	4	Accounts receivable, net		1,950.	4	2,391.	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			4,035.	9	3,443.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,660.			
	b	Less: accumulated depreciation	10b	10,465.	1,064.	10c	195.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14	40.01=		
	15	Other assets. See Part IV, line 11			52,960.	15	63,847.
	16	Total assets. Add lines 1 through 15 (must e			493,519.	16	595,375.
	17	Accounts payable and accrued expenses	16,108.	17	23,445.		
	18	Grants payable		18			
	19	Deferred revenue			0.	19	2,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
<u>ia</u>		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				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	nes 17-24). Complete Part X			
		of Schedule D			16,108.	25	25,945.
	26	Total liabilities. Add lines 17 through 25			10,100.	26	25,545.
es		Organizations that follow FASB ASC 958, o	спеск пе	e 🕨 🔼			
ũ	07	and complete lines 27, 28, 32, and 33.			472,017.	27	569,430.
Sala	27	Net assets with depart restrictions	5,394.	28	000,400		
β	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			3,354.	20	•
Ξ		_	, 956, CII	eck nere			
ō	200	and complete lines 29 through 33.	do			20	
ets	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				29 30	
٩ss	30	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	31	Total net assets or fund balances		F	477,411.	32	569,430.
Z	32	Total liabilities and net assets/fund balances			493,519.	33	595,375.
	_ 33	TOTAL HADINITIES AND THE LASSELS/TUNIO DAIMINES			173,317.	JJ	Form 990 (2020)

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Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	35		X
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			٥-
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	.) 6		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			96.
			89.
	4 7	7,4	11.
5 Net unrealized gains (losses) on investments 5			
6 Donated services and use of facilities 6			
7 Investment expenses 7			
8 Prior period adjustments			
9 Other changes in net assets or fund balances (explain on Schedule O)9		3,8	30.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B)) 10	56	9,4	30.
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response or note to any line in this Part XII			Ш
		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 in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
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?	2b	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			
c 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 Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NAMI DANE COUNTY, INC. 39-1270706 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	7.1	•	,					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Gifts, grants, contributions, and	,	,	,	,	` ,			
	membership fees received. (Do not								
	include any "unusual grants.")	263,269.	357,268.	346,786.	466,739.	391,283.	1825345.		
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	062 060	255 262	246 806	466 530	201 002	1005045		
4	Total. Add lines 1 through 3	263,269.	357,268.	346,786.	466,739.	391,283.	1825345.		
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)								
	Public support. Subtract line 5 from line 4.						1825345.		
	ction B. Total Support					1			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017 357, 268.	(c) 2018	(d) 2019 466,739.	(e) 2020 391, 283.	(f) Total 1825345.		
	Amounts from line 4	263,269.	357,268.	346,786.	466,739.	391,283.	1825345.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	000	1.40	254		000	4 500		
	and income from similar sources	200.	140.	371.	782.	229.	1,722.		
9	Net income from unrelated business								
	activities, whether or not the	- 456	4 00-	000					
	business is regularly carried on	7,476.	1,225.	802.			9,503.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						1006550		
11	Total support. Add lines 7 through 10						1836570.		
12	Gross receipts from related activities,	· ·				12	27,265.		
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
800	organization, check this box and stop ction C. Computation of Publ		roontago				<u></u>		
	·			column (f\)		14	99.39 %		
	Public support percentage for 2020 (I Public support percentage from 2019					15	99.39 %		
	33 1/3% support test - 2020. If the c								
100	stop here. The organization qualifies								
h	33 1/3% support test - 2019. If the co								
~	and stop here. The organization qual	-							
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact	_							
	meets the facts-and-circumstances te					vi now the organiz			
h	10% -facts-and-circumstances tes	ū	•						
	more, and if the organization meets the	_					y		
	organization meets the facts-and-circu				-				
18	·		-				s		
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020

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.)

Section A. Public Support	ow, please com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(8) 2011	(5) 2010	(4, 2010	(0) 2020	(i, rotai
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				-		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				1		
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				•		
alendar year (or fiscal year beginning in) 🕨 🔼	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
Oa Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)	organization's	first socond third	fourth or fifth toy	Voor as a cootien	501(c)(3) organizati	ion
4 First 5 years. If the Form 990 is for the	•		•	-	. , . ,	
check this box and stop here Section C. Computation of Public						<u></u>
5 Public support percentage for 2020 (lin			column (f))		15	(
6 Public support percentage from 2019 S					16	
ection D. Computation of Invest					10	
7 Investment income percentage for 202					17	
8 Investment income percentage from 20					18	
9a 33 1/3% support tests - 2020. If the o						
more than 33 1/3%, check this box and	-					, 13 Hot
b 33 1/3% support tests - 2019. If the o						 and
line 18 is not more than 33 1/3%, check	•			•	•	
9 Private foundation. If the organization						
		. DOA OH HIE 14. 13				

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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		
За		
3b		
3с		
4a		
41-		
4b		
4c		
5a		
Eh		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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 conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	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	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	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			
	supported organizations played in this regard.	3		
Sec	etion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c		structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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			
	that these activities constituted substantially all of its activities.	2a		
b				
	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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					
Sect	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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	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 integrat	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Sche	edule A (Form 990 or 990-EZ) 2020 NAMI DANE COU	NTY, INC.		3	9-1270706 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	6			
7	7 Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			·	
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				

Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2020

NAMI DANE COUNTY, INC. 39-1270706 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 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. 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 ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number NAMI DANE COUNTY, INC. 39-1270706

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional 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		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$	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.)

