WEGNER CPAS, LLP 2110 LUANN LN MADISON, WI 53713-3074

> WCIJ INC. 821 UNIVERSITY AVE MADISON, WI 53706-1412

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PUBLIC DISCLOSU	RE COPY -	STATE	REGISTRATION	NO.	11213-8	00
Deturn of	Area				Tor I	OMB No. 1545-0047

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www irs gov/form990



Department of the Treasury Internal Revenue Service

Form **990**

ΑF	or the	e 2013 calendar year, or tax year beginning and	ending		
B C a	heck if pplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre chang				+ + 2 C 0 0
	Name chang			**_*	**3608
	return	,	Room/suite	E Telephone number	
	Termin ated	OZI UNIVERSIII AVE		608-	262-3642
	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	285,838.
	Applic	MADISON, WI SSTOC-I4IZ		H(a) Is this a group re	eturn
	pendii	¹⁹ F Name and address of principal officer: ANDY HALL		for subordinates	?
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
IT	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) d	or 📃 527		list. (see instructions)
J٧	Vebsi	te: ► WWW.WISCONSINWATCH.ORG		H(c) Group exemption	n number 🕨
K F	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2008 N	State of legal domicile: WI
Pa	nrt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	EASE I	HE QUALITY .	AND
ũ		QUANTITY OF INVESTIGATIVE REPORTING IN WI	ISCONS	IN, WHILE T	RAINING
Activities & Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ove					7
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
es é		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			0
vitie		Total number of volunteers (estimate if necessary)			7
cti		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
٩		Net unrelated business taxable income from Form 990-T, line 34		0.	
				Prior Year	Current Year
Ø	8	Contributions and grants (Part VIII, line 1h)		459,885.	264,645.
'nu		Program service revenue (Part VIII, line 2g)		31,502.	20,903.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		375.	190.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,854.	100.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		496,616.	285,838.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		267,829.	306,985.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ę	b	Total fundraising expenses (Part IX, column (D), line 25)	68.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		54,515.	54,888.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		322,344.	361,873.
	19	Revenue less expenses. Subtract line 18 from line 12		174,272.	-76,035.
or		·	Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		304,464.	229,034.
dB	21	Total liabilities (Part X, line 26)		6,845.	7,450.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		297,619.	221,584.
Pa	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign Here	Signature of officer ANDY HALL, EXECUTIVE D Type or print name and title	IRECTOR	Date	
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	SCOTT HAUMERSEN, CPA			
Preparer	Firm's name 🕨 WEGNER CPAS, LLP		Firm's EIN ► **-**403	1
Use Only	Firm's address 2110 LUANN LN			
	MADISON, WI 5371	3-3074	Phone no. 608 – 274 – 4020	
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes	No
332001 10-2	29-13 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2013)
S	SEE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CONTINUATION	

If 'Yes' describe these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services? \Py if 'Yes', describe these changes on Schedule 0. Describe the organization's program service accompletiments for each of its three largest program services? \Py if 'Yes', describe these changes on Schedule 0. 40 Each of the organization's program service as are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service agains are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service agains are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service agains are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service agains are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program services agains and sections in the section of the amount of grants and allocations to others, the total expenses of a 249, 261. 40 Coster \Permission State Stat	8
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the pior Form 800 or 390.627	LININ
3 Did the organization ceases conducting, or make significant changes in how it conducts, any program services?	Yes [
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-	
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Form 990 (2013) Part IV Checklist of Required Schedules

WCIJ INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	1 2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
5	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		<u></u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		<u></u>
IZd	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		- 23
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

332003 10-29-13

 Form 990 (2013)
 WCIJ INC.

 Part IV
 Checklist of Required Schedules (continued)
 WCIJ INC.

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
-	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	06		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	(0010)

