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

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

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CLIENT'S COPY



WCIJ INC. 821 UNIVERSITY AVE MADISON, WI 53706-1412 ATTENTION: ANDY HALL

ENCLOSED IS THE ORGANIZATION'S 2015 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND WE WILL SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

TAX-EXEMPT ORGANIZATIONS ARE REQUIRED TO MAKE AVAILABLE FOR PUBLIC INSPECTION A COPY OF THEIR ANNUAL RETURNS UPON REQUEST. RETURNS MUST BE AVAILABLE FOR A PERIOD OF THREE YEARS BEGINNING ON THE DATE THE RETURNS ARE REQUIRED TO BE FILED (INCLUDING EXTENSIONS) OR ARE ACTUALLY FILED, WHICHEVER IS LATER. WE HAVE ENCLOSED A PUBLIC DISCLOSURE COPY OF YOUR RETURN THAT MAY BE USED TO COMPLY WITH THE PUBLIC INSPECTION REQUIREMENTS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

SCOTT HAUMERSEN, CPA PARTNER

		PUB	LIC DISCLOSURE COP	Y - STATE REGIS	TRATIC	N NO. 11213-	
	Ω	00	Return of Organ	ization Exempt	From I	ncome Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947	(a)(1) of the Internal Revenu	e Code (exe	cept private foundation	s 2015
		of the Treasury		ecurity numbers on this forn	-	-	Open to Public
		enue Service		rm 990 and its instructions		s.gov/form990.	Inspection
		1	r year, or tax year beginning	and	lending	1	
В с а	heck if oplicab	le: C Name o	organization			D Employer identifica	ation number
	Addre] chang Name	ge WCIU	INC.			26.21	43608
]chan₀]Initial	U	siness as		De sus (suits		43000
	_returr Final returr	821	and street (or P.O. box if mail is not del JNIVERSITY AVE	ivered to street address)	Room/suite	E Telephone number 608-2	62-3642
	ated	City or t	wn, state or province, country, and			G Gross receipts \$	239,376.
	Amer returr		SON, WI 53706-141			H(a) Is this a group ret	
	Appli tion pend		d address of principal officer:AND	Y HALL		for subordinates?	
	-	SAME	AS C ABOVE			H(b) Are all subordinates inc	Iuded? Yes No
		empt status:		 (insert no.) 4947(a)(1) 	or 527	If "No," attach a li	st. (see instructions)
			VISCONSINWATCH.ORG			H(c) Group exemption	
		f organization:	Corporation 🔄 Trust 🔄 As	sociation Other ►	L Year	of formation: 2008 M	State of legal domicile: WI
Pa	rt I	Summary					
é	1	Briefly describ	e the organization's mission or most	significant activities: INCR	LEASE I	HE QUALITY A	ND
anc			Y OF INVESTIGATIVE			-	
ern			► ☐ if the organization discord		osed of more		
30V	3		ng members of the governing body				8
8 (4		ependent voting members of the go				8
Activities & Governance	5		f individuals employed in calendar y				13
ivit	6		f volunteers (estimate if necessary)				3
Act			business revenue from Part VIII, co				0.
	b	Net unrelated	ousiness taxable income from Form	990-T, line 34	<u></u>		0.
	-					Prior Year	Current Year
ue	8		and grants (Part VIII, line 1h)			609,407. 33,772.	<u>199,143.</u> 39,470.
Revenue	9		e revenue (Part VIII, line 2g)			301.	413.
Re			ome (Part VIII, column (A), lines 3, 4			895.	350.
			(Part VIII, column (A), lines 5, 6d, 8c			644,375.	239,376.
	12		add lines 8 through 11 (must equal			044,373.	239,370.
	13 14		ilar amounts paid (Part IX, column (0.	0.
	14 15	-	o or for members (Part IX, column (A compensation, employee benefits (I			285,328.	340,540.
sec	15	Brofossional f	ndraising food (Part IX, column (A)	ant IA, coluitin (A), lines 5-10)		0.	0.
Expenses	iua h	Total fundrais	compensation, employee benefits (l ndraising fees (Part IX, column (A), l ng expenses (Part IX, column (D), lin	119_4	13.		
EX	17		s (Part IX, column (A), lines 11a-11d	$(11f_{2}/q)$		91,856.	100,775.
	18		s. Add lines 13-17 (must equal Part I			377,184.	441,315.
	19		expenses. Subtract line 18 from line			267,191.	-201,939.
or		10001001000				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (I	art X. line 16)			497,716.	303,710.
Ass I Ba	21					8,941.	16,874.
Net -unc	22		und balances. Subtract line 21 from			488,775.	286,836.
	rt II	Signatur				,	
		-	declare that I have examined this return,	including accompanying schedul	es and statem	ents, and to the best of mv	knowledge and belief, it is
			Declaration of preparer (other than office				J
,		,	· · · · · · · · · · · · · · · · · · ·	,	1.11.01	,	

