WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

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

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orm **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2018

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change WCIJ INC. Name change 26-2143608 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 608-262-3642 821 UNIVERSITY AVE termin-ated 732,201. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 53706-1412 MADISON, WI H(a) Is this a group return Applica-F Name and address of principal officer: ANDY HALL for subordinates? L Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.WISCONSINWATCH.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2008 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: TO INCREASE THE QUALITY, Governance QUANTITY, AND UNDERSTANDING OF INVESTIGATIVE JOURNALISM. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 10 4 Activities & <u>11</u> 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 41. b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 667,113. 320,857. Contributions and grants (Part VIII, line 1h) Revenue 62,479. 72,600. Program service revenue (Part VIII, line 2g) 792. 1,030. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,817. 50. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 394,537 732,201. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 374,881. 386,078. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 96,231. 108,020. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 471,112. 494,098. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -76,575. 238,103. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 580,695. 341,754. Total assets (Part X, line 16) 22,319. 21,481. 21 Total liabilities (Part X, line 26) 320,273. 558,376**.** Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANDY HALL, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature SCOTT HAUMERSEN, CPA P00084908 Paid Firm's name WEGNER CPAS, LLP 39-0974031 Preparer Firm's EIN Firm's address 2921 LANDMARK PL STE 300 Use Only MADISON, WI 53713-4236 Phone no. 608-274-4020 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2018) WCIJ INC.	26-2143608	Page 2
_	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: OUR MISSION IS TO INCREASE THE QUALITY, QUANTITY, AND		OF
	INVESTIGATIVE JOURNALISM TO FOSTER AN INFORMED CITIZEN	IRY AND	
	STRENGTHEN DEMOCRACY.		
2	Did the organization undertake any significant program services during the year which were not listed on the)	
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses	i.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	•	
	revenue, if any, for each program service reported.	,,,,,	
4a	265 500	evenue \$ 62,	479 .)
	THE WISCONSIN CENTER FOR INVESTIGATIVE JOURNALISM OFFE	· · · · · · · · · · · · · · · · · · ·	′
	BEST MODELS IN THE NATION OF A REPLICABLE NONPROFIT MO		
	SUSTAINING NONPARTISAN LOCAL AND STATE INVESTIGATIVE F		
		THUS INFOR	
	THE CITIZENRY AND STRENGTHENING DEMOCRACY. THE CENTER		
	CAPACITY TO PRODUCE SUPERB JOURNALISM AND TRAINING		
	POSSIBLE BY ITS SKILLED DEVELOPMENT, PUBLIC ENGAGEMENT		
	TEAM.	. AND DODINGOD	
	I II/III •		
	THE CENTER IS AN INDEPENDENT 501(C)(3) ORGANIZATION THE	AT FOCUSES ON	
	GOVERNMENT ACCOUNTABILITY AND QUALITY OF LIFE ISSUES OF		<u>то</u>
	THE PEOPLE OF WISCONSIN. OUR MULTIMEDIA JOURNALISM DIG		
4b		evenue \$	
	(code) (Expenses #	.venue ψ	
4c	(Code:) (Expenses \$) (Re	evenue \$)
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$\frac{\text{including grants of \$\text{\$}}{\text{\$}}}{\text{\$0.5}}\$ (Revenue \$\text{\$}\$)	
<u>4e</u>	Total program service expenses ► 367,580.	Earm Q	90 (2018)
		FOITH 3	~~ (∠∪10)

26-2143608 Page **3**

Form 990 (2018) WCIJ INC. Part IV 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)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_V
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		25
9	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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	10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

832003 12-31-18

26-2143608 Page 4

Form 990 (2018)

WCIJ INC.

Part IV	Checklist	of Required	Schedules	(continued)

			Yes	No
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		Х
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			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١
	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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
OF -	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	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	30		 ^
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Pai	Note. All Form 990 filers are required to complete Schedule O **Total Complete Schedule O** **Total Complete Schedule O**			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	ΩΩΩ	(0040

832004 12-31-18

26-2143608 Form 990 (2018) WCIJ INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) WCIJ INC. Page 5

