

STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and
Consumer Services

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

www.wdfi.org



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

Courier Address:
201 W. Washington Ave.
Suite 300
Madison, WI 53703

CHARITABLE ORGANIZATION APPLICATION

Purpose: A completed Charitable Organization Application should be submitted to the Department of Financial Institutions (“department”) for consideration of registration. Upon the filing of such application, the department shall investigate the relevant facts to determine if the applicant satisfies all of the eligibility requirements for charitable organization registration. If the department finds that the applicant meets all of the requirements, the department shall register the applicant as a charitable organization.

Print or type the information requested in the spaces provided.

APPLICANT INFORMATION

1.

Name of applicant: The “applicant” is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is registering with the department. If the applicant uses any trade names or DBA (doing business as) names for soliciting, include those names as well.

2. Provide the following information for the applicant’s headquarters office, if any:

Street Address:		
City:	State:	Zip:
Telephone:	Fax:	E-Mail:

3. Provide the applicant’s mailing address if different than above.

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

4. Provide the following information for each of the applicant’s Wisconsin offices, if any. Attach additional pages if necessary. This item does not have to be completed if the headquarters office noted above is the only Wisconsin office.

Street Address:	Telephone:	
City:	State:	Zip:

5. Provide the following information for the person(s) who has custody of the applicant's financial records. Attach additional pages if necessary.

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

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

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

7. Provide the applicant's website address, if any:

8. Indicate the type of organization with an "X."

- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other (Please Specify) |

9. If the applicant is a corporation, a limited liability company, or a limited partnership, provide the applicant's Federal Employer Identification Number:

If the applicant is a sole proprietorship or a general partnership, provide each owner's Social Security Number:

Note: Pursuant to Sections 202.021(4)(a)5.-7., Wis. Stats., this Department is required to obtain this information from all applicants. The information will be shared with other state agencies for the purpose of matching against tax information and outstanding child and family support data.

10. Identify the month and day of the applicant's fiscal year-end:

11. Provide the date and state of incorporation/organization. Date:

--	--	--

QUESTIONNAIRE

12. Is the applicant tax exempt? Yes No
- If the applicant is not tax exempt, has the applicant filed an Application for Recognition of Exemption (IRS Form #1023) with the IRS? Yes No

13. Did the applicant solicit contributions or conduct fund-raising in Wisconsin during its most recently completed fiscal year? Yes No

a. If you answered "yes" and your organization is based in Wisconsin, identify the amount of contributions received during the most recently completed fiscal year.

b. If you answered "yes" and your organization is based outside of Wisconsin, identify the amount of Wisconsin contributions received during the most recently completed fiscal year.

c. If you answered "yes" and your organization is based outside of Wisconsin, identify the amount of all contributions (Wisconsin and non-Wisconsin) received during the most recently completed fiscal year.

14. Did the applicant solicit contributions or conduct fund-raising in Wisconsin during the current fiscal year? Yes No

If yes, what was the amount of Wisconsin contributions received?

15. Will the applicant use a professional fund-raiser to solicit contributions in Wisconsin by mail, telephone, or any other means of communication? Yes No

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

Name of Fund-Raiser:		
Street:		City:
State:	Zip:	Telephone Number:

16. Will a fund-raising counsel plan, manage, or advise the applicant with respect to solicitations in Wisconsin? Yes No

If **YES**, provide the following information about the fund-raising counsel. Attach additional pages, if necessary.

Name of Fund-Raising Counsel:		
Street:		City:
State:	Zip:	Telephone Number:

17. If the applicant will use a fund-raising counsel, will the fund-raising counsel, have custody of any contributions at any time? Yes No

18. Has the applicant ever been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license/permit/registration suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any regulatory agency in Wisconsin or any other state? Yes No

If **YES**, attach details about the disciplinary action, including but not limited to date, regulatory agency and type of discipline.

19. Is disciplinary action pending against the applicant in Wisconsin or any other state? Yes No

If **YES**, attach details, including but not limited to action, regulatory agency, and state.

20. Has the applicant ever had a license, permit, registration, or other authority to solicit denied, suspended or revoked by a court or are proceedings pending? Yes No
 If **YES**, attach a detailed statement of explanation and a copy of the court order.
21. Has the applicant ever been enjoined from soliciting contributions by a court or are such proceedings pending? Yes No
 If **YES**, attach a detailed statement of explanation and a copy of any court order issued.
22. Have any of the applicant's officers, directors, trustees, or executive personnel ever been convicted of a felony or misdemeanor, or are charges pending? Yes No
 If **YES**, complete and attach a Convictions and Pending Charges form (Form 2252).