Sign Here	Signature of officer ANDY HALL, EXECUTIVE D Type or print name and title	IRECTOR		Date		
Paid	Print/Type preparer's name SCOTT HAUMERSEN, CPA	Preparer's signature	Date	Check PTIN if self-employed P00084908		
Preparer	Firm's name 🕨 WEGNER CPAS, LLP			Firm's EIN 39-0974031		
Use Only	Firm's address 🖕 2110 LUANN LN					
	MADISON, WI 5371	3-3074		Phone no. 608 – 274 – 4020		
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
532001 12-1	6-15 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2015)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments Check Elschedue Contains a response rome to any line in this Part III	02001			
Part III Statement of Program Service Accomplishments Chack Eschedue Contains a response rom to tary line in the Part III. Briefly describe the organizations mission: THE NONPARTISAN, NONPROPIT WISCONSIN CENTER FOR INVESTIGATIVE JOURNALISM IS INCREASING THE QUALITY AND QUANTITY OF INVESTIGATIVE JOURNALISM IS INCREASING THE QUALITY AND CURNENT AND FUTURE GENERATIONS OF INVESTIGATIVE JOURNALISTS. ITS WORK FOSTERS AN INFORMED CITIZENRY 2 Dd the organization undertake any significant program services during the year which were not listed on the proor form of 00 400 420. Ives IX 10 by other organization science outcles, or make significant changes in how it conducts, any program services? Ives IX 11 "vis", 'describe these new services complethments for each of its three largest program services? Ives IX 14 "vis", 'describe these new's envices complethments for each of its three largest program services? Ives IX 14 "vis", 'describe these sciences at a significant changes in how it conducts, any program services? IVes IX 15 Describe the organization's program service accomplethments for each of its three largest program services? Ives IX 16 (cost::::::::::::::::::::::::::::::::::::			Form 9	90 (2
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га	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
~	If "Yes," complete Schedule A	1 2	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	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	-		
Ŭ	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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	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			v
	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		- 21
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		
5	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
b	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		Х
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		Х
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form **990** (2015)

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Form 990 (2015) WCIJ INC.

	990 (2015) WCIJ INC. 26-2143	3608	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			v
	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			x
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		<u> </u>
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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			
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l I
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	<u> </u>
55	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			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	
		Form	990	(2015)

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Form	990 (2015) WCIJ INC. 26-2143	608	Р	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does 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		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
2	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2015

Form **990** (20

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	990 (2015) WCIJ INC.	26-214			age
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to	-	ra "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (_
	Check if Schedule O contains a response or note to any line in this Part VI				2
Sec	tion A. Governing Body and Management			·	-
			8	Yes	N
Ia	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	4	8		
	, , , , , ,		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				2
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under t	ha diraat aunanvision	2		1
3			3		
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form				
- 5	Did the organization make any significant changes to its governing documents since the prior rom. Did the organization become aware during the year of a significant diversion of the organization's as				
6	Did the organization become aware during the year of a significant diversion of the organization set.				
0 7a	Did the organization have members of stockholders, or other persons who had the power to elect or a				+-
1a	more members of the governing body?		7a		2
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,				<u> </u>
5			7b		2
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			f
	The governing body?		8a	x	
	Each committee with authority to act on behalf of the governing body?				1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such o				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	? 11a		2
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c	X	
3	Did the organization have a written whistleblower policy?				
4	Did the organization have a written document retention and destruction policy?		14		2
5	Did the process for determining compensation of the following persons include a review and approx				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		15b		Σ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
	taxable entity during the year?		16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16 b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WI				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s on	ly) availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.				
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and finar	icial	
	statements available to the public during the tax year.	a alice and on a set 1			
20	State the name, address, and telephone number of the person who possesses the organization's b ANDY HALL $- 608-262-3642$	оокs and records: ►			
	821 UNIVERSITY AVE, MADISON, WI 53706-1412				
			Form	1 990	(20
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10	829 788028 10198.1TX01 2015.04000 WCIJ INC.		10	198_	1
- 0			± 0.		<u> </u>

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 report-

able 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.