Form **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule Ocortains a response or note to any line in the Part V Image: Check if Schedule Ocortains a response or note to any line in the Part V Image: Check if Schedule Ocortains a response or note to any line in the Part V Image: Check if Schedule Ocortains a response or note to any line in the Part V Image: Check if Schedule Ocortains and Part Check in Che	Form	990 (2013) WCIJ INC. **-**3	608	Р	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter 4: if not applicable 1a 1a 0 1b 1b 0 1a Enter the number of Forms W23 included in line 1a. Enter 0: if not applicable 1b 0 1b 0 2b Enter the number of Forms W23 included in line 1a. Enter 0: if not applicable 1c 1c 1c 2a Enter the number of Forms W23 included in line 1a. Enter 0: if not applicable 2a 0 1c 2a Enter the number of Forms W23 included in Form W3, Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required to 6-file enstructions) 3a 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X 4a Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounti? 4a X b If "Yes," notif the graphicable tax sheller transaction at any time during the tax year? 5a X 5a Was the organization aparty to a prohibited tax sheller transaction? 5a X 5b If Yes," toth cognization include with engraphicable apa					
a Enter the number eported in Box 3 of Form 1096. Enter -0:1 not applicable 1a 0 b Enter the number efforms VMQ chickde in the last Enter -0:1 not applicable 1c 1c 2 Enter the number of organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winnes? 1c 2a 2 Enter the number of organization is explored on Form W3, Transmittal of Wage and Tax Statements. 2a 0 3 Enter the number of organization have integrated fearal employment tax returns? 2b 0 3 Did the organization have unrelated busines groos income of 31 Moor more during the yar? 3a X 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountin a forgin country; P 3a X 5a Was the organization have an interest in, or a signature or other authority over, a financial accountin a forgin country; P 5a X 5a Was the organization have an interest in or a signature or other authority over, a financial account in a forgin country; P 5a X 5a Was the organization have annet and yeas the approximation have annet have an authority or a prohibite tax year? 5a X 5a Was the organization have annet and yeas the during the tax year? 5a X 5b		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W20 included in line 1a. Enter 0- if not applicable payments to vendors and reportable gaying (gampling) winnings to prize winness? Image: Comparison complex with ackey withinking rules for reportable payments to vendors and reportable gaying (gampling) winnings to prize winness? Image: Comparison complex winness? Image: Comparison complex winness? Image: Comparison complex comparison complex comp				Yes	No
c Did the organization comply with backup withholding rules for reportable gamming (gambling) withings to pate women? 1 2a Effect the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, including the sense is reported on line 2a, did the organization file all required federal employment tax returns? 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 2a Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If Yes,'' has it filed a form 990-T for this year? If No,' to line 30, provide an explanation in Schedule O 3b 4a b If Yes,'' has it filed a form 990-T for this year? If No,' to line 30, provide an explanation in Schedule O 3b 4a b If Yes,'' to line fa a role of nocurty (such as a bank acount, securities acount, or other financial account)? 4a X b If Yes,'' to line 6a or 8b, did the organization hits of the role on block tax shelter transaction? 5a X c Did engritation have unnat gross recelupts that an orningly greater than \$100,000, and did the organization solicit an a provide an explanation and party to goals and services provided to the payo? 7a X d If Yes,'' tole 6a or 83, for mate party to a contribution or aquation services and servic	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
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2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required for <i>file</i> (see instructions) 3a X 3a Do the organization nave unique as greas income of \$1,000 or more during the year? 3a X 3b D the organization nave unique as greas income of \$1,000 or more during the year? 3a X 3b Thes," has it field a Form 980-T for the year? 3a X b If Yes," inter the name of the origin country (such as a bank account, socurities account, or other financial account? 4a X b If Yes," inter the name of the origin country (such as a bank account, socurities account, or other financial Accounts. 5a X b If Yes," inter the name of the origin country (such as a bank account, socurities account, or other financial account? 5a X b If Yes," inter the name of the origin count is a party to a prohibit tax shelter transaction? 5a X b If Yes," inter the organization in the organization in the some origin the social or an iso application and party to appohibit tax shelter transaction? 5a X b If Yes," indita the organization neave socia	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
title		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required to derife (see instructions) 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to derife (see instructions) 3a X b If "Yes," has it filed a Form 300.1 for this year? If Vis," to line 3b, provide an explanation in Schedule O 3a X b If "Yes," that it filed a Form 300.1 for this year? If Vis," to line 3b, provide an explanation in Schedule O 3a X b If "Yes," that it filed a Form 300.1 for this year? If Vis," to line 3b, provide an explanation in Schedule O 3a X b If "Yes," that the name of the foroign occurity (such as a bark account, securities account, or other financial account)? 4a X b If "Yes," to line 5a or 5b, did the organization have partly to a prohibited tax sheler transaction? 5a X b If "Yes," to line 5a or 5b, did the organization have partly to a prohibited tax sheler transaction? 5a X f "Yes," toline 5a or 5b, did the organization an express statement tha such contributions or gifts 6a X f "Yes," toline 5a or 5b, did the organization and express statement tax such contributions or gifts 6b 7a X f "Yes," toline 5a or 5b, did the organization anexpress statement 3uch orobibited tax shel	2a				
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3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit "Yes," has it filed a Form 980 Tor this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a bit "Yes," that it filed a Form 980 Tor this year? If "No," to line 3b, provide an explanation in Schedule O 4a X bit "Yes," that it filed a Form 980 Tor this year? If "No," to line 3b, provide an explanation in Schedule O 4a X bit "Yes," the it the rane of the origin country (such as a bark account, securities account, or other financial accounts. 5a X 5a Was the organization party to a prohibited ta schediter transaction? 5b X c If "Yes," to line sa or Sb, did the organization file Form 88861? 5a X 6 Does the organization nucled with were ysolicitation an express statement that such contributions or gifts were not tax deductible as cheritable contributions? 5a X b If "Yes," to line organization nucled with were ysolicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization carbity apyment in excess of 357 mide partly as a contributions and partly for molicit at the arganization nuclew at other were allogible personal property for which it was required to the form 8282? 7a X 10 The organization sells, exchange, or othewise dispose of tangible perso	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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b If "Yes," enter the name of the foreign country. Image: the set of th	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 5c 5c B Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to the payor? 7a X b If 'Yes,' indicate the number of Forms 8282 filed during the year [7d] 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year, nap premiums, on a personal benefit contract? 7c X f If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 109807 7g 7d X f If the organization maintaining door advised funds. and extens business business business business busines at mit the during the year, pay premiums, directly or infine:0t, on a personal benefit contract? 7t X f If the organization nece		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14-		x
	<u>u</u>	יו יופא, וומא ונוופע מדטווו וצט נט ופעטוג נוופאב עמצווופווגא יו יועט, שוטיועב מו באטומומנוטו ווו אטוובעטוב ט		990	(2013)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		espon	130
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
000	tion A. devenning body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a	7	103	
Ta	If there are material differences in voting rights among members of the governing body at the end of the tax year function of the governing body at the end of tax year function of tax is	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
U	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D.	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5				
		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec		9	Yes	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	9 10a	Yes	
10a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	Yes	No
10a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	Yes	No X
10a b 11a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a	Yes	No
10a b 11a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10a 10b 11a		No X
10a b 11a b 12a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a 12a	x	No X
10a b 11a b 12a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b 11a		No X
10a b 11a b 12a b	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	10a 10b 11a 12a 12b	XXX	No X
10a b 11a b 12a b c	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i>	10a 10b 11a 12a 12b 12c	x	No X X
10a b 11a b 12a c 13	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	XXX	No X X X
10a b 11a b 12a c 13 14	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c	XXX	No X X
10a b 11a b 12a c 13	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10a 10b 11a 12a 12b 12c 13	XXX	No X X X
10a b 11a b 12a c 13 14 15	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	x x x	No X X X
10a b 11a b 12a c 13 14 15 a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14 15a	XXX	No X X X
10a b 11a b 12a c 13 14 15 a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	x x x	No X X X X X X
10a b 11a b 12a c 13 14 15 a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). <td>10a 10b 11a 12a 12b 12c 13 14 15a</td> <td>x x x</td> <td>No X X X X X X</td>	10a 10b 11a 12a 12b 12c 13 14 15a	x x x	No X X X X X X
10a b 11a b 12a c 13 14 15 a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization 's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14 15a 15b	x x x	No X X X X X X X
10a b 11a b 12a b c 13 14 15 a b 16a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14 15a	x x x	No X X X X X X
10a b 11a b 12a b c 13 14 15 a b 16a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written occument retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or	10a 10b 11a 12a 12b 12c 13 14 15a 15b	x x x	No X X X X X X X
10a b 11a b 12a b c 13 14 15 a b 16a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under appl	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x	No X X X X X X X
10a b 11a b 12a c 13 14 15 a b 16a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization 'S CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s	10a 10b 11a 12a 12b 12c 13 14 15a 15b	x x x	No X X X X X X X
10a b 11a b 12a c 13 14 15 a b 16a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under appl	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x	No X X X X X X X

