

STATE OF WISCONSIN  
Department of Financial Institutions

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Madison, WI 53707-7876  
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**FORM #1952 - WISCONSIN  
SUPPLEMENT TO FINANCIAL  
REPORT**

**Purpose:** Charitable organizations that are registered, or are required to be registered, with the Department of Financial Institutions – Division of Banking (“division”) must file an annual financial report with the division within 9 months after the organization’s fiscal year-end unless the organization qualifies for an exemption from the annual filing requirement.

An organization must file its annual report on Form #308 or on Form #1952. This form, Form #1952, is a shorter, more commonly used version of the annual report form and must be accompanied by the organization’s IRS 990, 990EZ, or 990-PF. If an organization is unable to submit an IRS 990, 990EZ, or 990-PF, it should submit Form #308 to the division instead of Form #1952.

Please note that an organization may not have to file a Form #308 or a Form #1952 if:

- it received \$5,000 or less in contributions during its most recently completed fiscal year, or
- it operates solely in the county in which its principal office is located and received less than \$50,000 in contributions during its most recently completed fiscal year.

If the organization’s contributions fall into either of the above categories, an Affidavit in Lieu of Annual Financial Report (Form #1943) should be submitted instead of Form #308 or Form #1952.

**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.

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2. WI Charitable Organization Registration Number:

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3. Federal Employer Identification Number:

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

Street:			
City:	State:	Zip:	Daytime Phone Number:

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

Street Address:		P.O. Box:
City:	State:	Zip:

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 on page 1 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:	
City:	State:	Zip:	Daytime 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 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.

First Name:	Last Name:	Street:	
City:	State:	Zip:	Daytime Phone Number:

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:	
Street:		City:	State:	Zip:

11. Describe the charitable purpose or purposes for which contributions will be used or attach a document which provides such information. (You can disregard this item if you are attaching an IRS 990 that already includes this information.)

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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: <input type="checkbox"/>	Fund-Raising Counsel: <input type="checkbox"/>
Street:		City:	
State:	Zip:	Telephone Number:	Does the fund-raiser/fund-raising counsel/person have custody of contributions at any time: <input type="checkbox"/> Yes <input type="checkbox"/> 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.

18. Check the box to the right if the registrant is a sole proprietor who wishes for his/her individual personal identifiers to be excluded from any lists which may be distributed to third parties. Individual personal identifiers include: social security number, telephone number, street name and number, email address, and post-office box.

**FINANCIAL INFORMATION**

Enter the accounting period (month, day, and year) that the following financial information applies to and identify the accounting method used when preparing the information.

Beginning Date:  Ending Date:

Accounting Method: Cash  Accrual  Other (specify)

1. Contributions .....	1	
("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: <ul style="list-style-type: none"> <li>• income from bingo or raffles conducted under ch. 563, 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 Fund-raising .....	4c	
d. Expenses Allocated to Payments to Affiliates .....	4d	
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. 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).

- 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. (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 \$400,000 or more in contributions 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.
- E. Reviewed Financial Statements** if the organization received between \$200,000 - \$399,999 in contributions 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.

**CERTIFICATION**

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

We swear and affirm that we have reviewed this report, including the accompanying schedules and statements, and to the best of our knowledge the information furnished is true, correct, and complete.

\_\_\_\_\_  
Signature of President or Authorized Officer      Date

\_\_\_\_\_  
Signature of Chief Fiscal Officer      Date

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**RETURN MATERIALS TO:**

Department of Financial Institutions  
Division of Banking

*Mailing Address:*  
PO Box 7876  
Madison, Wisconsin 53707-7876

*Street Address:*  
201 West Washington Avenue, Suite 500  
Madison, Wisconsin 53703

**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.