				Yes	No
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	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	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)	l l			
5a			5a		X
b			5b		Х
			5c		
6a			_		3,7
			6a		X
b					
_			6b		
7	•	. th. a. m. a. v. a. v. O	_		Х
_	7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year				
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		/D			
С			7.		х
اہ			70		22
a			70		Х
f					X
g		Г			
h					
8		1000 0.	7		
_	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year? 3a es, "has it filed a Form 990-T for this year? If "/"o' to line 3b, provide an explanation in Schedule O 3b my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a notical account in a foreign country; level as a bank account, securities account, or other financial accountry over, a notical account in a foreign country; level as a bank account, securities account, or other financial accountry over, a notical account in a foreign country; level as a bank account, securities account, or other financial accountry (see, "enter the name of the foreign country; level as a bank account, securities account, or other financial accountry (see, "enter the name of the foreign country; level as a shark account, securities account, or other financial accountry (see a shark account, securities account, or other financial accountry (see a shark account, securities account, or other financial accounts (FBAR). the organization a party to a prohibited tax shelter transaction? 5c es' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c st be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit contributions that were not tax deductibles as charitable contributions? 5c st did the organization include with every solicitation an express statement that such contributions or gitts ent tax deductible? 5c organization tracelve deductible contributions under section 170(c). 6c anizations that may receive deductible contributions under section 170(c). 6c anizations that may receive deductible contributions under section 170(c). 6c anization stall express the account of the value of the goods or services provided? 7c as, "indictate the number of Forms 8282 filed		8		
9					
а	5111		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	I I				
b					
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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					
					7,
		Г	14a		X
			14b		
15					v
			15		X
40					v
16			16		X
	II * Yes, * complete Form 4720, Schedule O.				

Form 990 (2018) WCIJ INC. 26-2143608 Page (

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		_			Y	'es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	, -	L 0			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	,	L 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			2	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	<u> </u>		X
6	Did the organization have members or stockholders?			6	<u> </u>		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?			. 7	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or				
	persons other than the governing body?			7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:				
а	The governing body?			8	a .	X	
b	Each committee with authority to act on behalf of the governing body?			8	b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9)		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)				
				_	-	'es	No
	Did the organization have local chapters, branches, or affiliates?			10)a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				-		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11	la		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					Ţ.	
	• • • • • • • • • • • • • • • • • • • •			—	_	Х Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	2b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			١		. l	
	in Schedule O how this was done			12	-	X	v
13	Did the organization have a written whistleblower policy?				-		X
14	Did the organization have a written document retention and destruction policy?			1	4		
15	Did the process for determining compensation of the following persons include a review and approv		idependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-		x	
	The organization's CEO, Executive Director, or top management official				_	^	Х
D	Other officers or key employees of the organization			15	ob		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40			Х
L	taxable entity during the year?			16	a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in injury continuous and taken the organization to evaluating the organization of the organi		· ·				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?			. 16	h		
Sec	exempt status with respect to such arrangements?tion C. Disclosure			10	ן טי		
17	List the states with which a copy of this Form 990 is required to be filed ►WI						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at	nd gan	-T (Section 501/c	1(3)e 0	JIV) a	vailo	hle
.0	for public inspection. Indicate how you made these available. Check all that apply.	.u 330	. (00011011001(0	_{/(} U)3 UI	ny) a	vand	NIG.
	X Own website Another's website X Upon request Other (explain	in Scl	nedule (1)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			and fin	ancia	al	
.5	statements available to the public during the tax year.		itoroot policy,	G110 1111		۰.	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records				
	ANDY HALL - 608-262-3642	ui					
	821 INTUERSTEY AVE. MADISON WT 53706-1412						

Form 990 (2018) WCIJ INC. 26-2143608 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	box	, unle	ss pe	rson i	than is bot or/trus	h an	compensation	compensation from related	amount of 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAREN LINCOLN MICHEL	1.00	X		x				0.	0.	0.
PRESIDENT (2) BRANT HOUSTON	1.00	^		^				0.	0.	0.
VICE PRESIDENT	1.00	Х		x				0.	0.	0.
(3) JACK MITCHELL	1.00	^		^				0.	· ·	0.
SECRETARY	1.00	Х		х				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		Х						0.	0.	0.
(8) HEMANT SHAH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MARTIN KAISER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) RALPH WEBER	1.00									
DIRECTOR	10.00	Х						0.	0.	0.
(11) ANDY HALL	40.00			,,				04 070	0	0
EXECUTIVE DIRECTOR				Х				84,872.	0.	0.
,		\vdash		\vdash		\vdash	\vdash			
		_								_
		L					L			
832007 12-31-18										Form 990 (2018)

