

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning _____, and ending _____																						
B Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization KENOSHA FORGOTTEN FRIENDS, INC.</td> <td rowspan="2">D Employer identification number 46-4648497</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td>P.O. BOX 831</td> <td rowspan="2">E Telephone number 262-909-9764</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>City or town State ZIP code</td> </tr> <tr> <td><input checked="" type="checkbox"/> Initial return</td> <td>KENOSHA WI 53142</td> <td rowspan="2">F Group Exemption Number ▶</td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td>Foreign country name Foreign province/state/country Foreign postal code</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td></td> <td></td> </tr> </table>	C Name of organization KENOSHA FORGOTTEN FRIENDS, INC.		D Employer identification number 46-4648497	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<input type="checkbox"/> Address change	P.O. BOX 831	E Telephone number 262-909-9764	<input type="checkbox"/> Name change	City or town State ZIP code	<input checked="" type="checkbox"/> Initial return	KENOSHA WI 53142	F Group Exemption Number ▶	<input type="checkbox"/> Final return/terminated	Foreign country name Foreign province/state/country Foreign postal code	<input type="checkbox"/> Amended return			<input type="checkbox"/> Application pending		
C Name of organization KENOSHA FORGOTTEN FRIENDS, INC.		D Employer identification number 46-4648497																				
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite																						
<input type="checkbox"/> Address change	P.O. BOX 831	E Telephone number 262-909-9764																				
<input type="checkbox"/> Name change	City or town State ZIP code																					
<input checked="" type="checkbox"/> Initial return	KENOSHA WI 53142	F Group Exemption Number ▶																				
<input type="checkbox"/> Final return/terminated	Foreign country name Foreign province/state/country Foreign postal code																					
<input type="checkbox"/> Amended return																						
<input type="checkbox"/> Application pending																						
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____																						
I Website: ▶ _____																						
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____																						
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 54,440																						

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	54,440
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less: direct expenses from gaming and fundraising events.	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	54,440	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	41,971
	14	Occupancy, rent, utilities, and maintenance	14	1,368
	15	Printing, publications, postage, and shipping	15	431
	16	Other expenses (describe in Schedule O)	16	5,407
17	Total expenses. Add lines 10 through 16 ▶	17	49,177	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,263
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	8,535
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	13,798

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	8,535	22	13,798
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	8,535	25	13,798
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,535	27	13,798

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE ATTACHED

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>SEE ATTACHED</u>			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		49,177
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a)	32		49,177

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDRA MAJEST PRESIDENT	Hr/WK 10.00	-0-		
KATHY SCHMITZ DIRECTOR	Hr/WK 3.00	-0-		
BECKY CARLISLE DIRECTOR	Hr/WK 3.00	-0-		
PAULINE HOLTZ DIRECTOR	Hr/WK 3.00	-0-		
WILLIAM ALTHAUS DIRECTOR	Hr/WK 3.00	-0-		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee...
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9.
39 b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction...
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers...
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42 a The organization's books are in care of SANDY MAJEST Telephone no. 262-909-9764
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42 c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	SANDY MAJEST	PRESIDENT
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	JAMES M HARMON CPA		6/15/2016		P01236606	
	Firm's name <input type="checkbox"/> JAMES M. HARMON & CO., LTD.	Firm's EIN <input type="checkbox"/> 39-1286303				
	Firm's address <input type="checkbox"/> 6125 GREEN BAY ROAD, SUITE 400, KENOSHA, WI 53142-2928	Phone no. (262) 654-5348				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2015

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

KENOSHA FORGOTTEN FRIENDS, INC.

46-4648497

PART I - LINE 16 - OTHER EXPENSES

SUPPLIES	\$ 3,221
OUTSIDE SERVICES	29
PROMOTION	1,840
OFFICE EXPENSE	307
LICENSE	10
TOTAL	\$ 5,407

PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

KENOSHA FORGOTTEN FRIENDS, INC. IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS THE RESCUE, REHABILITATION AND PLACEMENT OF HOMELESS, ABUSED, ABANDONED, NEGLECTED AND SURRENDERED ANIMALS. OUR GOAL IS TO NURTURE THESE ANIMALS IN LOVING FOSTER HOMES WHILE PROVIDING QUALITY VETERINARY CARE, SOCIALIZATION AND REHABILITATION WHILE SEEKING TO PLACE THEM IN PERMANENT, LOVING AND RESPONSIBLE HOMES.

PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - LINE 28

LAST YEAR WE TOOK IN 105 ANIMALS, 9 OF WHICH WERE SPECIAL NEEDS THAT REQUIRED MAJOR MEDICAL AND A FEW MONTHS TO OVER A YEAR OF MEDICAL CARE BEFORE BEING ABLE TO BE ADOPTED OUT. WE HAD 89 ADOPTIONS AND MANY MORE THROUGH OUR COURTESY POSTS. FOR OUR COURTESY POST ANIMALS, WE REQUIRE ADOPTION APPLICATIONS WHICH INCLUDE BACKGROUND CHECKS ON POTENTIAL ADOPTERS WHOM WE ALSO INTERVIEW FOR THE SURRENDERING OWNERS. WE OFFER THIS SERVICE FREE OF CHARGE TO HELP IN REHOMING THE ANIMAL TO A PROPER SAFE PLACE. WE ALSO OFFER HELP WITH FOOD AND SUPPLIES AND SOMETIMES MEDICAL ASSISTANCE, TO AN OWNER WHO IS STRUGGLING TO KEEP THEIR PET.

LAST YEAR WE TOOK IN \$63,400 IN DONATIONS OF WHICH \$42,000 WAS VETERINARY CARE. THE REMAINDER IS SPENT ON FOOD, LITTER, SUPPLIES AND MEDICATIONS. WE ARE STRICTLY VOLUNTEER SO NO ONE HAS A SALARY AND MANY FOSTERS AND VOLUNTEERS DONATE NOT ONLY THEIR TIME BUT SUPPLIES.

STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and
Consumer Services

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

www.wdfi.org

Mailing Address:
PO Box 7879
Madison, WI 53707-7879
Courier Address:
201 W. Washington Ave.
Suite 300
Madison, WI 53703

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 Corporate and Consumer Services ("division") must file an annual financial report with the division within 12 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 \$25,000 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.

KENOSHA FORGOTTEN FRIENDS, INC.

2. WI Charitable Organization Registration Number:

K044663

3. Federal Employer Identification Number:

46-4648497

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

Street: P.O. BOX 831			
City: KENOSHA	State: WI	Zip: 53142	Daytime Phone Number: 262-909-9764

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: SANDY	Last Name MAJEST	Street 7536 - 25TH AVENUE	
City: KENOSHA	State: WI	Zip: 53143	Daytime Phone Number: 262-909-9764

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: SANDY	Last Name MAJEST	Street 7536 - 25TH AVENUE	
City: KENOSHA	State: WI	Zip: 53143	Daytime Phone Number: 262-909-9764

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: SANDY	Last Name MAJEST	Street 7536 - 25TH AVENUE	
City: KENOSHA	State: WI	Zip: 53143	Daytime Phone Number: 262-909-9764

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

First Name: JAMES M.	Last Name: HARMON	Phone: 262-654-5348	E-mail: jmhcpa@bizwi.rr.com
Street: 6125 GREEN BAY ROAD, SUITE 400		City: KENOSHA	State: WI
		Zip: 53142	

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.)

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.)

[Empty text box for question 13]

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.

[Empty text box for question 15]

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.

[Empty text box for question 16]

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.

[Empty text box for question 17]

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	54,440
	("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except food, used clothing, or used 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"> ● income from bingo or raffles conducted under ch. 563, Wis. Stats. ● government grants ● 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.) 		
2.	Other Revenues	2	
3.	Total Revenue (line 1 plus line 2)	3	54,440
4.	Expenses:		
	a. Expenses Allocated to Program Services	4a	47,337
	b. Expenses Allocated to Management and General	4b	
	c. Expenses Allocated to Fund-raising	4c	1,840
	d. Expenses Allocated to Payments to Affiliates	4d	
	e. Total Expenses	4e	49,177
5.	Excess or Deficit (line 3 minus line 4e)	5	5,263
6.	Net Assets at Beginning of Year	6	8,535
7.	Other Changes in Net Assets or Fund Balances (See 990, part XI).....	7	
8.	Net Assets at End of Year	8	13,798

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 contributions in excess of \$500,000 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 contributions in excess of \$300,000, but not more than \$500,000 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 certify 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.

	6/15/2016		6/15/2016
Signature of President or Authorized Officer	Date	Signature of Chief Fiscal Officer	Date

RETURN 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

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.