Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

WISCONSIN SUPPLEMENT TO FINANCIAL REPORT ON FORM OTHER THAN FORM #308

This form requires a Federal Form 990 or other supporting document.

PLEASE TYPE OR PRINT IN INK

NAME OF ORGANIZATION	WISCONSIN REGISTRATION NUMBER
ADDRESS (NUMBER AND STREET) OR P.O. BOX	FEDERAL EMPLOYER I.D. NUMBER
CITY OR TOWN, STATE, ZIP CODE	ORGANIZATION'S DAYTIME PHONE NUMBER ( )
INDICATE ORGANIZATION TYPE ___ Civic & Social Action ___ Health Services ___ Culture ___ Education & Research ___ Human Services ___ Other	ACCOUNTING METHOD ___ Cash ___ Other (Specify) ___ Accrual

ACCOUNTING PERIOD Beginning Date _____ Ending Date _____

1.	Public Support (Enter total direct public support such as: contributions, gifts, grants-**but not government grants**-and bequests received directly from the public. This line includes indirect public support, such as: contributions received through solicitation campaigns conducted by federated fund-raising agencies like United Way, or affiliate organizations.)		1	
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 Worth at Beginning of Year		6	
7.	Other Changes in Net Assets		7	
8.	Net Worth at End of Year		8	

PLEASE TYPE OR PRINT IN INK

NAME OF INDIVIDUAL TO CONTACT REGARDING INFORMATION ON THIS FORM	DAYTIME TELEPHONE NUMBER ( )
ADDRESS (NUMBER AND STREET)	
CITY OR TOWN, STATE, ZIP CODE	

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ADDITIONAL QUESTIONS	YES	NO
9. Did your organization receive contributions over **$100,000** during the fiscal year? If so, you **must** file an audited financial statement and the opinion of an independent certified public accountant on the financial statement.		
10. Have you **attached a list** of all officers, directors, trustees and the principal salaried employees? Include their name, address, title, and the date their term ends. **Compensation must be clearly stated.**		
11. For solicitation 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? **If yes, indicate name and address.**		
12. Has there been a **name change** of the organization, **change of address** of the principal office or any branch office located in Wisconsin, **change in the accounting period**, change in the names of the persons within the organization who have final authority for custody or final distribution of contributions, or change in the articles, by-laws or statement of purpose? If yes, and not already submitted within 30 days, as required, give changes and attach document. **If a corporation, and the name has changed, you must attach a copy of the name change amendment.**		
13. Is your organization authorized by any other governmental authority to solicit contributions? If yes, provide name and address of governmental authority.		
14. Has your organization ever had its authority to solicit contributions denied, suspended, revoked or enjoined by a court or other governmental authority? **If yes, attach an explanation.**		
15. Do you intend to accumulate an increasing surplus in net worth, rather than spend current revenue on the organization's stated purpose? **If yes, attach an explanation.**		
16. Did the organization make a grant, award, or contribution to any organization in which any of its officers or directors hold an interest; or was it 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 receive anything of value not reported above as compensation? **If yes to any of the above, attach an explanation.**		
17. Does your organization solicit contributions under any name other than the name listed in the first blank space on the reverse side? **If yes, list here any additional name(s).**		

DESCRIBE THE CHARITABLE PURPOSES FOR WHICH CONTRIBUTIONS WILL BE USED OR ATTACH A DOCUMENT WHICH PROVIDES SUCH INFORMATION.

CERTIFICATION - TWO DIFFERENT SIGNATURES ARE REQUIRED BY LAW

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.

Date	Title	Signature of President or Authorized Officer

Date	Title	Signature of Chief Fiscal Officer