(A)	(B)	<u></u>			C)			(D)	(E)	(F)
Name and Title	Average (do not check more than one							Reportable	Reportable	Estimated
	hours per	box	ox, unless perso			son is both an ector/trustee)		compensation	compensation	amount of
	week	<u> </u>	cer ar	ad	irecto	or/trus	iee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			nsated		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	truste	al tru:		yee	ompei		(and related
	below	vidual	Institutional trustee	er	Key employee	lest co	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) BRANT HOUSTON	1.00									
PRESIDENT		Х		х				0.	0.	0.
(2) KAREN LINCOLN MICHEL	1.00									•
VICE PRESIDENT		Х		х				0.	0.	0.
(3) JACK MITCHELL	1.00									
SECRETARY		х		X				0.	0.	0.
(4) KEITH BAUMGARTNER	1.00									
TREASURER		Х		х				0.	0.	0.
(5) MALCOLM BRETT	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CHARLES LEWIS	1.00									
DIRECTOR		х						0.	0.	0.
(7) HERMAN BAUMANN	1.00									
DIRECTOR		X						0.	0.	0.
(8) HEMANT SHAH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ANDY HALL	40.00									
EXECUTIVE DIRECTOR				x				82,632.	0.	0.
		<u> </u>		<u> </u>	<u> </u>					
		-								
				<u> </u>	<u> </u>					
		-								
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	990 (2015) WCIJ INC	•								26-2	1430	608	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	itior ^{more} rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	pensa om the anizati d relate nizatio	e ion ed
1b	Sub-total								82,632.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							no r	eceived more than \$100),000 of reportab	le			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	-				-			-			5		х
1	tion B. Independent Contractors Complete this table for your five highest co	mnensated in	lone	ande	ent c	ont	racto	nrs t	that received more than	\$100 000 of cor	nnens:	ation f	rom	
	the organization. Report compensation for	-												
	(A) Name and business	address	N	ONI	Ξ				(B) Description of s	ervices	C	(C omper		n
								_						
	Teleforen d'Alexandre d'Alexandre de la companya de													
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength	•	ot li	mite	d to		se li: 0	stec	above) who received m	nore than				
	- · · · · · · · · · · · · · · · · · · ·	-										Form	990 (2	2015)

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1	2-	16	-15

	n 990 (2015) WCIJ INC.		26-2143608 Page 9
Ра	art VIII Statement of Revenue		
	Check if Schedule O contains a response or note	to any line in this Part VIII (A) (B) Total revenue Related exempt fur revenu	or Unrelated Horizon business Sections
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	Busine	ss Code 0099 20,000. 20,0 0099 16,170. 16,1	000. 170. 300.
Progran Rev	d e f All other program service revenue g Total. Add lines 2a-2f	39,470.	
	 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceed 5 Royalties	s • 413.	413
	6 a Gross rents 0 0 b Less: rental expenses 0 0 c Rental income or (loss) 0 0 d Net rental income or (loss) 0 0 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) 0 b Less: cost or other basis and sales expenses 0 0 0 c Gain or (loss) 0 0 0 0	Other	
Other Revenue	d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b		
	c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory		
		<u>ss Code</u> 099 350.	350
	e Total. Add lines 11a-11d 12 Total revenue. See instructions. 9 12-16-15		470. 0. 763. Form 990 (2015

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WCIJ INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotar expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	02 622	E0 701	2 2 2 5	
_	trustees, and key employees	82,632.	58,701.	3,325.	20,606
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	227,445.	161,575.	0 1 5 1	56 710
7	Other salaries and wages	447.	101,3/3.	9,151.	56,719
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	5,674.	4,031.	228.	1,415
9 0	Other employee benefits	24,789.	17,610.	997.	6,182
0 1	Payroll taxes Fees for services (non-employees):	47,1020	± / , 0±0•	• 1 5 5	0,102
1					
a b	Management				
c	Legal Accounting	7,794.		7,794.	
d		.,,,,,,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	8,089.	6,525.		1,564
2	Advertising and promotion	21,536.		4,307.	1,564 17,229
3	Office expenses	8,251.	5,860.	333.	2,058
4	Information technology	4,223.	3,000.	170.	1,053
5	Royalties				
6	Occupancy	21,329.	15,152.	858.	5,319
7	Travel	15,028.	10,675.	605.	3,748
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4,504.	3,200.	181.	1,123
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,314.	1,643.	93.	578
3	Insurance	7,294.	5,182.	293.	1,819
4	Other expenses. Itemize expenses not covered 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					
с					
d					
е	All other expenses	413.		413.	
5	Total functional expenses. Add lines 1 through 24e	441,315.	293,154.	28,748.	119,413
6	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)				

