Chapter 202, Wis. Stats.
Subchapter II

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

www.wdfi.org

STATE OF WISCONSIN
Department of Financial Institutions

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

FORM #1943 – AFFIDAVIT IN LIEU OF ANNUAL FINANCIAL REPORT

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 and 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 soliciting.

The Rainbird Foundation, Inc.

2. WI Charitable Organization Registration Number: 11409-800

3. Federal Employer Identification Number: 26-4573320

4. Provide the following information for the organization's headquarters office, if any:

Street: [redacted]			
City: [redacted]	State: [redacted]	Zip: [redacted]	Daytime Phone Number: 608-237-7220

5. Provide the organization's mailing address if different than above.

Street:		P.O. Box: 765
City: Monroe	State: WI	Zip: 53566

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 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:	Street:	
Hanna	Roth	[redacted]	
City: [redacted]	State: [redacted]	Zip: [redacted]	Daytime Phone Number: 608-237-7220

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:	
Hanna	Roth	[redacted]	
City: [redacted]	State: [redacted]	Zip: [redacted]	Daytime Phone Number: 608-237-7220

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.

First Name:	Last Name:	Street:	
Hanna	Roth	[redacted]	
City: [redacted]	State: [redacted]	Zip: [redacted]	Daytime Phone Number: 608-237-7220

10. Provide the following information for the person to whom we can ask questions about this form and other registration related matters.

First Name:	Last Name:	Phone:	E-mail:
Hanna	Roth	608-237-7220	info@rainbirdfoundation.org
Street: [redacted]	City: [redacted]	State: [redacted]	Zip: [redacted]

11. Describe the charitable purpose or purposes for which contributions will be used or attach a document which provides such information.

Our mission is to build a global movement for the end of child abuse, mobilize people around the world, and develop partnerships to unify people and organizations.

12. For solicitations in Wisconsin, did your organization use a professional fund-raiser or fund-raising counsel or did your organization pay a person to solicit contributions, other than a salaried officer or employee of your organization, during the previous fiscal year? ☐ Yes ☑ No

If **YES**, provide the following information about each fund-raiser(s), fund-raising counsel(s), or person. Attach additional pages, if necessary.

Name:			Fund-Raiser: ☐ Fund-Raising Counsel: ☐
Street:		City:	
State:	Zip:	Telephone Number:	Does the fund-raiser/fund-raising counsel/person have custody of contributions at any time: ☐ Yes ☐ No

13. Has any of the information your organization previously submitted to the division changed (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.)? ☐ Yes ☑ 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.)

14. Is your organization authorized by any other state/governmental authority to solicit contributions? ☐ Yes ☐ 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? ☐ Yes ☐ No

If **YES**, provide a detailed statement of explanation.

16. Does your organization intend to accumulate an increasing surplus in net assets, rather than spend current revenue on the organization's stated purpose? ☐ Yes ☐ No

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? ☐ Yes ☐ No

If **YES** to any of the above, please explain.

ATTACHMENTS

The following items must be attached to this affidavit. (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).

☑ **A. List of all officers, directors, trustees, and principal salaried employees** – The list must include each individual's name, address, and title. Please note that "principal salaried employees" refers to the chief administrative officers of your organization, but does not include the heads of separate departments or smaller units within the organization.

☑ **B. A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions.** Wisconsin

AFFIDAVITS

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

AFFIDAVIT 1: AFFIDAVIT OF ORGANIZATION WITH CONTRIBUTIONS LESS THAN $25,000

We swear that the organization identified on page 1 will not be submitting Form #308, the Charitable Organization Annual Report, for its most recently-completed fiscal year, ending December 31, 2017, because contributions received during that fiscal year did not exceed $25,000.

This document MUST be signed by the chief fiscal officer. Two different officer signatures required.

Signature of President or Authorized Officer Date

Signature of Chief Fiscal Officer Date

AFFIDAVIT 2: AFFIDAVIT OF ORGANIZATION WHICH SOLICITED CONTRIBUTIONS SOLELY IN ONE COMMUNITY AND RECEIVED LESS THAN $50,000 IN CONTRIBUTIONS

We swear that the organization identified on page 1 solicits contributions solely within the county in which its principal office is located and that it received less than $50,000 in contributions during its most recently completed fiscal year, ending _____, _____. Therefore, by filing this affidavit, we are (mark all that apply):

☐ Seeking exemption from filing a financial report for that fiscal year and/or

☐ Seeking exemption, for the current fiscal year, from the solicitation disclosure requirements reproduced on page 5.

Our organization solicits contributions in the following county. (If your organization solicits in more than one county, your organization does not qualify for this affidavit.)

Name of County:

This document MUST be signed by the chief fiscal officer. Two different 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

Street Address:
201 West Washington Avenue, Suite 300
Madison, 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.