Form 990 (2018) WCIJ INC. 26-2143608 Page 8

Part VII Sec	tion A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(C)				(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable				
		hours per week					is bot or/trus		compensation	compensation			ount o	of
		(list any	Į.					Ė	from the	from related organization			other oensa	tion
		hours for	direct				D.			(W-2/1099-MI			om the	
		related	tee or	ustee			ensate		(W-2/1099-MISC)	,	<i>'</i>	orga	anizati	on
		organizations	al trus	nal trı		oyee	omp						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	nizatio	ons
		11110)	Ĕ	Ë	5	ē.	를 P	요						
			$\frac{1}{1}$											
			-											
							\vdash							
			1											
			1											
							_							
			-											
1b Sub-total									84,872.		0.			0.
	n continuation sheets to Part V								0.		0.			0.
	d lines 1b and 1c)								84,872.		0.			0.
	ber of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportab	le			0
compensa	ation from the organization												Yes	No
3 Did the or	ganization list any former officer,	director, or tru	uste	e, ke	y er	nplo	oyee.	, or	highest compensated e	mployee on	Ī			
line 1a? If	"Yes," complete Schedule J for s	such individual										3		X
4 For any in	dividual listed on line 1a, is the si	um of reportab												
	d organizations greater than \$15											4		X
, .	erson listed on line 1a receive or	•				•			ed organization or indivi	dual for services	;			v
	to the organization? If "Yes," con ependent Contractors	iplete Schedul	e J 1	or s	uch	pers	son .				<u></u>	5		<u> </u>
	this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of cor	npens	ation f	rom	
	zation. Report compensation for										·			
	(A)		37/	~~**	_				(B)		_	(C		_
	Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		omper	isation	1
								_						
								\dashv						
	ber of independent contractors (ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
\$100,000	of compensation from the organi	zation					U					Form 9	390 ic	010)
												corm ?	7. THE 1 12	-1117

832008 12-31-18

		(2018) WCIJ					26-2143	3608 Page 9
Pa	rt VI	II Statement of Rever	iue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e 1s, and 1a-1f: \$	667,113. 5,900.	667,113.			
Program Service Revenue	b d e f		PENT PRO		42,479. 20,000.	42,479.		
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and	792.			792.
	b d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
Other Revenue	c d	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$	g events (not					
	9 a	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	1c). See a b Iraising events tivities. See a	>				
	10 a	Net income or (loss) from games Gross sales of inventory, less and allowances	ing activities returns a b s of inventory	>				
	11 a	Miscellaneous Revenu MISCELLANEOUS R		Business Code 900099	1,817.			1,817.

832009 12-31-18

0.

1,817. 732,201.

62,479.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

26-2143608 Page 10

WCIJ INC. Form 990 (2018)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons		his Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising 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,	04 070	66 002	7 270	11 400
	trustees, and key employees	84,872.	66,003.	7,379.	11,490
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	276 020	200 050	26 570	41 201
7	Other salaries and wages	276,028.	208,058.	26,579.	41,391
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	05 150	10 500	0 100	2 200
10	Payroll taxes	25,178.	19,589.	2,190.	3,399
11	Fees for services (non-employees):				
а	<u> </u>				
b	<u> </u>	0 500		0.720	
С	5 H	8,739.		8,739.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	ř –				
f	Investment management fees				
g	,	0.105	2 4 2 5		
	column (A) amount, list line 11g expenses on Sch 0.)	2,196.	2,196.		
12	Advertising and promotion	16,175.	13,214.	645.	2,316
13	Office expenses	11,575.	7,833.	2,753.	989
14	Information technology	2,683.	2,369.	123.	191
15	Royalties				
16	Occupancy	21,308.	16,214.	2,002.	3,092
17	Travel	13,576.	11,447.	663.	1,466
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,421.	18,222.	996.	2,203
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,130.	2,435.	272.	423
23	Insurance	7,217.		7,217.	
24	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				
25	Total functional expenses. Add lines 1 through 24e	494,098.	367,580.	59,558.	66,960
26	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)				

26-2143608 Page 11 Form 990 (2018)
Part X Balance Sheet WCIJ INC.

Pa	πλ	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			243,286.	1	128,098.
	2	Savings and temporary cash investments			25,944.	2	205,377.
	3	Pledges and grants receivable, net			28,000.	3	227,500.
	4	Accounts receivable, net			25,400.	4	1,250.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	nployees. 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 sec					
ş		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			7,805.	9	7,782.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,518.			
	b	Less: accumulated depreciation		17,830.	11,319.	10c	10,688.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			341,754.	16	580,695.
	17	Accounts payable and accrued expenses			21,481.	17	22,319.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r office	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			21,481.	26	22,319.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here X and			
es		complete lines 27 through 29, and lines 33 an					
Š	27	Unrestricted net assets			320,273.	27	358,376.
Fund Balances	28	Temporarily restricted net assets				28	200,000.
ğ	29	Permanently restricted net assets		<u></u>		29	
Ţ		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 🗌			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
ASS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			320,273.	33	558,376.
	34	Total liabilities and net assets/fund balances			341,754.	34	580,695.