532010 12-16-15

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Form 990 (2015)

(B) -

(A)

					Beginning of year		End of year
	1	Cash - non-interest-bearing			36,795.	1	196,629.
	2	Savings and temporary cash investments			62,505.	2	44,286.
	3	Pledges and grants receivable, net			387,575.	3	50,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
CIDCCH		trustees, key employees, and highest compensation	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net				7	
ć	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,094.	9	9,362.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,693. 10,260.			
	b	Less: accumulated depreciation		10,260.	5,747.	10c	3,433.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13					13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	497,716.	16	303,710.
	17	Accounts payable and accrued expenses			8,941.	17	16,874.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
SD	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
	22	Loans and other payables to current and former	officer	s, directors, trustees,			
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
•	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Γ		24	
	25	Other liabilities (including federal income tax, page)	-				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			9 0/1	25	16 07/
	26			· · · · · ·	8,941.	26	16,874.
		Organizations that follow SFAS 117 (ASC 958		k nere 🕨 🕰 and			
200	07	complete lines 27 through 29, and lines 33 an			66,275.	07	236,836.
8	27	Unrestricted net assets			422,500.	27 28	50,000.
ב	28 29	Temporarily restricted net assets			422,500.	<u>20</u> 29	50,000.
	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A) abaak bara		29	
-		and complete lines 30 through 34.	30 930				
5	30	Capital stock or trust principal, or current funds				30	
200	30 31	Paid-in or capital surplus, or land, building, or eq				31	
Š	32	Retained earnings, endowment, accumulated in		F		32	
	32 33	Total net assets or fund balances		F	488,775.	33	286,836.
	33 34				497,716.	34	303,710.
	0-7						Form 990 (2015)

Form 990 (2015)

Assets

Liabilities

Net Assets or Fund Balances

WCIJ INC. Part X Balance Sheet

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

Form	990 (2015) WCIJ INC.	26-214	3608	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			76.
2	Total expenses (must equal Part IX, column (A), line 25)	2	441		
3	Revenue less expenses. Subtract line 2 from line 1	3	-201		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	488	3,7	75.
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	286	5,8	36.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
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 Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2015)

532012 12-16-15

SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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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.

2015	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

1

2

3

4

5

Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization WCIJ INC. 26-2143608 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 (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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 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.)

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from q activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment 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). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported organizations	5

Provide the following information about the supported organization(s)

g i rovide trie following information			1			
(i) Name of supported	(ii) EIN		(iv) Is the o		(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1-9	listed i	n your	support (see	other support (see
		above (see instructions))	governing	document?	instructions)	instructions)
			Yes	No	instructions)	instructions)
Total						
						•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

13 2015.04000 WCIJ INC.

Schedule A (Form 990 or 990-EZ) 2015

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	201		

art II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5									
	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)								
6	Public support. Subtract line 5 from line 4.								_
	ction B. Total Support		•		•				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	_
	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9									
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								_
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								-
	Gross receipts from related activities,	etc. (see instruct ⁱ	ions)	1		12			-
	First five years. If the Form 990 is for		,				(c)(3)		-
	organization, check this box and stor								٦
Se	ction C. Computation of Publ		rcentage						
14	Public support percentage for 2015 (line 6, column (f) d	livided by line 11,	column (f))		14			%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15			%
	33 1/3% support test - 2015. If the o					more, o	check this bo	ox and	
	stop here. The organization qualifies								
k	33 1/3% support test - 2014. If the o								
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation				▶□	
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"								
b	0 10% -facts-and-circumstances tes	-	-						-
	more, and if the organization meets tl								
	organization meets the "facts-and-cire								
18	Private foundation. If the organization								Ī
				, , ,	,				<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 WCIJ INC.

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.)

