Chapter 202, Wis. Stats. Subchapter II

STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and Consumer Services

E-Mail To: DFICharitableOrgs@wi.gov



Mail To:PO Box 7879
Madison, WI 53707-7879

Fax: (608) 267-6813

Call: (608) 267-1711

www.wdfi.org

FORM #1952I – WISCONSIN FILING INSTRUCTIONS TO FINANCIAL REPORT

WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Wisconsin must file an annual report with the Department of Financial Institutions – Division of Corporate and Consumer Services.
- A charitable organization who files an IRS 990, 990EZ or 990-PF must use form #1952.
 - o If the organization files an IRS 990, 990EZ or 990-PF you must complete form #1952. (Note: If you file an IRS Form 990-N, you cannot use this form. You must complete Form #1943 or Form #308 instead.)
- Please refer to the definitions set forth in Wis. Stat. §. 202.12 when completing registration and report forms.

WHEN TO FILE

• An annual financial report must be filed with the division within 12 months after the organization's fiscal year-end.

WHAT TO INCLUDE

(No part of submission should be stapled)

Form 1952 WISCONSIN – Supplement to Financial Report.
IRS 990, 990EZ or 990-PF plus all schedules (except B) and attachments.
A full list of the organization's board of directors, officers and trustees. Please include the individual's name, address and title.
A list of states that have issued a license, registration, permit or other formal authorization to the organization to solicit contributions.

If applicable:

□ An audited financial statement conducted according to Generally Accepted Accounting Principles for an organization that has received \$500,000 or more in contribution during its fiscal year.

OR

□ **A reviewed or audited financial statement** conducted according to Generally Accepted Accounting Principles for an organization which has received \$300,000 - \$499,999 in contributions during the fiscal year.

HOW TO FILE

• Email to: <u>DFICharitableOrgs@wi.gov</u>

 Mail to: WDFI/Charitable Orgs PO Box 7879 Madison, WI 53707-7879

• Phone: 608-267-1711

• Fax: (608) 267-6813

DO NOT STAPLE

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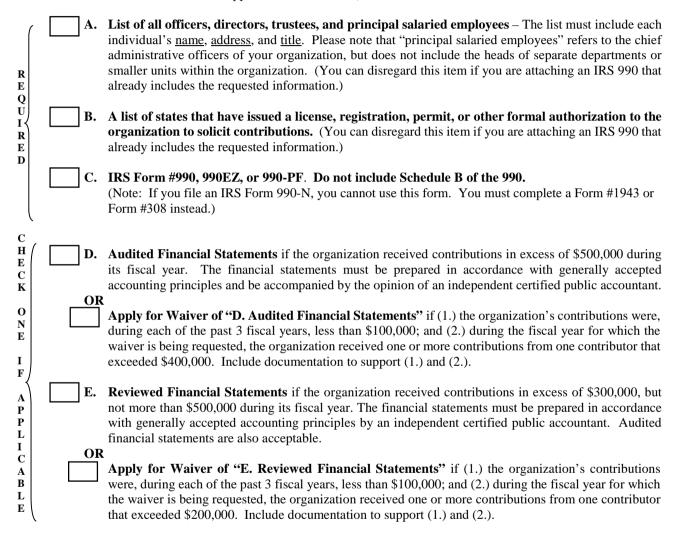
FORM #1952 - WISCONSIN SUPPLEMENT TO FINANCIAL REPORT

Γ			ORGANI	ZATION	INFORM	MATION	- SECTION A		
1.	Name of organiza		ole organizatio						s as) names the
									000
2. WI Charitable Organization Number:				- 800					
3.	Federal l	Employe	er Identificatio	on Numb	er:				
4.	Provide about thi		e and contact i				ıal the Departr	nent sh	ould contact
	First Name:]	Last Name:				
	Street Address:			(City:				State:
	Zip Code:		Phone:]	Email:			I	
5.	counsel If YES , p	during to	cation use a prohe fiscal year ontact informatif necessary.	in Wisco	onsin?				Yes No No or person. Attach
_		ii puges, i	Theeessary.				In .n.		
	Name:						Fund-Raiser:	Fund-	Raising Counsel:
	Street Add	ress:				City:			State:
_	Zip:	Telepho	one Number:	Does this	fund-raiser/fu	nd-raising co	unsel/person have cus	stody of co	ontributions at any time:

	FINANCIAL INFORM					
	7. Organization's Fiscal Year End Date (month, day, and year). Enter the accounting period for the following financial information.	mm	dd		уууу	
	Contributions			1		
	 ("Contribution" means a grant or pledge of money, credit, property, or cused clothing or household goods, to a charitable organization or for a directly from the public and indirect public support, such as contributions conducted by federated fundraising agencies like United Way should be does not include: Income from bingo or raffles conducted under ch. 563, Wis. St. Government grants Bona fide fees, dues, or assessments paid by a member of a initial membership in a charitable organization is conferred solor or pledge of money to the charitable organization in response money is a contribution.) 	charitable purpose. Bequireceived through solicitati included in this amount. "tats. charitable organization, olely as consideration for n	uests received ion campaigns Contribution" except that, if naking a grant			
	Other Revenues			2		
	Total Revenue (line 1 plus line 2)			3		
	Expenses:					
	a. Expenses Allocated to Program Services	4a				
	b. Expenses Allocated to Management and General	4b				
	c. Expenses Allocated to Fund-raising	4c				
	d. Expenses Allocated to Payments to Affiliates	4d				
	e. Total Expenses			4e		
	Excess or Deficit (line 3 minus line 4e)			5		
j.	Net Assets at Beginning of Year	Assets at Beginning of Year				
	Other Changes in Net Assets or Fund Balances (See 990, part XI)	er Changes in Net Assets or Fund Balances (See 990, part XI)				
	Net Assets at End of Year (Total of lines 5,6 &7)			8		

ATTACHMENTS

Check the box next to the items that are attached to your annual report. Items A., B., and C. are required. Item D. or E. (or Waiver Application of D. or E.) is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead).



CERTIFICATION - SECTION C

This document MUST be signed by the chief fiscal officer and another officer. Two <u>different</u> officer signatures required. Completion of this form is required under Section 202.12, Wisconsin Statutes.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, and that, under penalties of perjury, we have reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of Wisconsin applicable to this report.

Name (Print)
Name (11mt)
Signature of Officer
Signature of Officer
Date
AND
AND
N. O. C.
Name (Print)
Signature of Chief Fiscal Officer
Signature of Chief Fiscal Officer
Date
Date

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address: PO Box 7879 Madison, Wisconsin 53707-7879

Or

E-mail:

DFICharitableOrgs@wi.gov

Phone Number: 608-267-1711

Notice: Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.