Form **990-EZ**

Department of the Treasury

Short Form

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545-1150 2001

Open to Public Inspection

_		2001 calond		or tox year hadinning							20.01		
_				, or tax year beginning	January	, 200	1, and end	ing (e cemb			—	
_						D Employ	loyer identification number						
H	Name cha	label or MICIALO TOY / INCLASIO				١٦:		56655					
Ħ	Initial retu	al return											
	Final retu		See	122 Stat	ε S1.			106	(60X)	181257 6333			
泫	Amended	l return	Specific Instruc-	City of town, state of co		<u> </u>	_		F Enter 4	-diat ((CEN)		
	Application	on pending	tions.	Madison	WI 63+	03-25	00		I LINGI 4	-uigit i	(GLIV)		
	• Secti	ion 501(c)(3)	organiza	ations and 4947(a)(1) no	nexempt charitable	e trusts must a	attach	G Acco	unting meti	nod	Cash	ıal	
a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶													
	, Control (specific										rannization		
1	Web site: ► Www.allanimals.org H Check ► Z is not require												
j	Organiz	zation type (c	heck or	nly one)— 501(c) (3) ∢ (insert no.) □	4947(a)(1) or	□ 527			orm 990, 990-EZ, or 990-PF)			
_				· · · · · · · · · · · · · · · · · ·								_	
				on's gross receipts are n n 990 Package in the mai								me	
				ne 9 to determine gross rec						<u> </u>	61364		
	art I			nses, and Changes	<u> </u>						<u> </u>	<u></u>	
						or runu bai	iances la	oce Spe		T	4345	<u> </u>	
	1		_	s, grants, and similar am		•			F	1			
	2			revenue including gove	rnment fees and	contracts .			-	2	12 (14)1	—	
	3		•	s and assessments					-	3	13494	—	
	4	Investment							٠. ا	4	231		
	5a	Gross amo	unt froi	misale of assets other	than inventory		5a		 [
				ecoasis and states Vx		i	5b	_					
a	c	: Gain or (los	ss) fro	sale of assets other	than in entory (lin	e 5a less line	5b) (attac	h sched	ule) .	5c			
Revenue	6 Special events and activities (attagh schedule)												
Š	a Gross revenue (not including \$ of contributions of contributions												
2	ļ	reported or	n line h	A			6a	3602					
	Ь	Less: direc	t exper	rise Or Grin Handri	using expenses		6b				_		
	C	: Net income	e or (los	ss) from special events	s and activities (lin	e 6a less line	6b)			6c	3602		
	7a	Gross sales	s of inv	ventory, less returns ar	nd allowances		7a	17					
		Less: cost		•			7b	, ,					
				ss) from sales of inven	itory (line 7a less l	ine 7b)				7c	(7		
	8	Other rever		escribe > Beavest	- and Misc. o	ther incom	و		}	8	39675		
	9	Total rever	nue (ad	dd lines 1, 2, 3, 4, 5c, (6c, 7c, and 8)				▶ [9	61364		
	10	Grants and	sımılaı	r amounts paid (attach	n schedule)					10	1		
	11			• •						11		_	
S		11 Benefits paid to or for members12 Salaries, other compensation, and employee benefits						· [12	20083	_		
Š	1	13 Professional fees and other payments to independent contractors						'	13	400			
Expenses		14 Occupancy, rent, utilities, and maintenance						• –	14	4741			
Ä		15 Printing, publications, postage, and shipping							15	2067	—		
	16	Other eyne	nses (r	describe ► Misc	a occasion of	nd fundam	تراس جاء	00m 905	· · -	16	11863		
	17			add lines 10 through 1		100000	2170-01	(D) car-		17	39154	_	
	 					· · · · · · · · · · · · · · · · · · ·	- ' .i			18	22210		
Net Assets	1	18 Excess or (deficit) for the year (line 9 less line 17)						· 2		<u> </u>	_		
ISS	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							19	5148			
7	20	end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) rounding error						—	20	- J	_		
ž	21			d balances at end of y				01:0		21	27359	_	
Đ:	art II			s—If Total assets on li				file Form				_	
				see Specific Instruction		2.0 4200,000	J. 111016,		inning of yea		(B) End of year	—	
	0				is on page 39.)				833	22	30040	—	
22		n, savings, a		esiments , ,	1 F		•	 	ر د ه	23	70090	—	
23		Land and buildings						24		_			
24		er assets (de	scribe	/)		833	25	30010	_	
25	iota	l assets	, , dan9-	e payroll 1	idil toos		-		685	26	30040 2681	—	
26 27	Nota	i ilabilities ((assets or fi	ind hal	lances (line 27 of colu	imp (R) must sore	e with line 21	, , , , , , , , , , , , , , , , , , ,	-	<u>48</u>	27	27359	– ,	
_				Notice, see the separat		C WILLI IIIIC Z I	<i>'</i>	Cat No. 1	10	[2]	Form 990-F7 (20)	<u>~</u> √	