7a Amounts included on lines 1, 2, and 3 received from disqualified persons 3,526. 705. 1,950. 1,750. 1,840. 9, 0,000. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 53,000. 20,000. 7,034. 20,000. 15,000. 115,	2847.							
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 189,767.459,885.264,645.609,407.199,143.1722 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 189,767.459,885.264,645.609,407.199,143.1722 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 54,761.31,502.20,903.34,667.39,470.181 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 54,761.31,502.20,903.34,667.39,470.181 5 The value of services or facilities furnished by a governmental unit to the organization without charge 244,528.491,387.285,548.644,074.238,613.1904 6 Total. Add lines 1 through 5 3,526.705.1,950.1,750.1,840.9 1,840.9 53,000.20,000.7,034.20,000.15,000.115 53,000.196 of the amounts included on lines 2 and 3 received from other than disqualified persons that exceed the grater of \$5,000 or 1% of the amounts include to nine 2 and 3 received 53,000.20,000.7,034.20,000.15,000.115	2847.							
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from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 53,000. 20,000. 7,034. 20,000. 15,000. 115,	0.2.4							
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 53,000. 20,000. 7,034. 20,000. 15,000. 115,	0.2.4							
	11 < /1							
	805.							
	345.							
8 Public support. (Subtract line 7c from line 6.) 1775 Section B. Total Support	545.							
Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) T 9 Amounts from line 6 244,528. 491,387. 285,548. 644,074. 238,613. 1904	150.							
9 Amounts from line 6 244,528 491,387 285,548 644,074 238,613 1904	100.							
dividends, payments received on								
securities loans, rents, royalties and income from similar sources 363. 375. 190. 301. 413. 1	642.							
and income from similar sources 363. 375. 190. 301. 413. 1	042.							
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
	642.							
c Add lines 10a and 10b	042.							
activities not included in line 10b,								
whether or not the business is	854.							
regularly carried on 4,854. 4, 12 Other income. Do not include gain 4	0340							
or loss from the sale of capital 350	450.							
	.096.							
14 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								
Section C. Computation of Public Support Percentage								
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 93.1	1 %							
16 Public support percentage from 2014 Schedule A, Part III, line 15	%							
Section D. Computation of Investment Income Percentage	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)))9 %							
18 Investment income percentage from 2014 Schedule A, Part III, line 17	%							
19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	X							
b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	. —							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
532023 09-23-15 Schedule A (Form 990 or 990-	EZ) 2015							
15								

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^{2015.04000} WCIJ INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*

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b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

Pa	rt IV Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
0		- 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
h		Jd		
u	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
50000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-23-15 Schedule A (Form S			2015
532028	5 09-23-15 Schedule A (Form 9	30 01 95	50-EZ)	2013

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Schedule A (Form 990 or 990-EZ) 2015 WCIJ INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V

olete S	ections A through E.	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 5 6 7 8 7 8 7 8

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	he organization is responsive	e			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
		(i)	(ii)	(iii)		
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
_1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
<u>a</u>						
b						
C						
-	From 2013					
-	From 2014					
-	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount					
	Carryover from 2010 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount Remainder, Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
0	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7	Excess distributions carryover to 2016. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
a						
b						
-	Excess from 2013					
-	Excess from 2014					
-	Excess from 2015					

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

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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

2015

Employer identification number

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

Name of the organization

Organization type (check one):

IC	I١	J	II	1C	•

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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., contributions totaling \$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) (2015)

Schedule E Name of org	B (Form 990, 990-EZ, or 990-PF) (2015)		Page 2 Employer identification number
WCIJ :			26-2143608
Part I	Contributors (see instructions). Use duplicate copies of Part I if		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$105,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$20,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$5,0	00. (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribution \$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
<u>6</u> 523452 10-26		\$\$\$	00. (Complete Part II for noncash contributions.) (Form 990, 990-EZ, or 990-PF) (2015)

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	B (Form 990, 990-EZ, or 990-PF) (2015)		Page 2
Name of or	ganization	E	mployer identification number
WCIJ	INC.		26-2143608
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 contributions	(d) Type of contribution
7		\$5,60	Person X Payroll
(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
		\$	Person 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 Noncash (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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(2)			
(a) No.	(b)	(c)	(d)
rom	(b) Description of noncash property given	FMV (or estimate)	Date received
artl	Description of noncash property given	(see instructions)	Date received
		\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
rom	Description of noncash property given		Date received
art I		(see instructions)	
		\$	
		ψ	
(a) No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
art I		(see instructions)	Dutercocitou
—			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(see instructions)	Date received
art I			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom art I	Description of noncash property given	(see instructions)	Date received
—			
		\$	
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
om	Description of noncash property given	(see instructions)	Date received
art I			
		_\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization

Employer identification number

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rt III	NC • Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in	26-2143608 n section 501(c)(7), (8), or (10) that total more than \$1,000			
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if addition	nal space is needed.				
) No. rom art 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. 'om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
.						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
No.						
om art 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	nd ZIP + 4	Relationship of transferor to transferee			
		[

Department of the Treasury Internal Revenue Service

(Form	990)
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 Supplemental Financial Statements

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

 ▶ Attach to Form 990.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization WCIJ INC •		Employer identification number 26-2143608
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of contributions to (during year)		
	Aggregate value of grants norm (during year)		
4			and funda
5	Did the organization inform all donors and donor advisors in	-	
e	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa		panization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizati	-	
•	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	, L	torically important land area tified historic structure
	Preservation of open space		
0			
2	Complete lines 2a through 2d if the organization held a qualit	ned conservation contribution in the form	Held at the End of the Tax Year
_	day of the tax year.		
a h	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
ں ام	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	le organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
~	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	iservation easements during the year
7	Amount of expenses insurred in monitoring, inspecting, have	dling of violations, and onforcing concord	ation accompany during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	and enotions, and enotioning conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	a action the requirements of eaction 17	
0		, ,	
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9		•	
	include, if applicable, the text of the footnote to the organization		s the organization's accounting for
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
h	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		*
n	If the organization received or held works of art, historical tre	asures or other similar assets for financi	
2			ar yanı, provide
-	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Rart VIII, line 1		► ¢
a h	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		🕨 \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule D	(Form 990	2015
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26 2015.04000 WCIJ INC.

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) a Uptice childition descriptions descriptions descriptions a Police childition d Loan or exchange programs descriptions descriptions b Scholarly research e Other descriptions descriptions descriptions descriptions c Preview a description of the organization solid or resceive donalisms of art, historical treasures, or other similar assets to be acid to main fund mathematical as pard of the organization answered Yes" on Form 900, Part IV, line 9, or resported an anount of norm 800, Part X, line 21. Test for an organization and part of the organization answered Yes" on Form 900, Part IV, line 9, or response in Part XIII and complete the following table: Ves No b If Yes, explain the arrangement in Part XIII and complete the following table: Amount description of the arrangement in Part XIII and complete the following table: Yes No b If Yes, explain the arrangement in Part XIII and complete the following table: Id description of the arrangement in Part XIII and complete the following table: Yes No b If Yes, explain the arrangement in Part XIII and the arrangement in Part XIII and the arrangement in Part XIII and tand the arrangement in Part XIII and the re	-	dule D (Form 990) 2015 WCIJ IN							26-21			age 2
clearly list apply: d Loan or exchange programs a Dolbe exhibition d Loan or exchange programs b Scholarly research o Other	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contii	nued)	
a Public schibtion during the generations and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization asswered "Yes" on Form 900, Part IV [ine 90, Part X] ine 21. 1 Is the organization angent, trustee, custodial or rother intermediary for contributions or other assets not included on Form 900, Part X] ine 21. 1 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X] ine 21. 1 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X] ine 21. 1 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X] ine 21. 1 Is the organization angent in Part XIII and complete the following table: 1 Is the organization include a amount on Form 900, Part X, line 21, for escrew or custodial account liability? 2 Is part 1 Is for the organization answered "Yes" on Form 900, Part XII 2 Boid the organization include an amount on Form 900, Part X, line 21, for escrew or custodial account liability? 2 Is part 1 Is form organize the margement in Part XIII. 2 Boid the organization answered "Yes" on Form 900, Part XII 2 Boid the organization and provided on Part XIII 2 Boid of year balance 2 Provide he estimated precentage of the current year end balance (ine 1g, column (a)) held as: 3 Boid degranted crustal index sont in the possession of the organization that are held and administered for the organization 3 be of the organization and werent Turks. 3 Are there endowment Turks as required on Schedule R? 3 be premanent endowment T 3 for the organization and endowment Turk	3		on, and other record	ds, chec	k any of the	following the	at are a s	ignificant (use of its	collectio	n item	S
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Intermediate (line 1) 2a Did the organization include an amount on Form 990, Part X, line 21. Intermediate (line 1) Intermediate (line 1) Intermediate (line 1) 2a Did the organization include an amount on Form 990, Part X, line 21. Intermediate (line 1) Intermediate (line 1) Intermediate (line 1) 2a Did the organization include an amount on Form 990, Part X, line 21. Intermediate (line 1) Intermediate (line 1) Intermediate (line 1) 2a												
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f Ending balance												
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	t V Endowment Funds. Complete i	-	nswered	"Yes" on Fo	orm 990, Par	t IV, line	10.				
b Contributions			(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b i) unrelated organizations (i) unrelated organizations (ii) related organizations (iii) related organizations d b f 'Yes' on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Ia Land b b b b b c Leasehold improvements Land b b b b c <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses	е											
g End of year balance												
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipm	nent.									
Image: transmission of transm		Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990), Part X,	, line 10.				
b Buildings		Description of property							d	(d) Boo	k value	e
b Buildings	1a	Land										
c Leasehold improvements												
e Other												
e Other	d	Equipment			1	3,693.		10,20	50.		3,4	33.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other										
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	'0c.)					3,4	33.