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request

19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

Other (explain in Schedule O)

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	ANDY HALL - 608-262-3642

821	UNIVERSITY	AVE,	MADISON,	WI	53706-1412
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)		loui	(D)	(E)	(F)
Name and Title	Average hours per week	box offi	not c , unle cer ar	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRANT HOUSTON PRESIDENT	1.00	x		x				0.	0.	0.
(2) CHARLES LEWIS	1.00	122		- 23					0.	0.
VICE PRESIDENT		x		x				0.	0.	0.
(3) JACK MITCHELL	1.00									
SECRETARY		x		х				0.	0.	0.
(4) KEITH BAUMGARTNER	1.00									
TREASURER		X		Х				0.	0.	0.
(5) MALCOLM BRETT	1.00									_
DIRECTOR		X						0.	0.	0.
(6) KAREN LINCOLN MICHEL	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(7) HERMAN BAUMANN	1.00	x						0.	0.	0.
DIRECTOR (8) ANDY HALL	40.00	<u> </u>						0.	0.	0.
EXECUTIVE DIRECTOR	40.00	1		x				83,664.	0.	0.
								00,0010		
		1								
										-
		1								
		-								
		1								
			\vdash	\vdash		-				
		1								
332007 10-29-13		-	-		-			•		Form 990 (2013)

	990 (2013) WCIJ INC	•								**_**	*36	80	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list apy	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	n amount		nated unt of ner
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(C)	fron organ and r	nsation i the ization elated zations
	Sub-total								83,664.		0.		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								83,664.		0.		0.
2	Total number of individuals (including but n							no r		0.000 of reportable	-		
	compensation from the organization						-,			,			0
											1	Y	es No
3	Did the organization list any former officer,			e, ke	y er	nplo	byee	or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s										🖵	3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	x
5	Did any person listed on line 1a receive or a									idual for services		-	
	rendered to the organization? If "Yes," com					-						5	Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co										pensati	ion fro	m
	the organization. Report compensation for (A)	the calendar y	ear	enui	ıy v	VILII			(B)	year.		(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Con	npens	ation
	Tatal success of index on the target success to a final success to a f	a ali calita er les et				46							
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength	•	ot lii	nite	u to		se li: 0	stec	a above) who received n	iore than			
											Fc	orm 9 9	0 (2013)