Name of organization Employer identification number

NAMI DANE COUNTY, INC.

39-1270706

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II 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
		 \$	

Employer identification number

Name of organization

39-1270706 NAMI DANE COUNTY, 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 (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

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 Open to Public Inspection

Name of the organization

NAMI DANE COUNTY, INC.

Employer identification number 39-1270706

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·			
		(a) Donor advised 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	writing that the assets held in dor	nor advised fun	ds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	s can be used o	only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	purpose confer	ring			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fo	rm 990, Part IV,	, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recreated	ation or education)	vation of a histo	orically important land area			
	Protection of natural habitat	Preserv	vation of a certi	fied historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in	the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements						
b				2b			
С	Number of conservation easements on a certified historic st			2c			
d	Number of conservation easements included in (c) acquired						
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminate	ed by the orgar	nization during the tax			
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe						
_	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enfor	cing conservation	on easements during the year			
-				and the second s			
7	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enforcing of	conservation ea	asements during the year			
•			170/b\/4\/F	27(2)			
8	Does each conservation easement reported on line 2(d) about a costion 170/b/(4)/D/(ii)?						
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat						
9	balance sheet, and include, if applicable, the text of the foot		· ·				
	organization's accounting for conservation easements.	note to the organization's illiancia	ai statements ti	iat describes trie			
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasure	s. or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Forn	•	-,				
	If the organization elected, as permitted under FASB ASC 9		tement and ba	lance sheet works			
	of art, historical treasures, or other similar assets held for pu	·					
	service, provide in Part XIII the text of the footnote to its fina	·					
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of			
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,		•			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$			
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A		<i>,</i>	•			
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$			
b	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020			

032051 12-01-20

Sche	dule D (Form 990) 2020 NAMI DAN	NE COUNTY,	INC.		39-1	L2707	06 ₽	Page 2
_	t III Organizations Maintaining C			easures, or Oth				
3	Using the organization's acquisition, accession		-					
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further the	he organization's ex	empt purpose in F	Part XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?		Yes		No
Paı	t IV Escrow and Custodial Arrang					IV, line 9,	or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets no	ot included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII a							
	· · ·	·	-			Amou	unt	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f					1f			
2a	Did the organization include an amount on Fo				oility?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI			\square]
Pai	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ick (e) Fo	our years	back
1a	Beginning of year balance	52,960.	41,209.	39,724.	33,22	23.	32	,761.
b	Contributions	6,950.	7,100.	4,924.	2,25	50.		100.
	Net investment earnings, gains, and losses	4,317.	6,950.	-2,215.	6,02	22.	1	,737.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs		1,859.	1,224.	1,77	1.	1	,375.
f	Administrative expenses	513.	440.					
g	End of year balance	63,714.	52,960.	41,209.	39,72	24.	33	,223.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:	•			
а	Board designated or quasi-endowment	100	%					
b	Permanent endowment ► .0000	%	_					
С	Term endowment ▶ .0000 %	6						
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	the organization			
	by:						Yes	No
	(i) Unrelated organizations					3a(i	i) X	
	(ii) Related organizations						i)	X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the	organization's endo						
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Bo	ook valu	ie
	<u> </u>	basis (investm	nent) basis	(other) de	epreciation			
1a	Land							
	D """							

Schedule D (Form 990) 2020

195.

195.

10,465.

e Other

c Leasehold improvements

d Equipment

10,660.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020 NAMI DANE CO	OUNTY, INC.	39-	-1270706 _{Page} 3
Part VII Investments - Other Securities.	F 000 D+ IV II	14b Occ Fours 200 Port V For 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	Faure 000 David IV/ line	11. Can Farm 000 Part V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(b) Book value	(o) Wethed of Valuation. Good of ond	or your 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"		11d. See Form 990, Part X, line 15.	#ND 1 1
DENIERTOTAL THEREDOOM THE ACC	Description	MADICON COMMINITES	(b) Book value
TOTAL DATE OF	SELS HELD BY	MADISON COMMUNITY	63,847.
\-/			03,047
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	63,847.
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)			