Schedule D (Form 990) 2015

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Part VII Investments - Other Securities.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 WCIJ INC.			26-2	143608	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturn.		
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	246,	288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	6,912.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		912.
3	Subtract line 2e from line 1			3	239,	376.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		376.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	448,	227.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	<			
а	Donated services and use of facilities	_ 2a	6,912.			
b	Prior year adjustments	_ 2 b				
с	Other losses	_ 2c				
d	Other (Describe in Part XIII.)	. 2d			-	
е	Add lines 2a through 2d			2e		912.
3	Subtract line 2e from line 1			3	441,	315.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	441,	315.
	rt XIII Supplemental Information.					
D	ale the standard and the second section of the Devision of the second A. Devis	N/ Base dis .	and Ohn Drack V/ Barry	4. D 1 V		/1

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.

11510829 788028 10198.1TX01 2015.04000 WCIJ INC.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection Employer identification number

OMB No 1545-0047

WCIJ INC.

26-2143608

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:

NEWSPAPERS, RADIO AND TV STATIONS AND NEWS WEBSITES IN WISCONSIN AND

NATIONWIDE. THE ESTIMATED AUDIENCE OF THE CENTER'S REPORTS EXCEEDS 53

MILLION PEOPLE. THE CENTER SEEKS TO COLLABORATE WITH, RATHER TO SIMPLY

COMPETE AGAINST, OTHER NEWS ORGANIZATIONS TO MAXIMIZE THE USE OF

RESOURCES. REPORTS ARE FACT-CHECKED TO ENSURE ACCURACY AND DISTRIBUTED

FREE TO NEWS ORGANIZATIONS, WHO ARE PERMITTED TO EDIT THE STORIES OR

ADD THEIR OWN REPORTING TO MEET THE NEEDS OF THEIR AUDIENCES. HOUSED

IN THE UNIVERSITY OF WISCONSIN-MADISON SCHOOL OF JOURNALISM AND MASS

COMMUNICATION, THE CENTER HAS A STAFF OF FOUR FULL-TIME PROFESSIONAL

JOURNALISTS, THREE TO FOUR PAID STUDENT INTERNS WHO WORK AS

INVESTIGATIVE REPORTERS AND PUBLIC ENGAGEMENT AND MARKETING ASSISTANTS,

PART-TIME STAFF MEMBERS AND SKILLED VOLUNTEERS WHO ASSIST IN

JOURNALISTIC AND FINANCIAL OPERATIONS. THE CENTER ALSO COLLABORATES

WITH JOURNALISM CLASSES ON INVESTIGATIVE NEWS PROJECTS. A NATIONALLY

ACCLAIMED BOARD OF DIRECTORS, INCLUDING EXPERTS IN INVESTIGATIVE

JOURNALISM, NONPROFIT JOURNALISM AND NONPROFIT FINANCIAL MANAGEMENT,

GUIDES AND OVERSEES THE CENTER AND DETERMINES POLICIES, WHILE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

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11510829 788028 10198.1TX01 2015.04000 WCIJ INC.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization WCIJ INC.	Employer identification number 26-2143608
DAY-TO-DAY OPERATIONS, INCLUDING NEWS COVERAGE DECISIONS,	ARE HANDLED
BY THE STAFF. IN RECENT MONTHS, THE CENTER RELEASED GROU	NDBREAKING
INVESTIGATIONS THAT REACHED EVERY CORNER OF THE STATE ON	TOPICS
INCLUDING WISCONSIN'S DRINKING WATER, SOLITARY CONFINEMEN	T IN THE
STATE'S PRISONS, CONTROVERSIAL DEBT BUYING PRACTICES AND	GUN VIOLENCE
AMONG YOUNG PEOPLE. WE PRODUCE IN-DEPTH INVESTIGATIONS T	HAT ARE NOT
YET BEING COVERED AROUND THE STATE, PROMPTING DISCUSSIONS	ON ISSUES
THAT ARE IMPORTANT TO THE PEOPLE OF WISCONSIN. OVER THE	PAST YEAR, WE
HAVE TOLD OUR STORIES IN NEW AND INVENTIVE WAYS. WE CREA	TED
EXPLANATORY GIFS USING SAND AND STOP-MOTION PHOTOGRAPHY T	O EXPLAIN
WISCONSIN'S FRAC SAND MINING INDUSTRY. WE COMMISSIONED A	RTIST CARRIE
ROY TO CREATE SCULPTURES THAT BRING COMPLICATED STATISTIC	S ON