Form 990-EZ	(2001)				Page Z			
Part III	Statement of Program Service Accom	plishments (See Specifi	c Instructions on	page 40.)	Expenses			
What is th	THE RE	(Required for 501(c)(3) and (4) organizations						
	What is the organization's primary exempt purpose? Educate people about cruelly to ari nall							
describe th	describe the services provided, the number of persons benefited, or other relevant information for each program title							
28 Animal News: quarterly newsletter fogusing on Current animal issues and activities								
6 d	and educate promotes direct action 6000 Copies you distributed.							
7:V.0:.1) 28a	13051						
14.0	(Grants \$) Humane Education: Educating students & the public through literature and present							
29	will carried carried Solve	o 17 and a factor	My manue	ma. Fa. seem				
, joxiny,	testions. 1000 people reached fur. Schools, libraries, youth groups visited.							
30 Direct Advocacy. Through erblic relations, promotion and publicity, we educate								
30 ./. 11.5.	a ravocacy, reorga profice teo	או יאסטינאינולילי ליאיניא	alc 140 local	re leavicant	_			
I worky	from 1000-1200, (Grants \$							
	orogram services (attach schedule)		(Grants \$)					
	program services (attach schedule)		Giaiks \$) 31 <u>a</u> ▶ 32	39154			
	List of Officers, Directors, Trustees, and Key I		en if not compensate	1				
raitiv	List of Officers, Directors, Trustees, and Key L	(B) Title and average	(C) Compensation	(D) Contributions to	(E) Expense			
	(A) Name and address	hours per week	(If not paid,	employee benefit plans &	account and			
	h . 1 . 4+	Director	enter -0)	deferred compensation	other allowances			
	entria Lott State St. #406 Madison, W STE	40/WK	12.24/hr.	0	O			
166	ane liverson	Board President	1	 				
	and thison that St. #406 Madison 41537	1	0	δ	0			
Poste.	Munro	Bond V-Pres.	 		<u> </u>			
	tate st. #406 Mad Jon, W1 53+03	20 (month	0	0	0			
Part V	Other Information (Note the attachme		eral Instruction V	nage 14)	Yes No			
					103 10			
	e organization engage in any activity not previously re			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	lere any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. Ithe organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT							
	ted on Form 990-T, attach a statement explainir							
	e organization have unrelated business gross incom				ents?			
	es," has it filed a tax return on Form 990-T for		, noude, reporting, an	a proxy tax roquirem	T V			
	there a liquidation, dissolution, termination, or s	_	o the year? (If "Yes	s." attach a stateme	ent.)			
	amount of political expenditures, direct or ind		· · · · · · · · · · · · · · · · · · ·	37a				
	he organization file Form 1120-POL for this y				\ \ \ \ \ \ \			
	he organization borrow from, or make any loa		r. trustee, or key e	mplovee OR were	any			
	loans made in a prior year and still unpaid a							
	s," attach the schedule specified in the line 38 in		· · · · · · · · · · · · · · · · · · ·	18b				
39 501(c	c)(7) organizations Enter: a Initiation fees and	capital contributions incli	uded on line 9	9a	<i>!!!!!!!!!!</i>			
b Gross	s receipts, included on line 9, for public use of	of club facilities	<u>, [3</u>	19b				
40a 501/c	(3) organizations Enter Amount of tax imposed or	the organization during the	vear under:					
	n 4911 ▶; section 49			<u> </u>				
	(3) and (4) organizations Did the organization enga			n during the year or	did it			
	ne aware of an excess benefit transaction from a p				ــــــــــــــــــــــــــــــــــــــ			
	nt of tax imposed on organization managers or disq		ear under 4912, 4955	, and 4958 ▶	<u>Q</u>			
	: Amount of tax on line 40c, above, reimburs			▶	<u> </u>			
41 List th	he states with which a copy of this return is file	\(\sigma'\).		11 -0	1151 -/ 27-			
42 The b	pooks are in care of ► Loci Nitzel	, Pice chec	Telep	hone no. ► (الم	127 + 4333			
	ted at ▶ 122 State st. #406 K							
	on 4947(a)(1) nonexempt charitable trusts filir enter the amount of tax-exempt interest recei							
and e	Under penalties of perjury, I declare that I have examine							
	and belief, it is true, correct, and complete Declaration	of preparer (ot						
Please	1100/1410							
Sign	Signature of officer							
Here	Luri Nitzel, Dire	ctor						
	Type or print name and title	-(01						
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Paid	Preparer's signature							
Preparer's	Firm's name (or yours							
Use Only	if self-employed),							

