Chapter 202, Wis. Stats. Subchapter II STATE OF WISCONSIN

Department of Financial Institutions

E-Mail: DFICharitableOrgs@wi.gov Telephone: (608) 267-1711 Fax: (608) 267-6813

www.wdfi.org



FORM #1943 – AFFIDAVIT IN LIEU OF ANNUAL FINANCIAL REPORT

Division of Corporate and Consumer Services

Mailing Address:
PO Box 7879
Madison, WI 53707-7879
Courier Address:
201 W. Washington Ave.
Suite 300
Madison, WI 53703

Purpose: Charitable organizations that are registered, or are required to be registered, with the Department of Financial Institutions – Division of Corporate and Consumer Services ("division") must file an annual financial report with the division within 12 months after the organization's fiscal year-end unless the organization qualifies for an exemption from the annual filing requirement.

This Affidavit in Lieu of Annual Financial Report form should be used by organizations that qualify for an exemption from the annual report filing requirement. Organizations that are or may be exempt include:

- Organizations that received \$25,000 or less in contributions during their most recently completed fiscal year.
- Organizations that operate solely in the county in which their principal office is located <u>and</u> that received less than \$50,000 in contributions during their most recently completed fiscal year.

The Affidavit in Lieu of Annual Financial Report must be submitted to the division within 12 months after an organization's fiscal year-end.

Print or type the information requested in the spaces provided.

1. Name of charitable organization and any trade names or DBA (doing business as) names the organization uses when so						ne organization uses when soliciting.	
2.	WI Charitable Organization Registra	ation Numbe	er:				
3.	. Federal Employer Identification Number:						
4.	. Provide the following information for the organization's headquarters office, if any:						
Street:							
	City:	State:	Zip:		Daytime	Phone Number:	
5.	5. Provide the organization's mailing address if different than above.						
	Street:	Street:				P.O. Box:	
	City:			State:		Zip:	
6.	6. Provide the following information for the organization's Wisconsin office, if any. Attach additional pages, if the organization has more than one Wisconsin office. This item does not have to be completed if the headquarters office noted above is the only Wisconsin office.						
Street:							
	City:	State: Zip:			Daytime	Daytime Phone Number:	

7.	Provide the following information for the person(s) who has custody of the organization's financial records. Attach additional pages, if necessary.										
	First Name:		Last Name	e:	Street:						
	City:		State:	Zip:			Daytime 1	Phone	Number:		
8.	Provide the following information for the person(s) within the charitable organization who has final responsibility for the custody of contributions. Attach additional pages, if necessary.										
	First Name:	Last Name:			Street:						
	City:		State:	Zip:			Daytime 1	Phone	Number:		
9.	Provide the following information for the person(s) within the organization who is responsible for the final distribution of contributions. Attach additional pages, if necessary.								of		
	First Name:		Last Name:			Street:					
	City:		State:	State: Zip:		Daytime Pho		Phone	one Number:		
10	matters.			son to whom	we can a	sk questions			and other registration relate	d	
	First Name:	Las	t Name: Ph		Phone:		E-mail:				
	Street:			City:	•		State:		Zip:		
11.	Describe the char information.	itable purpose or	purposes fo	r which cont	ributions	will be used	l or attach a	docui	ment which provides such	_	
12	For solicitations i counsel or did yo or employee of y If YES , provide t Attach additional	our organization prour organization, he following info	pay a person , during the j ormation abo	to solicit cor previous fisc	ntribution al year?	s, other than	n a salaried	office	Yes N	О	
Name: Fund-Rai						und-Raiser:		Fund-Raising Counsel:			
	Street:				(City:					
	State: Z	ip:	Teleph	one Number	:		contribution		aising counsel/person have Yes No	,	