WISCONSIN'S GROUNDWATER CONTAMINATION TO LIFE. WE TOOK T	HE PIECES ON A
SEVEN-DAY TOUR ACROSS THE STATE.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHOR	ITY TO ACT ON
BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11:	

THE PREPARED FORM 990 IS REVIEWED BY THE TREASURER BEFORE THE RETURN IS

FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL OF ITS OFFICERS AND DIRECTORS. ALL DIRECTORS AND OFFICERS ARE CONSIDERED AN INTERESTED PERSON. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS TO THE GOVERNING BODY. 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) 31 11510829 788028 10198.1TX01 2015.04000 WCIJ INC. 10198_11

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization WCIJ INC.	Employer identification number 26-2143608
THE INTERESTED PERSON MUST LEAVE THE MEETING WHILE A DETE	RMINATION OF A
CONFLICT OF INTEREST IS MADE AND VOTED UPON. THE GOVERNI	NG BODY WILL
DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVA	NTAGEOUS
TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT W	OULD NOT GIVE RISE
TO A CONFLICT OF INTEREST. TO ENSURE THAT THE ORGANIZATI	ON OPERATES IN A
MANNER CONSISTENT WITH ITS EXEMPT STATUS, EACH OFFICER AN	D DIRECTOR MUST
ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT SUCH PERSON H	AS READ AND
UNDERSTANDS THE CONFLICT OF INTEREST POLICY AND HAS AGREE	D TO COMPLY WITH
THE POLICY.	

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON A 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:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

532212 09-02-15

2015 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Asset No.	Description	Ac	Date quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT												
	EQUIPMENT * 990 PAGE 10 TOTAL				.000	16	13,693.			13,693.	7,946.		2,314.
	MACHINERY & EQUIPM * GRAND TOTAL 990						13,693.		0.	13,693.		0.	2,314.
	PAGE 10 DEPR						13,693.		0.	13,693.	7,946.	0.	2,314.
				_									

Form 8868	
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(Rev. January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Department of	of the	Treasur
Internal Reve	nue S	ervice

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this b 	юх
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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).
--

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete	
Part Lonly	

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	WCIJ INC.	26-2143608
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 821 UNIVERSITY AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

	`	-	
	 1 1		
Enter the Return code for the return that this application is for (file a separate application for each return)	 		
	 · ·	_	- 7

Application	Return	Application	Return	
Is For	Code	Is For	Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07	
Form 990-BL	02	Form 1041-A	08	
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	
	s in the Ur Group Exe	Fax No. ▶ 608-262-1361		
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2016 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2015 image: tax year beginning , and ending				
2 If the tax year entered in line 1 is for less than 12 months, o	heck reas	on: 🔲 Initial return 🔲 Final return		

	L] Change in accounting period			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
Cention If you are going to make an electronic funde withdrawal (direct debit) with this Form 2069, and Form 2452 FO and Form 2970 FO for normant				

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841 04-01-15

If the tax year entered in line 1 is for less than 12 months, check reason: