

2019 ANNUAL REPORT

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

Please complete the following.
If a question does not apply to you, mark it as "does not apply".

Contact Amy Norlin with questions 608-264-6579 or amy.norlin@wisconsinhistory.org

ORGANIZATION NAME: _____

LOCATION AND CONTACT INFORMATION			
STREET ADDRESS			
CITY, STATE, ZIP			
TELEPHONE NUMBER			
E-MAIL ADDRESS			
WEBSITE			
MAILING ADDRESS, IF DIFFERENT FROM LOCATION ADDRESS			
ORGANIZATION NAME:			
ADDRESS			
CITY, STATE, ZIP			
FEDERAL EMPLOYEE ID NUMBER ((FEIN #)			

ORGANIZATIONAL STATISTICS FOR JANUARY 1, 2019 – DECEMBER 31, 2019

DATE OF LAST OFFICER ELECTIONS:	
TOTAL CURRENT MEMBERSHIP:	
TOTAL PAID STAFF (IF ANY):	
TOTAL BUILDINGS OWNED OR OPERATED:	
TOTAL ATTENDANCE IN 2019:	
2019 BUDGET RECEIPTS:	
2019 BUDGET EXPENDATURES:	

FUNDING SOURCES AND AMOUNTS RECEIVED JANUARY 1, 2019 – DECEMBER 31, 2019

VILLAGE:	\$	STATE:	\$
TOWN:	\$	FEDERAL:	\$
CITY:	\$	OTHER:	\$
COUNTY	\$		

Enter current contact information – Update as elections occur through 2020

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:

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CITY, STATE, ZIP

TELEPHONE:

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CITY, STATE, ZIP

TELEPHONE:

E-MAIL:

BOARD MEMBER

FIRST NAME: LAST NAME:

ADDRESS

CITY, STATE, ZIP

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:			
STAFF TITLE:			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
STAFF TITLE:			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
STAFF TITLE:			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			

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