23. Identify the charitable purpose for which the applicant was organized.

24. Explain how the applicant will use the contributions it receives.

ATTACHMENTS

25. Check the box next to each of the following items that are attached to your application. Items A, B, C and D are required. The documents requested in E and F must be submitted by all applicants who aren't sole proprietors. Items G – Q must be submitted if they pertain to the applicant.
- A) \$15 Application Fee** – Make checks payable to The Department of Financial Institutions.
- B) List of applicant's officers, directors, trustees and principal salaried employees** - The list must identify each individual's name, address, and title. (You can disregard this item if you are attaching an IRS 990 that already includes it.)
- C) List of the names of all persons within the organization who have final responsibility for the custody of contributions received by the organization.**
- D) List of the names of all persons within the organization who are responsible for the final distribution of contributions.**
- E) Applicant's Charter, Articles of Incorporation, Agreement of Association, Instrument of Trust, Constitution or other organizational instrument.** (You can disregard this item if your organization previously filed this document with the Wisconsin Department of Financial Institutions' Division of Corporate and Consumer Services.)
- F) Applicant's Bylaws**
- G) A list of states that have issued a license, registration, permit, or other formal authorization to the applicant to solicit contributions.** (You can disregard this item if you are attaching an IRS 990 that already includes it.)
- H) Certificate of Incorporation** – A foreign corporation must submit a copy of its certificate of incorporation from the the state in which it was incorporated.
- I) Certificate of Good Standing** if the applicant is a foreign corporation. If the state your corporation is registered in posts information on its website that discloses that your organization's corporate registration status is in good standing, you can submit a printout of that web page instead of a Certificate of Good Standing.
- J) Copies of any federal or state tax exemption determination letters received by the organization.**

- K) Federal Application for Recognition of Exemption (IRS Form 1023)** – Submit a copy of IRS Form 1023 if you filed Form 1023 with the IRS and have not yet received a tax status determination letter from the IRS.
- L) Affidavit in Lieu of Annual Financial Report (Form 1943)** – Submit Form 1943 if the applicant is seeking an exemption, for the current fiscal year, from the solicitation disclosure requirements set forth in Section 202.12(6m) of the Wisconsin statutes. This form can only be used if the organization anticipates that it will receive contributions less than \$50,000 during its fiscal year and if the applicant will only solicit in the county that the applicant’s headquarters is located in. This form can be found on the department’s website at www.wdfi.org.
- M) Annual Financial Report** – Submit one of the following forms if the sum of the contributions received by the applicant was over \$25,000 during its most recently completed fiscal year (regardless of whether solicited or unsolicited). Note, you do not need to submit either of these forms if the applicant met the requirements for Form 1943 (see attachment L, above). The following forms can be found on the department’s website at www.wdfi.org.
- Form 308 - Charitable Organization Annual Financial Report (only submit pages 4-6 of the form)
- OR**
- Form 1952 - Wisconsin Supplement to Financial Report (only submit page 4 of the form) **and** IRS Form 990, 990EZ, or 990-PF (IRS Form 990N will not be accepted). **Do not include Schedule B of the 990.**
- N) Audited Financial Statements** – submit the applicant’s audited financial statements if the organization received contributions in excess of \$500,000 during its most recently completed fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and accompanied by the opinion of an independent certified public accountant.
- O) Reviewed Financial Statements** if the applicant received between \$300,000 - \$500,000 in contributions during its most recently completed 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.
- P) Form 2252** – Submit this form if the applicant’s officers or executive personnel have been convicted of a felony or misdemeanor or if the applicant’s officers or executive personnel have felony or misdemeanor charges pending. This form can be found on the department’s website at www.wdfi.org.
- Q) Copies of the contracts** with professional fund-raisers and fund-raising counsels if they are or will soon be soliciting contributions in Wisconsin on the applicant’s behalf.

CERTIFICATION

26. Have two different officers sign the following certification. One of the officers must be the chief fiscal officer.

We certify that the information furnished in this application and in attachments to this application are true and correct to the best of our knowledge.

Signature of President or Authorized Officer	Date	Signature of Chief Fiscal Officer	Date
--	------	-----------------------------------	------

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:
 201 West Washington Avenue, Suite 300
 Madison, Wisconsin 53703

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.