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REPORT A VIOLATION

Courier Address:
4822 Madison Yards Way
North Tower
Madison, WI 53705

Charitable organizations, fund-raising counsels, and professional fund-raisers are regulated under Chapter 202, subchapters I and II, of the Wisconsin Statutes.

The department may conduct investigations and hold hearings to determine whether any person has violated this chapter or any rule promulgated under this chapter.

The Department may, as a result of an investigation and finding any violation of this chapter or any rule promulgated under this chapter:

- Deny, restrict, suspend or revoke a registration
- Assess a forfeiture
- Refer a case for possible legal action to the appropriate agency
- Issue an administrative warning

What is a Charitable Organization?

Pursuant to s. 202.11(1), Stats., any organization described in section 501(c)(3) of the Internal Revenue Code that is exempt from taxation under section 501(a) of the Internal Revenue Code qualifies as a charitable organization and a person who is or purports to be established for a charitable purpose also qualifies as a charitable organization.

When does a charitable organization need to be registered in Wisconsin?

Pursuant to s. 202.12, Stats., a charitable organization needs to be registered if it solicits in Wisconsin or has contributions solicited in Wisconsin on its behalf.

1. THE ORGANIZATION YOU ARE REPORTING

| | | |
|------------------|--------|------|
| Name: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Phone Number: | | |
| Website Address: | | |

2. THE NATURE OF VIOLATION

| | | |
|---|-----|----|
| Is the organization engaged in commercial, for-profit business activities? | Yes | No |
| Is the organization engaged in deceptive or improper fundraising practices? | Yes | No |
| Are the directors / officers / staff using income/assets for personal gain? | Yes | No |
| Has the organization failed to report employment, income, or excise tax liability properly? | Yes | No |
| Has the organization failed to file required federal tax returns and forms? | Yes | No |

2. THE NATURE OF VIOLATION (Cont.)

Other (please describe):

3. DETAILS OF VIOLATION

Identify the names of each individual involved:

Organizational Title(s):

Phone number:

Email Address:

Dates:

Dollar Amounts (if known):

Description of activities:

4. SUBMITTER INFORMATION

Name:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

SUBMISSION AND DOCUMENTATION: This completed form, along with any supporting documentation, may be submitted via:

Mailing Address:

Department of Financial Institutions
PO Box 7879
Madison, WI 53707-7879

Email:

DFICharitableOrgs@dfi.wisconsin.gov

The Department may contact you if we have questions about this submission.

Consent to Release Information

The information provided may be used in efforts to resolve a violation and may be shared with the party reported on. The Department may seek additional information from relevant parties, and I authorize the disclosure of applicable documents to the Department, including those protected by laws such as HIPAA. I understand any information may be subject to open records laws.

Your signature _____ Date _____

Upon filing, the data in the report becomes public and might be used for purposes other than that for which it was originally collected.
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