Chapter 202, Wis. Stats. Subchapter II

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STATE OF WISCONSIN Department of Financial Institutions



WEBSITE: DFI.WI.GOV #1952

FINANCIAL REPORT

### WHO SHOULD FILE

Division of Corporate and Consumer Services, Charities Section

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

Courier Address: 4822 Madison Yards Way North Tower Madison, WI 53705

- 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 should use the form 1952 if:
  - The organization received more than \$25,000 in contributions or more than \$50,000 in contributions from the county their principle office is located in.
     AND
  - o The organization files an IRS 990, 990EZ or 990-PF. The 990N is not acceptable.
- If the organization does not meet the above criteria please use form 1943 or form 308.
- 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

- □ Form 1952 Supplement to Financial Report.
- □ **IRS 990, 990EZ or 990-PF** plus all schedules (except B) and attachments.
- $\Box$  An attachment for each question on the form 1952 answered "Yes".
- □ A full list of the organization's board of directors, officers, trustees and any principal salaried employees. 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

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#1952 FINANCIAL REPORT Mailing Address: PO Box 7879 Madison, WI 53707-7879

# **ORGANIZATION INFORMATION - SECTION A**

1. Name of charitable organization and any trade names or DBA (doing business as) names the organization uses.

2.	WI Charitable Organization Number:		- 800	
3.	Federal Employer Identification Number:			

4. Provide the name and contact information of the individual the Department should contact about this form:

First Name:		Last Name:	
Street Address:		City:	State:
Zip Code:	Phone:	Email:	

5. Did your organization use a professional fundraiser or fundraising Yes No counsel during the fiscal year in Wisconsin?

If **YES**, provide contact information for each fundraiser(s), fund raising counsel(s), or person. Attach additional pages, if necessary.

Name:				Fundraiser:	Fundraising Counsel:	
Street Address:		City:			State:	
Zip:	Telephone Number:	Does this fundraiser/fundraising counsel/person have custody of contributions at any				
_		time: Yes	No			

- 6. Has any of the information your organization previously submitted to Yes No the division changed? (i.e. name of the organization, address of the principal office, address of any Wisconsin branch officers, accounting period, articles, by-laws, etc.)
- If YES, attach an explanation and a copy of the amended document.

# FINANCIAL INFORMATION - SECTION B

7. Organization's Fiscal Year End Date (month, day, and year). Enter the accounting period for the following financial information.

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1.	Contributions	1	
	<ul> <li>("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except used clothing or household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way should be included in this amount. "Contribution" does not include:</li> <li>Income from bingo or raffles conducted under ch. <u>563</u>, Wis. Stats.</li> <li>Government grants</li> <li>Bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.)</li> </ul>		
2.	Other Revenues	2	
3.	Total Revenue (line 1 plus line 2)	3	
4.	Expenses:		
	a. Expenses Allocated to Program Services 4a		
	b. Expenses Allocated to Management and General 4b		
	c. Expenses Allocated to Fundraising 4c		
	d. Expenses Allocated to Payments to Affiliates		
	e. Total Expenses	4e	
5.	Excess or Deficit (line 3 minus line 4e)	5	
6.	Net Assets at Beginning of Year	6	
7.	Other Changes in Net Assets or Fund Balances (See 990, part XI)	7	
8.	Net Assets at End of Year	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. (<u>Note</u>: 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 <u>name</u>, <u>address</u>, and <u>title</u>. 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. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)
- **B.** A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)

#### C. IRS Form #990, 990EZ, or 990-PF. Do not include Schedule B of the 990. (Note: If you file an IRS Form 990-N, you cannot use this form. You must complete a Form #308 or Form #1943 instead.)

- D. Audited Financial Statements if the organization received contributions in excess of \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and be accompanied by the opinion of an independent certified public accountant.
- OR

**Apply for Waiver of "D. Audited Financial Statements"** if (1.) the organization's contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$400,000. Include documentation to support (1.) and (2.).

**E. Reviewed Financial Statements** if the organization received contributions in excess of \$300,000, but not more than \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles by an independent certified public accountant. Audited financial statements are also acceptable.

OR

**Apply for Waiver of "E. Reviewed Financial Statements"** if (1.) the organization's contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$200,000. Include documentation to support (1.) and (2.).

## **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)		
Signature of Officer		
Date		 
	AND	
Name (Print)		 
Signature of Chief Fiscal Officer		 
Date		 

## **RETURN MATERIALS TO:**

Department of Financial Institutions Division of Corporate and Consumer Services

Mailing Address: WDFI/ Charitable Orgs Section PO Box 7879 Madison, Wisconsin 53707-7879

This form is required under Section 202.12, Wisconsin Statutes. Refusal to provide this information may result in the denial of this registration application. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

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