332008 10-29-13

8 14470930 788028 10198.1TX01 2013.04021 WCIJ INC. **-**3608

Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$Total. Add lines 1a-1f	264,645.	264,645.	revenue	revenue	512 - 514
<u> </u>			Business Code				
Program Service Revenue	2a b c d	JOURNALISM REPORTS WISCONSIN WATCHDOG AWA	519110 900099	14,633. 6,270.	14,633. 6,270.		
P.	e						
-	T	All other program service revenue Total. Add lines 2a-2f		20,903.			
	3 4	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond p	est, and	190.			190.
	5	Royalties	🕨				
	b c	Gross rents (i) Real Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
evenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
Other Revenue	с	Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	▶				
	с	Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	▶				
	с	Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	100			100
	b c	MISCELLANEOUS REVENUE	900099	100.			100.
		Total. Add lines 11a-11d		100.			
	12	Total revenue. See instructions.		285,838.	20,903.	0.	290.
33200 10-29	9 •13						Form 990 (2013)

Form 990 (2013)

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Page **9**

Form 990 (2013)	MGTJ T	.NC.
Part IX	Statement of	Functiona	I Expenses

	Check if Schedule O contains a response				L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	83,664.	60,648.	10,901.	12,11
6	Compensation not included above, to disqualified	05,004.	00,040.	10,501.	12,11
o	persons (as defined under section 4958(f)(1)) and				
	persona described in section $40E9(a)(2)(D)$				
7	Other salaries and wages	198,951.	144,222.	25,921.	28,80
B	Pension plan accruals and contributions (include	,	,	, , ,,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	24,370.	17,668.	3,168.	3,53
1	Fees for services (non-employees):				-
а	Management				
b	Legal	33.		33.	
с	•	8,542.		8,542.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	9,459.		1,892.	7,56
3	Office expenses	7,917.	5,741.	1,029.	1,14
1	Information technology	3,751.	2,719.	488.	54
5	Royalties	1	1		
6	Occupancy	1,923.	1,394.	250.	27
,	Travel	10,794.	7,826.	1,403.	1,56
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 550	1 050	222	20
)	Conferences, conventions, and meetings	2,552.	1,850.	332.	37
)	Interest				
	Payments to affiliates	2 075	1 504	270.	20
2	Depreciation, depletion, and amortization	2,075. 7,559.	1,504. 5,480.	983.	30 1,09
3	Insurance	7,009.	J,40U.	903.	1,09
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
ĉ					
d					
	All other expenses	283.	209.	32.	4
5	Total functional expenses. Add lines 1 through 24e	361,873.	249,261.	55,244.	57,36
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2013)

14470930 788028 10198.1TX01 2013

		Check if Schedule O contains a response or not	e to any line	in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			75,772.	1	62,307.
	2	Savings and temporary cash investments			46,986.	2	87,095.
	3	Pledges and grants receivable, net			175,000.	3	75,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer officer	s, directors,			
		trustees, key employees, and highest compensation	ated employ	ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(l	B), and contributing			
		employers and sponsoring organizations of sect) voluntary				
ets		employees' beneficiary organizations (see instr).	Complete F	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7			
◄	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		[9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,342. 5,710.			
	b	Less: accumulated depreciation	6,706.	10c	4,632.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1	L		12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		L		15	
	16	Total assets. Add lines 1 through 15 (must equa			304,464.	16	229,034.
	17	Accounts payable and accrued expenses		6,845.	17	7,450.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former					
bilit		key employees, highest compensated employee					
Lia		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	-				
						25	
	26	Schedule D Total liabilities. Add lines 17 through 25			6,845.	25 26	7,450.
	20	Organizations that follow SFAS 117 (ASC 958			0,0100	20	1/1501
s		complete lines 27 through 29, and lines 33 an					
Ce	27	Unrestricted net assets			122,619.	27	146,584.
Fund Balances	28	Temporarily restricted net assets			175,000.	28	75,000.
Ä	29				,	29	,
ň		Organizations that do not follow SFAS 117 (A					
ř		and complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ec				31	
ìt А	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			297,619.	33	221,584.
	34	Total liabilities and net assets/fund balances			304,464.	34	229,034.
					•		E 000 (0010)

Form **990** (2013)

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5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		22	1,5	84.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	о.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basi	s,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	О.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Ai	udit				
	Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			
					000	0010	

Form 990 (2013)

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Form 990 (
Part XI	Re	conciliation of Net Assets	

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))

Check if Schedule O contains a response or note to any line in this Part XI

-*3608 Page 12

1

2

3

4

285,838.

361,873.

-76,035.

297,619.

).