Form 990 (2018) WCIJ INC. 26-2143608 Page 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 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	49	2,2 4,0	98.
3	Revenue less expenses. Subtract line 2 from line 1	3			03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32	0,2	73.
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	55	8,3	76.
Pa	rt XII Financial Statements and Reporting	,			
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e audit,			
	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	edule O.			
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	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number Name of the organization WCIJ INC. 26-2143608 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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). 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part 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.)

		tion A. Public Support							
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 change 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) 6 Public support. Settled the 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from incleaded business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from related activities, and income from shall a sources 11 Total support. Add lines 7 frough 10 12 Gross receipts from related activities, atc. (see instructions) 13 First five years. If the Form 950 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
Include any "unusual grants") 2 Tax revenues levied for the organization'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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subreat line 8 from line 4 8 Pection B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business sizelylarly carried on Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI). 11 Total support Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 980s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 30% or more, and if the organization qualifies as a publicly supported organization meets the "facts and-circumstances' test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances' test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Expla	1	Gifts, grants, contributions, and							
2 Tax revenues levied for the organization'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 The portion of total contributions by each person (other than a governmental unit to the organization without charge a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 6 Public support. Setsect live 5 from line 4. Section B. Total Support Callerdary ser (of fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary ser (of fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary ser (of fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary ser (of fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary services (c) 2018 (f) Total Callerdary services (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary services (c) 2018 (f) Total Callerdary Callerda		membership fees received. (Do not							
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨 🗌	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed betion A. Public Support	elow, please comp	olete Part II.)					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Gifts, grants, contributions, and	(4) 20 1 1	(0) 20 10	(0) = 0 : 0	(5,7 = 5	(0) = 0 + 0	(1)	
-	membership fees received. (Do not							
	include any "unusual grants.")	609,407.	199,143.	522,995.	320,857.	667,113.	2319515.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34,667.	39,470.	45,072.				
2	Gross receipts from activities that	0 = 7 0 0 7 0	00,1100		7 - 7 - 0 - 0 - 0	0 = 7 = 7 0 0		
3	are not an unrelated trade or bus-							
	iness under section 513							
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	644,074.	238,613.	568,067.	393,457.	729,591.	2573802.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	1,750.	1,840.	3,150.	5,844.	4,650.	17,234.	
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	20,000.	15,000.	33,000.	17,000.	12,678.	97,678.	
c	: Add lines 7a and 7b	21,750.	16,840.	36,150.	22,844.	17,328.	114,912.	
	Public support. (Subtract line 7c from line 6.)						2458890.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 6	644,074.	238,613.	568,067.	393,457.	729,591.	2573802.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	301.	413.	354.	1,030.	792.	2,890.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				,		•	
_	Add lines 10a and 10b	301.	413.	354.	1,030.	792.	2,890.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is	3010			-		-	
12	regularly carried on Other income. Do not include gain		350.	1,551.	50.	1,817.	3,768.	
	or loss from the sale of capital assets (Explain in Part VI.)	644 285	000 000	560 000	204 525	F20 000	0500460	
	Total support. (Add lines 9, 10c, 11, and 12.)	644,375.	-	-	394,537.	-		
	First five years. If the Form 990 is for check this box and stop here				•	n 501(c)(3) organiz		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2018 (I			column (f))		15	95.29 %	
16	Public support percentage from 2017					16	94.80 %	
Sec	ction D. Computation of Inves					'		
	Investment income percentage for 20			ne 13. column (fl)		17	.11 %	
18						18	.11 %	
	18 Investment income percentage from 2017 Schedule A, Part III, line 17							
138								
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. 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		•	· ·		-	.	
	22 40 44 40	ald flot officer a	20X 011 III 0 17, 130	a, or 100, or 100K tr		adula A (Form 99)		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as 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.
 - **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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

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		
С	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		
Sec	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		
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,			
	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		<u> </u>
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		<u> </u>
	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))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	tw.otion.	-1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	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	Zu		
	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.			
а				
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
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 organization	s	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Cumplemental Information Decide the evaluations required by Dat II fine 10. Dat II fine 17- and 75- Dat III fine 10.
T GIT 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

