

**STATE OF WISCONSIN**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**

**Mailing Address:**

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



Telephone: (608) 267-1711  
Fax: (608) 267-6813  
Email: DFICharitableOrgs@wi.gov  
Website: www.wdfi.org

**REPORT OF VIOLATION FORM**

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: <b>Kenosha Cares Coalition FEIN 46-4588469</b>		
Street Address: <b>28507 106th St</b>		
City: <b>Trevor</b>	State: <b>WI</b>	Zip: <b>53179</b>
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):  
 As a 501(c)4 Kenosha Cares Coalition's political interventions are all it spends its money on. It does not promote social welfare, just participates in political activities. In 2020 it spent \$6353 on political campaign expenditures, and nothing on social welfare.

3. DETAILS OF VIOLATION

Identify the names of each individual involved:	Joseph Clark, Robert Terwall, Mark Hujik, Charter Portman, John Majerko, Kim Breunig, Jason Makar
Organizational Title(s):	Former Secretary/Treasurer, Fmr. President, Fmr. Vice President, Current President, Current Vice President, Current Treasurer, Board Member
Phone number:	
Email Address:	KenoshaCaresCoalition@gmail.com
Dates:	03/21/2020
Dollar Amounts (if known):	6353.00
Description of activities:	As a 501(c)4 Kenosha Cares Coalition's political interventions are all it spends its money on. It does not promote social welfare, just participates in political activities. In 2020 it spent \$6353 on political campaign expenditures, and nothing on social welfare.

4. SUBMITTER INFORMATION

Name: Michael Decker		
Street Address: 706 N School St		
City: Silver Lake	State: WI	Zip: 53170
Phone Number: (262) 885-6133		
Email Address: deckeroutlaw@wi.rr.com		

**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@wi.gov

The Department will contact you regarding this matter within 5 business days of receiving this submission. Thank you for letting us know of your concern.

**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 \_\_\_\_\_

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.