Form	990	(2013))

1

2

3

4

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
(•••	,

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public . Inspection

OMB No. 1545-0047

n 990 or 990-EZ) and its instructions is at 000

WCIJ INC. **-***3608 Part I Reason for Public Charity Status (AI organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross investmer income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(4). 10 An organization organized and operated exclusively to test for public	Name of the organization Employer identification number												
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches, described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). A community trust described in section 170(b)(1)(A)(V). Complete Part II.) A community trust described in section 170(b)(1)(A)(V). Complete Part II.) A community trust described in section 170(b)(1)(A)(V). Complete Part II.) A comganization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization ad complete lines 1: through 1: the completal (B). See section 509(a)(2). See section	Name or	ule olganizati		0									
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a colege or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 7 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions: subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investmer income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a An organization organized and operated exclusively for the benefit of, to perform	Dort I												
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from gors investmer income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that described in section 509(a)(2). (See section 509(a)(3). Check the box that described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lems 110				-					ructions.				
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to lise section 170(b)(1)(A)(vi). (Complete Part III.) 9 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization ad complete lines 11e through 11h. a Type I b Type II c Type III + Non-func	r T			,	0	,	,	'					
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 IX An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from gross investmer income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 10 An organization organization organization described in section 509(a)(1) or section 509(a)(4). 11 An organization organization deparated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more public) supported organization adcomplete lines 11e through 11h. a I Type I b I Type II c I Type III + Functionally integrated d I Type III + Non-functionally integrate e Since August 17, 2006, has th													
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from grass investmer income and unrelated business taxable income (less section 511 ta) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 through 11h. a Type II b Type III C Type III Pype III - Non-functionally integrate e b b Type II Dype III C Type III Pype III -													
city, and state:	3 🖳			0									
 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A norganization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organization ad complete lines 11 through 11h. Type I Type II C Type II. Functionally integrated Genzinzation accepted any directly or indirectly by ne or more disqualified persons other than foundation managers and other than one or more publicly supported organization is not controlled directly or indirectly by ne or more disqualified persons other than foundation managers and other than one or more publicly supported organization section 509(a)(2). If the organization, check this box. Since August 17, 2006, has the organization accepted any gift or co	4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ie,
section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investmer income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization adescribed in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization is not controlled directly or indirectly or one or more disqualified persons other than foundation managers and other than one or more publicly supported organization from the IRS that it is a Type I, Type II. e By checking this box, I certify that the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons													
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investmer income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type III c Type III Functionally integrated d Type III - Non-functionally integrate e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(1) or section 509(a)(2). f If the organization, check this box g Since August 17, 2006, has the organization from the IRS that it is a Type I, Type III supporting organization, check this box g Since August 17, 2006, has the organization? (ii) A ass% controlled entity of a person described in (i) and (i) or (ii) abo	5 📖	An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed in		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2013

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Total

13 2013.04021 WCIJ INC.

Schedule A (Form 990 or 990-EZ) 2013 WCIJ INC. Part II Support Schedule for Organization

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

••

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 172,700. 144,470. 189,767. 459,885. 264,645. 12 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 172,700. 144,470. 189,767. 459,885. 264,645. 12 3 The value of services or facilities furnished by a governmental unit to the organization without charge 172,700. 144,470. 189,767. 459,885. 264,645. 12 4 Total. Add lines 1 through 3 172,700. 144,470. 189,767. 459,885. 264,645. 12 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 144,470. 189,767. 459,885. 264,645. 12 6 Public support. Subtract line 5 from line 4. 4 4 4 4 4 31	f) Total 31467. 31467.							
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securities loans, rents, royalties								
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9 Net income from unrelated business								
activities, whether or not the								
business is regularly carried on 4,854.	4,854.							
10 Other income. Do not include gain								
or loss from the sale of capital								
assets (Explain in Part IV.)	100.							
11 Total support. Add lines 7 through 10 12	38372.							
12 Gross receipts from related activities, etc. (see instructions) 12 12	0,166.							
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)								
organization, check this box and stop here	X							
Section C. Computation of Public Support Percentage								
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14	%							
15 Public support percentage from 2012 Schedule A, Part II, line 14	%							
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u> </u>							

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Gifts, grants, contributions, and membership tes received. (Do not include any 'unusual grants.') Cross receipts from admissions, membership tes received. (Do not include any 'unusual grants.') Cross receipts from admissions, and the set of the organization's trace-sempt purpose Grass receipts from admissions are not in unusual grants.' Tax revenues level of the organization's trace-sempt purpose Grass receipts from admissions are not in unusual grants.' Tax revenues level of the organization's trace-sempt purpose Grass receipts from admissions are not in unusual grants.' Tax revenues level of the organization's trace-sempt purpose Grass receipts from admissions are not in unusual grants.' Tax revenues level of the organization's benefits furnished by a governmental unit to the organization's benefit for that, and lines 1, 2, and S received from disqualified parsons b meaner of those the meaner b add lines 3 and 7b Section B. Total Support Control Suppor	Section A. Public Support			i	1	- i	
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4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	are not an unrelated trade or bus-						
4 Tax revenues levice for the organization's benefit and either paid to or expended on its behalf	iness under section 513						
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c Add lines 7a and 7b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
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332023 09-25-13 Schedule A (Form 990 or 990				, <u>.</u> . , . ., . , .			0 or 990-F7) 201

14470930 788028 10198.1TX01 2013.04021 WCIJ INC.