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2001

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Allian to for Annals

Employer identification number 29 1451.655 1451665

THINKE TO THERE			131 1936	0022
Compensation of the Five High (See page 1 of the instructions. L	est Paid Employees Of ist each one. If there ar	ther Than Office e none, enter "N	None.")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Vone				
Total number of other employees paid over \$50,000 . ▶				
Part II Compensation of the Five High (See page 2 of the instructions. List	est Paid Independent (it each one (whether indi	Contractors for viduals or firms).	Professional Self there are none,	ervices enter "None.")
(a) Name and address of each independent contractor	(b) Type	(c) Compensation		
None				
Total number of others receiving over \$50,000 for professional services				

Sche	dule /	A (Form 990 or 990-EZ) 2001	ī	P	age 2			
Pa	rt [[Statements About Activities (See page 2 of the instructions.)		Yes	No			
,1	atte or i	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$\bigsim \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\te	1		X			
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of blobbying activities.						
2	sub with own trai	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)						
а	Sal	le, exchange, or leasing of property?	2a		X			
b	Ler	nding of money or other extension of credit?	2b		\sim			
С	Fur	nishing of goods, services, or facilities?	2c		X			
d	Pay	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<i>Y</i>			
е	Tra	nsfer of any part of its income or assets?	2e		<u>بر</u> بر			
	Do e: <i>Att</i>	es the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) you have a section 403(b) annuity plan for your employees? tach a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs "qualify" to receive payments.	3					
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)						
The	orga	nization is not a private foundation because it is. (Please check only ONE applicable box)						
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).						
6 7		A school. Section 170(b)(1)(A)(ii). (Also complete Part V) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8	_	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)						
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hosp and state ▶	oital's r	name,	, city,			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section (Also complete the Support Schedule in Part IV-A.)	ion 170	(b)(1)(A)(ıv)			
11a	_	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
	Ø	A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives: (1) more than 33 ½% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no mo its support from gross investment income and unrelated business taxable income (less section 511 tax) from bu by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part I	re thar sinesse	1 331/	% of			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and support described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section section 509(a)(3))						
		Provide the following information about the supported organizations. (See page 5 of the instructions						
		(a) Name(s) of supported organization(s) (b) Line from	numbe above					
				•				
			-	_				

	rt IV-A Support Schedule (Complete only E: You may use the worksheet in the instructions	•		•			accounting.		
	endar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	· · · · ·	(e) Total		
15	Gifts, grants, and contributions received. (Do	······································	, .	,					
	not include unusual grants See line 28)	70353	12516	44498	13638		90405		
16	Membership fees received .	0	ဗ	L	0		8		
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	٥	6	0		٥		
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	G	ಲ	0		U		
19	Net income from unrelated business activities not included in line 18	0	D	6	0		D		
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	O	0	0	0		ರ		
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0		0		0
22	Other income. Attach a schedule Do not	212.5	74682	13391	19539	~	78816		
	include gain or (loss) from sale of capital assets	21205				•			
23	Total of lines 15 through 22	41558	37 198	57889	32576		169221		
24	Line 23 minus line 17.	41558	37198	57889	3257	6	169221		
25	Enter 1% of line 23 , ,	416	372	574	326				
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24.	. ▶ 2	6a			
b	Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi	ation) whose tota	al gifts for 1997 th	rough 2000 exce	eded the	/// 6b			
С	Total support for section 509(a)(1) test: Enter lin	•				6c			
d	Add: Amounts from column (e) for lines: 18		19						
	22 .		26b		. > 2	6d			
e	Public support (line 26c minus line 26d total)				▶ 2	6е			
f	Public support percentage (line 26e (numera	tor) divided by I	ine 26c (denomi	nator))	<u> </u>	26f_	%		
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to Do not file this list with your return. Enter the	the name of, and	total amounts rec	eived in each yea	rere received ir from, each "	fror disc	m a "disqualified qualified person '		
	(2000)	0	. (1998)	0	(1997)	ල			
b	For any amount included in line 17 that was recenshow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year (2000)	year, that was mo 5 through 11, as w the larger amount	re than the larger rell as individuals)	of (1) the amount Do not file this lis or (2), enter the so	on line 25 for t st with your re um of these di	the :	year or (2) \$5,000 n. After computing		
С	Add Amounts from column (e) for lines: 15		16 <u>Ø</u> 21 <u>O</u>	_	. ▶ 2	7c	90405		
d	Add: Line 27a total	and line 27b tota	ı , <u> O</u>		. • 2	7d	0		
е	Public support (line 27c total minus line 27d tot					7e	90405		
f	Total support for section 509(a)(2) test. Enter ar	•	23, column (e)	► 27f 169	221				
g	Public support percentage (line 27e (numera	tor) divided by li	ine 27f (denomin			7g	53 %		
h	Investment income percentage (line 18, colu	mn (e) (numerat	or) divided by lir	ne 27f (denomina	ator)). 🕨 2	7h	0 %		