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) 2020

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

39-1270706	Page 4
eturn	

Part XI Reconciliation of Revenue per A			neveriue per n	eturn.	
Complete if the organization answered "Ye				1	417,231.
1 Total revenue, gains, and other support per audite				1	417,2314
2 Amounts included on line 1 but not on Form 990,		2a			
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities		· — —	18,100.		
c Recoveries of prior year grants			20,2001		
d Other (Describe in Part XIII.)			3,830.		
				2e	21,930.
3 Subtract line 2e from line 1				3	395,301.
4 Amounts included on Form 990, Part VIII, line 12,					,
a Investment expenses not included on Form 990, F		4a			
b Other (Describe in Part XIII.)			-40,616.		
			-	4c	-40,616.
5 Total revenue. Add lines 3 and 4c. (This must equa				5	354,685.
Part XII Reconciliation of Expenses per /	Audited Financial Staten	nents With	Expenses per	Return	
Complete if the organization answered "Ye	s" on Form 990, Part IV, line 12a	ì.			
1 Total expenses and losses per audited financial st	atements			1	325,212.
2 Amounts included on line 1 but not on Form 990,	Part IX, line 25:				
a Donated services and use of facilities		. 2a	18,100.		
b Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.)		. 2d	40,616.		
e Add lines 2a through 2d				2e	58,716.
3 Subtract line 2e from line 1				3	266,496.
4 Amounts included on Form 990, Part IX, line 25, b	ut not on line 1:				
a Investment expenses not included on Form 990, F	Part VIII, line 7b	. 4a			
b Other (Describe in Part XIII.)		. 4b			
c Add lines 4a and 4b				4c	0.
5 Total expenses. Add lines 3 and 4c. (This must eq	ual Form 990, Part I, line 18.)			5	266,496.
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, a lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp				1; Part X,	line 2; Part XI,
PART V, LINE 4:					
THE BOARD OF DIRECTORS DESIG	NATED A GENERAL	ENDOWM	ENT FUND T	o sui	PPORT THE
MISSION OF NAMI.					
DADM VI IINE 2D OMITED AD I	HOMENMO.				
PART XI, LINE 2D - OTHER ADJ					
CHANGE IN BENEFICIAL INTERES	T IN ASSETS HELL	BY MA	DISON		
COMMUNITY FOUNDATION					3,830.
PART XI, LINE 4B - OTHER ADJ	USTMENTS:				
DIRECT EXPENSES REPORTED ON	FORM 990, PART V	ZIII, L	INE 8B		-40,616.
PART XII, LINE 2D - OTHER AD	JUSTMENTS:				

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization							ntification number
NAMI DANE COUNTY, INC.					39-1270706		
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.							
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization	on is registered or licensed to solicit o		outions	s or has been notified	d it is	exempt from re	egistration
or licensing.							

Schedule G (Form 990 or 990-EZ) 2020

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

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	events with gross recei (c) Other events NONE	(d) Total events (add col. (a) through
			NAMIWALK (event type)	(event type)	(total number)	col. (c))
Revenue		Gross receipts	204,536.	, J. /	,	204,536.
R		Less: Contributions	204,536.			204,536.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes	3,924.			3,924.
Direct Expenses	6	Rent/facility costs	250.			250.
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				36,442.
	10	,				40,616.
D	<u>11</u> art	Net income summary. Subtract line 10 from li	ine 3, column (d)	- 000 Dart IV line 10 av		-40,616.
ГС	41 L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered tes on Forn	1990, Part IV, line 19, or	reported more than	
		ψ10,000 011 0111 000 <u>22</u> , iii0 0α.	() 5:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				ļ
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6		Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a		states?		
) IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b) If "	Yes," explain:				
	_					
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 NAMI DANE COUNTY, INC.	12/0	706	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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
12	Indicate the percentage of gaming activity conducted in:	. —		
		140-	ı	07
	The organization's facility			<u>%</u>
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	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 amount			
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
_	Too, onto hand address of the time party.			
	Nama N			
	Name			
	Address ▶ _			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of a miles amounted at N			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	□ No
		<u> </u>	103	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$			01 101
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	'art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		_		

Schedule G (Form 990 or 990-EZ)	NAMI DANE COUNTY, INC.	39-1270706 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ormation (continued)	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NAMI DANE COUNTY, INC.

Employer identification number 39-1270706

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY FOR PEOPLE AFFECTED BY MENTAL ILLNESS IN DANE COUNTY.

ILLNESS AS YOUNG AS POSSIBLE, RECEIVING MENTAL HEALTH TREATMENT AND SUPPORTIVE SERVICES, AND AVOIDING THE CRIMINAL JUSTICE SYSTEM OR RECEIVING APPROPRIATE, QUALITY SERVICES WHILE INSIDE THE SYSTEM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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,

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** NAMI DANE COUNTY, INC. 39-1270706 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 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.

Name of the organization NAMI DANE COUNTY, INC.	Employer identification number 39-1270706
·	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEM	BERS OF THE
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 S	TATEMENT 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 A	CTUAL CONFLICTS.
ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATI	NG IN THE
GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANS	ACTION.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT C	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MADISON	3,830.
COMMUNITY FOUNDATION	
TOTAL TO FORM 990, PART XI, LINE 9	3,830.