

Please - Do Not Staple

Chapter 202, Wis. Stats.
Subchapter II

STATE OF WISCONSIN
Department of Financial Institutions

Division of Corporate and
Consumer Services,
Charities Section

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**APPLICATION FOR WAIVER
OF REQUIREMENT TO FILE AUDITED
OR REVIEWED FINANCIAL STATEMENT**

- Under limited circumstances, a charitable organization may apply for a waiver of the requirement to include a financial statement with its annual report. Review the requirements below to determine whether your organization is eligible for a waiver. Apply for a waiver by checking the appropriate box, providing the required documentation, and completing the information below.

Apply for Waiver of Requirement to File Audited Financial Report. *Select this box if:*

- In the last fiscal year, the organization received \$1,000,000 or more in contributions; AND during the fiscal year for which the waiver is being requested, the charitable organization received one or more contributions from one contributor that exceeded \$700,000; AND in each of the three years preceding the last fiscal year, the organization received less than \$300,000 in contributions.

Apply for Waiver of Requirement to File Reviewed Financial Report. *Select this box if:*

- In the last fiscal year, the organization received in excess of \$500,000 but not more than \$1,000,000 in contributions; AND during the fiscal year for which the waiver is being requested, the charitable organization received one or more contributions from one contributor that exceeded \$200,000; AND in each of the three years preceding the last fiscal year, the organization received less than \$300,000 in contributions.

- **Required documentation.** Together with this completed application form, you must provide tax records or other documentation demonstrating that your organization meets each of the bullet-pointed requirements listed under the type of waiver it is seeking. You must also include a completed Form 308 (annual report) or 1952 (supplement to financial report), as applicable.

Organization's Name:		Registration number:	
Contact Person Name:			
Email:		Phone:	

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