

STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and
Consumer Services

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FORM #1943 – AFFIDAVIT IN LIEU OF ANNUAL 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.

This Affidavit in Lieu of Annual Financial Report form should be used by organizations that qualify for an exemption from the annual report filing requirement. Organizations that are or may be exempt include:

- Organizations that received \$25,000 or less in contributions during their most recently completed fiscal year.
- Organizations that operate 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.

The Affidavit in Lieu of Annual Financial Report must be submitted to the division within 12 months after an organization’s fiscal year-end.

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.

Midwestern Golf Association

2. WI Charitable Organization Registration Number: 13874-800

3. Federal Employer Identification Number: 20-1105722

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

Street:
1965 Oakview Drive

City:
Neenah

State:
WI

Zip:
54956

Daytime Phone Number:
920-725-1040

5. Provide the organization’s mailing address if different than above.

Street:

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 above 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: Eric	Last Name: Hjortness	Street: 1965 Oakview Drive	
City: Neenah	State: WI	Zip: 54956	Daytime Phone Number: 920-725-1040

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: Eric	Last Name: Hjortness	Street: 1965 Oakview Drive	
City: Neenah	State: WI	Zip: 54956	Daytime Phone Number: 920-725-1040

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: Eric	Last Name: Hjortness	Street: 1965 Oakview Drive	
City: Neenah	State: WI	Zip: 54956	Daytime Phone Number: 920-725-1040

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

First Name: Eric	Last Name: Hjortness	Phone: 920-725-1040	E-mail: eric@hjortnesscpa.com	
Street: 1965 Oakview Drive		City: Neenah	State: WI	Zip: 54956

11. Describe the charitable purpose or purposes for which contributions will be used or attach a document which provides such information.

Manage golf tournaments to raise money for junior golf charities

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.)

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.

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.

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.

ATTACHMENTS

The following items must be attached to this affidavit. (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.
- B. A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions.


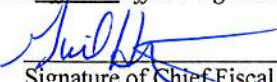
AFFIDAVITS

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

AFFIDAVIT 1: AFFIDAVIT OF ORGANIZATION WITH CONTRIBUTIONS LESS THAN \$25,000

We swear that the organization identified on page 1 will not be submitting Form #308, the Charitable Organization Annual Report, for its most recently-completed fiscal year, ending December 31, 2015, because contributions received during that fiscal year did not exceed \$25,000.

This document MUST be signed by the chief fiscal officer. Two different officer signatures required.

	120116		120116
Signature of President or Authorized Officer	Date	Signature of Chief Fiscal Officer	Date

AFFIDAVIT 2: AFFIDAVIT OF ORGANIZATION WHICH SOLICITED CONTRIBUTIONS SOLELY IN ONE COMMUNITY AND RECEIVED LESS THAN \$50,000 IN CONTRIBUTIONS

We swear that the organization identified on page 1 solicits contributions solely within the county in which its principal office is located and that it received less than \$50,000 in contributions during its most recently completed fiscal year, ending _____, _____. Therefore, by filing this affidavit, we are (mark all that apply):

- Seeking exemption from filing a financial report for that fiscal year and/or
- Seeking exemption, for the current fiscal year, from the solicitation disclosure requirements reproduced on page 5.

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:

This document MUST be signed by the chief fiscal officer. Two different officer signatures required.

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