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

332024 09-25-13

14470930 788028 10198.1TX01

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2013

Employer identification number

-*3608

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

Organization type (check one):

WCIJ	INC.
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)			Page 2					
Name of or	ganization	Employer identification number							
WCIJ INC. **-***3608									
Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution					

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24	4-13	\$ Schedule B (Form)	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Page 3

Employer identification number

-3608

WCIJ INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Pa		1
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		—	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		 \$	
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		<u> </u>	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
—		<u> </u>	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
—		—	
		\$	

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rt III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	tc., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for is completing Part III, enter the year. (Enter this information once.) \$\$
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
No. m *t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- · - -		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
Ι.			

(Form 990)

Part

6

Part 1

> 2 (

3

4 5

9

Part

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b



Departm Internal F Name

	tment of the Treasury al Revenue Service	► Att	ach to Form 990. 990) and its instructions is at _{www irs dov}	/form990	Open to Public Inspection
ım	e of the organizati			Employe	r identification number * * - * * * 3608
a	rt I Organiza	tions Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts	Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, line 6	·		
			(a) Donor advised funds	(b) Funds a	nd other accounts
I	Total number at er	nd of year			
2		utions to (during year)			
3	Aggregate grants	rom (during year)			
ŀ		end of year			
5	Did the organization	n inform all donors and donor advisors in wri	ting that the assets held in donor advised fu	nds	
	are the organizatio	n's property, subject to the organization's ex	clusive legal control?		🖸 Yes 👘 No
5		n inform all grantees, donors, and donor adv			
	for charitable purp	oses and not for the benefit of the donor or d	onor advisor, or for any other purpose confe	erring	
	impermissible priv	ate benefit?	- 		🖸 Yes 👘 No
a	rt II Conserv	ation Easements. Complete if the organ	ization answered "Yes" to Form 990, Part IV	/, line 7.	
I	Purpose(s) of cons	ervation easements held by the organization	(check all that apply).		
	Preservation	of land for public use (e.g., recreation or edu	cation) Preservation of an historica	ally importan	t land area
	Protection o	f natural habitat	Preservation of a certified I	nistoric struc	ture
	Preservation	of open space			
2		through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation	easement on the last
	day of the tax yea	• •			
				Held	d at the End of the Tax Year
а	Total number of co	onservation easements		2a	
		ricted by conservation easements		2b	
		vation easements on a certified historic struct			
		vation easements included in (c) acquired afte			
		al Register	-	2d	
3		vation easements modified, transferred, relea		nization dur	ing the tax
	vear 🕨	, , ,	, , , , , ,		5
ŀ		where property subject to conservation easer	nent is located ►		
5		tion have a written policy regarding the period			
	÷	orcement of the conservation easements it he			Yes No
5		r hours devoted to monitoring, inspecting, an			
,		es incurred in monitoring, inspecting, and en	с с		
3		vation easement reported on line 2(d) above s			
•		(4)(B)(ii)?			Yes No
,		be how the organization reports conservation			
•		le, the text of the footnote to the organization			
	conservation ease			ganzation	
a		itions Maintaining Collections of A	Art. Historical Treasures. or Other	Similar A	ssets.
		the organization answered "Yes" to Form 99			

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

	(i) Revenues included in Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
а	Revenues included in Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

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Sche	Schedule D (Form 990) 2013 WCIJ INC. **-**3608 Page 2										
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how t	hey further t	he organizati	on's exem	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical trea	sures, or oth	er similar a	assets		-		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to F	orm 990	Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:							
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance									_	
	Did the organization include an amount on Fo							L	∐ Yes		_ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it						<u></u>				
Fa	rt V Endowment Funds. Complete in				1			aara baali	() Four	vooro	haali
		(a) Current year	(b) H	Prior year	(c) Two year	S DACK (a) Three y	ears Dack	(e) Four	years	DACK
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е											
	and programs										
f	Administrative expenses										
g	End of year balance	I	<i>(</i>);								
2	Provide the estimated percentage of the curr	rent year end balance		g, column (a	a)) held as:						
a	Board designated or quasi-endowment	0/	_%								
a	Permanent endowment	%									
С	Temporarily restricted endowment	%%									
20	The percentages in lines 2a, 2b, and 2c should be be a set in the percentage and automatic funds not in the percentage and a set in the percen	-	ation th	at ara hald a	and administra	rad for th	o organia	ation			
38	Are there endowment funds not in the posse	ission of the organiza		at are neiu a	and administe		e organiz	ation	Г	Yes	No
	by: (i) unrelated organizations									162	
	(i) unrelated organizations										
h	If "Yes" to 3a(ii), are the related organizations										
4	Describe in Part XIII the intended uses of the										L
Pa	t VI Land, Buildings, and Equipm		witherit	Turius.							
	Complete if the organization answere		Part I	/. line 11a. S	See Form 990	. Part X. lii	ne 10.				
	Description of property	(a) Cost or ot		Ĺ	t or other		cumulate	Ь	(d) Book	valu	e
	Decomption of property	basis (investm			(other)	• •	reciation		(u) D 000	vulu	0
1a	Land		,		. ,						
	Buildings										
с С	Leasehold improvements										
ь Р	Equipment			1	0,342.		5,73		4	1,6	32.
	Other				,		- /	-		, ,	
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part .	X. colu	- mn (B). line 1	10(c).)				4	1,6	32.
		,	,	(),	177			Schedule	D (Form		