13.	(i.e. name of the organization, address of the principal office, address of any Wisconsin branch offices, accounting period, names of persons who have final authority for custody or final distribution of contributions, articles, by-laws, statement of purpose, etc.)?	No
_	If YES , describe the changes below. If the organization's corporate name has changed, also attach a copy of the name change amendment. (Please note that you do not need to provide this information if, as required by law, you already submitted the information to the division within 30 days after the date of the change.)	e
14.	Is your organization authorized by any other state/governmental authority to solicit contributions?	No
15.	During the past year, has your organization had its authority to solicit contributions denied, suspended, revoked, or enjoined by a court or other governmental authority?	No
Г	If YES , provide a detailed statement of explanation.	
L 16.	Does your organization intend to accumulate an increasing surplus in net assets, rather than spend current revenue on the organization's stated purpose?	No
F	If YES , please explain.	
17.	Did the registrant make a grant, award, or contribution to any organization in which any of the registrant's officers or directors hold an interest; or was the registrant a party to any transaction in which any of its directors, trustees or officers has a material financial interest; or did any officer or director of the registrant receive anything of value not reported as compensation?	No
_	If YES to any of the above, please explain.	
A	TACHMENTS	
	e following items must be attached to this affidavit. (Note: If you are submitting this form with your initial application mit the following attachments. Submit the attachments cited in the application form instead).	n, DO NOT
	A. List of all officers, directors, trustees, and principal salaried employees – The list must include individual's <u>name</u> , <u>address</u> , and <u>title</u> . Please note that "principal salaried employees" refers to the administrative officers of your organization, but does not include the heads of separate departments or smalled within the organization.	e chief
	B. A list of states that have issued a license, registration, permit, or other formal authorization organization to solicit contributions. Wisconsin	to the

Read the descriptions of Affidavit 1 and Affidavit 2, below. Complete the affidavit(s) that pertains to your organization.

AFFIDAVII I: AFFIDAVII OF ORGANIZATI	ION WI	TH CONTRIBUTIONS LESS THAN \$25,000	
We swear that the organization identified on page Report, for its most recently-completed fiscal year, of that fiscal year did not exceed \$25,000.			
This document MUST be signed by the chief fiscal of	ficer. T	wo <u>different</u> officer signatures required.	
Signature of President or Authorized Officer	Date	Signature of Chief Fiscal Officer	Date
AFFIDAVIT 2: AFFIDAVIT OF ORGANIZATE COMMUNITY AND RECEIVE		HICH SOLICITED CONTRIBUTIONS SOLELY THAN \$50,000 IN CONTRIBUTIONS	Y IN ONE
We swear that the organization identified on page 1 located and that it received less than \$50,000 i	n contr	butions during its most recently completed fisc	
Seeking exemption from filing a financia Seeking exemption, for the current fiscal	-	For that fiscal year and/or om the solicitation disclosure requirements reproduc	ed on page 5.
Our organization solicits contributions in the following organization does not qualify for this affidavit.)	owing co	ounty. (If your organization solicits in more than or	ne county, your
Name	of Cour	ty:	
This document MUST be signed by the chief fiscal of	ficer. T	wo <u>different</u> officer signatures required.	
Signature of President or Authorized Officer	Date	Signature of Chief Fiscal Officer	Date
RETURN MATERIALS TO:			
Department of Financial Institutions Division of Corporate and Consumer Services			
Mailing Address: PO Box 7879 Madison, Wisconsin 53707-7879	201 W	Address: est Washington Avenue, Suite 300 on, Wisconsin 53703	

SOLICITATION DISCLOSURES

202.11(10) "Unpaid solicitor" means a person who solicits in this state and who is not a professional fund-raiser and is not a bona fide employee of a professional fund-raiser that is registered under this chapter.

202.12(6m)

- (a) Prior to orally requesting a contribution or contemporaneously with a written request for a contribution, an unpaid solicitor shall, clearly and conspicuously disclose all of the following:
- 1. The name of the charitable organization, as it appears on file with the department, on whose behalf the solicitation is being made.
- 2. A clear description of the primary charitable purpose for which the solicitation is made.
- 3. That the contribution is not tax deductible, if this disclosure is applicable.
- (b) In addition to the information required by par. (a), any written solicitation, and any confirmation, receipt, or reminder of a pledged amount, shall conspicuously state the following verbatim: "A financial statement of the charitable organization disclosing assets, liabilities, fund balances, revenue, and expenses for the preceding fiscal year will be provided to any person upon request."
- (c) The financial statement under par. (b) shall, at a minimum, divide expenses into categories of management and general, program services and fund-raising. If the charitable organization is required to file financial information with its annual report under sub. (3), the financial statement under par. (b) shall be consistent with the financial information reported in that annual report.
- (d) The disclosures required by this subsection are required unless the unpaid solicitor is soliciting a contribution for a charitable organization that is not required to be registered under sub. (1) or that has obtained a disclosure exemption under par. (e).
- (e) A charitable organization that operates solely within one community and that received less than \$50,000 in contributions during its most recently completed fiscal year may apply to the department for an exemption from the disclosure requirements under this subsection. The department shall prescribe the forms and procedures for use in applying for an exemption.

Cross-reference: See also ch. DFI-Bkg 60, Wis. Adm. Code.

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.

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