



E-Mail:
DFICharitableOrgs@dfi.wisconsin.gov

Telephone: (608) 267-1711

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WEBSITE: DFI.WI.GOV
#1943 AFFIDAVIT
(IN LIEU OF FINANCIAL REPORT)

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

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

WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Wisconsin must file one of the three annual report forms with the Department of Financial Institutions – Division of Corporate and Consumer Services.
 - A charitable organization should use the form 1943 if:
 - The organization received \$25,000 or less in contributions during their most recently completed fiscal year.
- OR**
- The organization operates 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.
- If the organization does not meet the above criteria please use form 1952 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 1943 – Affidavit in Lieu of Annual Financial Report.
- An attachment for each question on the form 1943 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.

HOW TO FILE

Email to: DFICharitableOrgs@dfi.wisconsin.gov

Mail to: 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: -

3. Federal Employer Identification Number:

4. Supply the organization's website address:

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

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

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

If **YES**, attach contact information for each fundraiser(s), fundraising counsel(s), or person.

7. Has the organization changed its purpose(s) or program(s)? Yes No

If **YES**, attach explanation.

8. Has any of the information your organization previously submitted to the division changed? Yes No

(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

Enter the accounting period (month, day and year) that the following financial information applies to.

9. What is the organization's Fiscal Year End Date:

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

Affidavit 1: This organization received contributions of less than \$25,000 during the reported fiscal year.

Affidavit 2: This organization solicited contributions solely in one county and received less than \$50,000 in contributions during the reported fiscal year.

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:

CERTIFICATION - SECTION C

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

Officer 1 information:

Officer 2 information:

Name (Print)	Name (Print)
Signature	Signature
Title	Title
Date	Date

MUST INCLUDE:

- 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.
- An attachment for each question on the form #1943 answered **“Yes”**.

RETURN APPLICATION MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

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

Street Address:
4822 Madison Yards Way North Tower
Madison, Wisconsin 53705

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.