2021 ANNUAL REPORT

Submitted to the Wisconsin Historical Society in accordance with Section 44.03(3) of the Wisconsin Statutes

The annual report includes the following questions. Use this as a reference or a worksheet as you prepare to file the 2021 annual report online at https://www.wisconsinhistory.org/localhistory-directory/annualreport/login.asp. If a question does not apply to you, mark it as "does not apply". Contact Amy Norlin with questions 608-264-6579 or <a href="maintaing-m

ORGANIZATION NAME: .	· · · · · · · · · · · · · · · · · · ·			
LOCATION AND CONTAC	T INCORMATION:			
Information will be listed on d		consinhistory.org/localhisto	<u>ory-directory/</u>	
STREET ADDRESS				
CITY, STATE, ZIP				
TELEPHONE NUMBER				
E-MAIL ADDRESS				
WEBSITE				
MAILING ADDRESS, IF D	IFFERENT FROM LOC	ATION ADDRESS		
ORGANIZATION NAME:				
ADDRESS				
CITY, STATE, ZIP				
FEIN NUMBER:				
DRGANIZATIONAL STAT		Y 1, 2021 – DECEMB	ER 31, 2021	
DATE OF LAST OFFICER ELECTIONS:				
TOTAL CURRENT MEMBERSHIP:				
TOTAL PAID STAFF (IF ANY):				
TOTAL BUILDINGS OWNED OR OPERATED: TOTAL ATTENDANCE IN 2021:				
2021 BUDGET RECEIPTS:				
2021 BUDGET EXPENDA				

FUNDING SOURCES AND AMOUNTS RECEIVED JANUARY 1, 2021 - DECEMBER 31, 2021

STATE:

OTHER:

FEDERAL:

\$

\$

\$

VILLAGE:

COUNTY

\$

\$

TOWN:

CITY:

agel

	nformation. Update <u>amy.norlin@wisconsin</u>	<u>ihistory.org</u> as elec	tions occur in 2022.
PRESIDENT			
FIRST NAME:	LAST NAME:		
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
VICE PRESIDENT			
FIRST NAME:	LAST NAME:		
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
SECRETARY			
FIRST NAME:	LAST NAME:		
ADDRESS	·		
CITY, STATE, ZIP			
TELEPHONE:		•	
E-MAIL:			
TREASURER			
FIRST NAME:	LAST NAME:		
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			•
E-MAIL:			
BOARD MEMBER			
FIRST NAME:	LAST NAME:		
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:		•	
E-MAIL:			
BOARD MEMBER			
FIRST NAME:	LAST NAME:		
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:		•	
E-MAIL:			
BOARD MEMBER			
FIRST NAME:	LAST NAME:		
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:	LAST NAME:		
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:		•	
E-MAIL:			
BOARD MEMBER			
FIRST NAME:	LAST NAME:		
ADDRESS	'		
CITY, STATE, ZIP			
F-MAII ·		•	•

BOARD MEMBER		
FIRST NAME:	LAST NAME:	
ADDRESS	•	
CITY, STATE, ZIP		
TELEPHONE:		•
E-MAIL:		
BOARD MEMBER		
FIRST NAME:	LAST NAME:	
ADDRESS	•	
CITY, STATE, ZIP		
TELEPHONE:		•
E-MAIL:		
BOARD MEMBER		
FIRST NAME:	LAST NAME:	
ADDRESS		
CITY, STATE, ZIP		
TELÉPHONE:		•
E-MAIL:		
BOARD MEMBER		
FIRST NAME:	LAST NAME:	
ADDRESS		
CITY, STATE, ZIP		
TELEPHONE:		•
E-MAIL:		
BOARD MEMBER		
FIRST NAME:	LAST NAME:	
	LAST NAME:	
FIRST NAME:	LAST NAME:	
FIRST NAME: ADDRESS	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS		
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP		
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE:		
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP		
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: STAFF TITLE:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME:		
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: CITY, STATE, ZIP TELEPHONE:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: E-MAIL:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: FIRST NAME:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: E-MAIL:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: FIRST NAME:	LAST NAME:	
FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS CITY, STATE, ZIP TELEPHONE: E-MAIL: STAFF TITLE: FIRST NAME: ADDRESS	LAST NAME:	

RESOURCE INFOR	RMATION		
RESOURCES INCLUDE MUSEUM BUILDINGS, ARCHIVES, READING ROOM, HISTORIC BUILDINGS,			
	SES, ETC. THIS INFORMATION WILL BE		
	RICAL SOCIETY WEBSITE.		
RESOURCE:			
ADDRESS:			
CITY, STATE, ZIP:			
TELEPHONE:		•	
E-MAIL:			
HOURS:			
INFORMATION:			
RESOURCE:			
ADDRESS:			
CITY, STATE, ZIP:			
TELEPHONE:			
E-MAIL:			
HOURS:			
INFORMATION:			
PD00D4440			
PROGRAMS	etivities during 2021. Include planned pr	parammina a	ad indicate if there
List programs and a	ctivities during 2021. Include planned product to Covid-19.	ogramming ai	nd indicate if there
	ctivities during 2021. Include planned product to Covid-19.	ogramming ai	nd indicate if there
List programs and a	octivities during 2021. Include planned produce to Covid-19.	ogramming ar	nd indicate if there
List programs and a	octivities during 2021. Include planned product to Covid-19.	ogramming ar	nd indicate if there
List programs and a	ctivities during 2021. Include planned pro due to Covid-19.	ogramming ar	nd indicate if there
List programs and a	ictivities during 2021. Include planned pro due to Covid-19.	ogramming ai	nd indicate if there
List programs and a	octivities during 2021. Include planned produce to Covid-19.	ogramming ai	nd indicate if there
List programs and a	octivities during 2021. Include planned pro due to Covid-19.	ogramming a	nd indicate if there
List programs and a	ctivities during 2021. Include planned product to Covid-19.	ogramming a	nd indicate if there
List programs and a	ictivities during 2021. Include planned pro due to Covid-19.	ogramming a	nd indicate if there
List programs and a	octivities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	octivities during 2021. Include planned product to Covid-19.	ogramming a	nd indicate if there
List programs and a	ictivities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	octivities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	octivities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	octivities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	activities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	ictivities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	octivities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	ctivities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	activities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there
List programs and a	activities during 2021. Include planned produce to Covid-19.	ogramming a	nd indicate if there

REPORT SUBMISSION

Name:	
Title:	
Date:	
Signature:	
Additional Comments or Questions	

RETURN COMPLETED REPORT TO:

WISCONSIN HISTORICAL SOCIETY

ATTN: AMY NORLIN 816 STATE STREET MADISON, WI 53706

Questions? Contact me at

608-264-6579 or amy.norlin@wisconsinhistory.org