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
		line 11a Cas Farm 000 Dart V line 1	0
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		3. st or end-of-year market value
(1)			
(2) (3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990, Part X, line 1	5.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		🕨
Complete if the organization answered "Yes"	to Form QQ0 Part N/	line 11e or 11f See Form 000 Port V	line 25
	to ronn 330, raitiv,	(b) Book value	, 1116 23.
1. (a) Description of liability (1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕒		
2. Liability for uncertain tax positions. In Part XIII, provide		ote to the organization's financial state	ements that reports the
		heck here if the text of the footnote h	

Schedule D (Form 990) 2013

332053 09-25-13

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Pa	t XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Returr	۱.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains on investments	2a		
b	Donate	ed services and use of facilities	2b		
с	Recove	eries of prior year grants	2c		
d	Other ((Describe in Part XIII.)	2d		
е	Add lin	nes 2a through 2d		2e	
3	Subtra	ict line 2e from line 1		3	
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other ((Describe in Part XIII.)	4b		
с	Add lin	nes 4a and 4b		4c	
5		evenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5	
Pa		Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Retu	rn.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total e	expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior ye	ear adjustments	2b		
С	Other I	losses			
d		(Describe in Part XIII.)			
е	Add lin	nes 2a through 2d		2e	
3	Subtra	ict line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other ((Describe in Part XIII.)	4b		
С	Add lin	nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Internal Revenue Service Name of the organization

WCIJ INC.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

-*3608

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CURRENT AND FUTURE GENERATIONS OF INVESTIGATIVE JOURNALISTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND STRENGTHENS DEMOCRACY. WE DISTRIBUTE OUR CONTENT, WHICH FOCUSES

UPON GOVERNMENT INTEGRITY AND QUALITY OF LIFE ISSUES, FOR FREE TO THE

MEDIA OF WISCONSIN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DESIGNED TO HELP THE PUBLIC KEEP AN EYE ON PEOPLE IN POWER. A FEW

STORIES FROM 2013 THAT ILLUSTRATE THE REACH, AUDIENCE ENGAGEMENT AND

IMPACT OF THE CENTER'S JOURNALISM: 1. A GROUNDBREAKING REPORT BY TEGAN

WENDLAND EXAMINING PROBLEMS WITH LONG WAITING LISTS AT THE STATE

DIVISION OF VOCATIONAL REHABILITATION, WHICH HELPS PEOPLE WITH

DISABILITIES FIND WORK. THE CENTER FOUND THAT THE AGENCY HAD DECLINED

TO ASK FOR FULL FEDERAL FUNDING THAT WOULD ALLOW IT TO ELIMINATE THE

BACKLOG OVER THE NEXT TWO YEARS, HELPING MORE JOBSEEKERS WITH

DISABILITIES ENTER THE WORKFORCE. ADVOCATES CREDITED OUR REPORT WITH

HELPING TO CHANGE GOV. SCOTT WALKER'S STANCE, AS HE LATER SIGNED

LEGISLATION TO REQUEST MORE FEDERAL MONEY. 2. THE LAUNCH OF WATER

WATCH WISCONSIN, A MAJOR COLLABORATIVE PROJECT WITH OUR PARTNERS AT

WISCONSIN PUBLIC TELEVISION AND WISCONSIN PUBLIC RADIO. WE'RE

EXAMINING THE QUALITY AND SUPPLY OF WATER IN WISCONSIN. COVERAGE BY

KATE GOLDEN AND KATE PRENGAMAN SO FAR HAS INCLUDED THE

HORMONE-DISRUPTING CHEMICALS FOUND IN WISCONSIN WATERS, CONCERNS ABOUT

HIGH-CAPACITY WELLS' IMPACT IN THE CENTRAL SANDS REGION OF THE STATE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 25

14470930 788028 10198.1TX01 2013.04021 WCIJ INC.

Name of the organization WCIJ INC.	Employer identification number **-**3608
AND THE TROUBLING DISCOVERY OF HORMONAL WELL WATER IN THE	KARST REGION
NEAR LARGE DAIRY FARMS. 3. A DISTURBING EXAMINATION BY M	ARIO KORAN OF
WISCONSIN'S GPS TRACKING OF OFFENDERS. IN RESPONSE TO OU	R REPORT, THE
HEAD OF THE ASSEMBLY COMMITTEE ON CORRECTIONS CALLED A LE	GISLATIVE
HEARING TO QUESTION THE DEPARTMENT OF CORRECTIONS. AT TH	E HEARING, A
LEGISLATOR READ ALOUD PORTIONS OF THE CENTER'S STORY WHEN	QUESTIONING
THE DOC'S DIRECTOR OF SEX OFFENDER PROGRAMS. CITING THE	CENTER ' S
REPORTING AS A FACTOR, THE STATE LEGISLATURE'S BUDGET COM	MITTEE SCALED
BACK A PLANNED EXPANSION OF THE GPS MONITORING PROGRAM FO	R
OFFENDERSAND CALLED FOR A STUDY OF THE SYSTEM'S RELIABI	LITY. KORAN
FOLLOWED UP THAT REPORT WITH ANOTHER SEARING LOOK AT WISC	ONSIN'S
JUSTICE SYSTEM, IN WHICH HE PROBED THE LACK OF STATE STAN	IDARDS
REGULATING THE USE OF INFORMANTS, OR "SNITCHES," AND REVE	ALED THEIR
ROLE IN WRONGFUL CONVICTIONS.	
FORM 990, PART VI, SECTION A, LINE 8B:	
EXPLANATION: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEE	S WITH AUTHORITY
TO ACT ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE PREPARED FORM 990 IS REVIEWED BY THE EXE	CUTIVE DIRECTOR
BEFORE THE RETURN IS FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: THE ORGANIZATION'S CONFLICT OF INTEREST POLI	CY COVERS ALL OF
ITS OFFICERS AND DIRECTORS. ALL DIRECTORS AND OFFICERS A	RE CONSIDERED AN
INTERESTED PERSON. IN CONNECTION WITH ANY ACTUAL OR POSS	IBLE CONFLICT OF
INTEREST, AN INTERESTED PERSON MUST DISCLOSE ALL MATERIAL	
26	dule O (Form 990 or 990-EZ) (2013)
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Page 2

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization WCIJ INC.	Employer identification number * * - * * * 3608
GOVERNING BODY. THE INTERESTED PERSON MUST LEAVE THE MEE	TING WHILE A
DETERMINATION OF A CONFLICT OF INTEREST IS MADE AND VOTED	UPON. THE
GOVERNING BODY WILL DETERMINE WHETHER THE ORGANIZATION CA	N OBTAIN A MORE
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR	ENTITY THAT WOULD
NOT GIVE RISE TO A CONFLICT OF INTEREST. TO ENSURE THAT	THE ORGANIZATION
OPERATES IN A MANNER CONSISTENT WITH ITS EXEMPT STATUS, E	ACH OFFICER AND
DIRECTOR MUST ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT	SUCH PERSON HAS
READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY AND	HAS AGREED TO
COMPLY WITH THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION. THE EXECUTIVE DIRECTOR'S COMPENSATION IS BAS	

PERFORMANCE REVIEW BY THE PERSONNEL COMMITTEE OF THE GOVERNING BODY AND A REVIEW OF THE COMPENSATION OF COMPARABLE EXECUTIVE DIRECTORS PERFORMING SIMILAR DUTIES FOR SIMILAR SIZED ORGANIZATIONS. THE PERSONNEL COMMITTEE MAKES AN ANNUAL RECOMMENDATION TO THE GOVERNING BODY THAT THEN VOTES ON APPROVAL OF THAT RECOMMENDATION. THE PROCESS WAS LAST UNDERTAKEN IN 2013.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2013) 27

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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

	are filing for an Automatic 3-Month Extension, comple						
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ed).	
	Enter filer's identifying number, see instruc						
Туре о	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print							
File by th					**-**3608		
due date filing you return. Se	Number, street, and room of suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)		
instructio	^{IS:} City, town or post office, state, and ZIP code. For a f MADISON, WI 53706-1412	oreign add	Iress, see instructions.				
Enter t	e Return code for the return that this application is for (fil	e a separa	te application for each return)			01	
Application		Return	Application			Return	
Is For		Code	ls For			Code	
Form 990 or Form 990-EZ		01					
Form 990-BL		02	Form 1041-A	1041-A			
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
STOP!	Do not complete Part II if you were not already granted	d an autor	natic 3-month extension on a prev	viously file	ed Form 8868	8.	
 If th If th box ▶ 4 5 F 6 7 \$ 7 \$ 7 \$ 7 \$ 	request an additional 3-month extension of time until or calendar year 2013, or other tax year beginning the tax year entered in line 5 is for less than 12 months, o Change in accounting period tate in detail why you need the extension DDITIONAL TIME IS NEEDED TO RDER TO FILE A COMPLETE AND	Group Exe and atta NOVEM check reas WORK 1 ACCUR	emption Number (GEN) I ich a list with the names and EINs of BER 15, 2014. , and endin on: Initial return WITH OUR INDEPENDE ATE RETURN.	f this is fo f all memb g Final r	r the whole gr vers the exten	sion is for	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 onrefundable credits. See instructions.), or 6069,	enter the tentative tax, less any	8a	\$	0.	
b i	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
t	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					_	
_	previously with Form 8868.			8b	\$	0.	
сĘ	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					-	
E	EFTPS (Electronic Federal Tax Payment System). See instructions.			8c	\$	0.	
it is true	enalties of perjury, I declare that I have examined this form, incluc correct, and complete, and that I am authorized to prepare this fe	ding accomp orm.		o the best o		e and belief,	
Signatu	e 🕨 Title 🅨 .	EXECU	TIVE DIRECTOR	Date			

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