WCIJ INC. 26-2143608 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization	Employer identification number
WCIJ INC.	26-2143608

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	e instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c) (d)				
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization Employer 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) (d) Total contributions Type of contribution			
7		\$ 200,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
10	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

WCIJ INC. 26-2143608

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
_		 \$					

Name of or	rganization				Employer identification number	
WCIJ :	INC.				26-2143608	
Part III		 through (e) and the following lir charitable, etc., contributions of \$1,00 	e entry For organi	izations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer o	f gift			
_	Transferee's name, address, a	nd ZIP + 4	Relation	onship of tra	nsferor to transferee	
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
Part I						
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relation	onship of trai	nsferor to transferee	
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
	Transferee's name, address, a	(e) Transfer o	-	onship of trai	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer o	f gift			
-	Transferee's name, address, a	nd ZIP + 4	Relation	onship of trai	nsferor to transferee	
		I				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WCIJ INC.

Employer identification number 26-2143608

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(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 grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	unds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
_							
Pai			IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (e.g., recreation or e	· —					
	Protection of natural habitat	Preservation of a certified	historic structure				
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements						
	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str		2c				
a	Number of conservation easements included in (c) acquired						
2	listed in the National Register						
3	_	eleased, extinguished, or terminated by the org	ganization during the tax				
4	year ▶ Number of states where property subject to conservation ea	enoment is legated					
5	Does the organization have a written policy regarding the pe						
3	violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū		, mandaling of violations, and emorning contour	ation oddomento daring the year				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
	▶ \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	L)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
	conservation easements.						
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,				
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical						
b							
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	-	in, provide				
	the following amounts required to be reported under SFAS 1						
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.	Schedule D (Form 990) 2018				

Par	rt III Organizations Maintaining Col	lections of Art	, Histori	cal Tr	easures, o	or Othe	er Simi	lar Ass	e ts (contin	ued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	Loa	n or exc	hange progra	ams				
b	Scholarly research	е	Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	how they t	urther t	he organizati	on's exe	mpt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint	tained as part of the	e organiza	tion's c	ollection?			[Yes	☐ No
Par	rt IV Escrow and Custodial Arrange	ements. Complete	e if the org	anizatio	n answered	"Yes" on	Form 99	0, Part IV	, line 9, or	
	reported an amount on Form 990, Part X	(, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for con	tribution	ns or other as	sets not	included	t		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Form						ity?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the exp	lanation h	as beer	n provided on	Part XIII				
Par	rt V Endowment Funds. Complete if th	e organization ans	wered "Ye	s" on Fo	orm 990, Parl	t IV, line	10.			
	(1	a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	(line 1g, c	olumn (a	a)) held as:	•			•	
а	Board designated or quasi-endowment > %									
b	Permanent endowment \(\bigs\) %									
С	Temporarily restricted endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.								
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:									
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the organization's endowment funds.									
Par	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.										
	Description of property	(a) Cost or oth	ner	(b) Cost	t or other	(c) A	ccumulat	ted	(d) Book	value
		basis (investme	ent)	basis	(other)	der	oreciatio	n		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			2	28,518.		17,8	30.	10	0,688.
	Other									
	L Add lines 1a through 1e (Column (d) must equa		column (2) line '	100)				1(0,688.

Schedule D (Form 990) 2018

o o i i pioto ii ui o o i gai i i autori ai i o o i i	on Form 990, Part IV, lin	e 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 of	r end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r 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" of	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 15.)		. •
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (C)	Description 15.)		. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (2) (3) (4) (5) (6)	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	e 11e or 11f. See Form 990, Part X, lir	. •

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) 2018

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

WCIJ INC.

Employer identification number 26-2143608

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: UNDERCOVERED ISSUES, DOCUMENTS BROKEN AND FAILING SYSTEMS, PUTS FINDINGS INTO REGIONAL AND NATIONAL CONTEXT, AND EXPLORES POTENTIAL SOLUTIONS. THE CENTER ALSO TRAINS CURRENT AND FUTURE INVESTIGATIVE JOURNALISTS THROUGH WORKSHOPS, INTERNSHIPS AND FELLOWSHIPS, MENTORING, AND COLLABORATIONS WITH JOURNALISM CLASSES AND NEWS ORGANIZATIONS. AND WE SHARE INFORMATION ABOUT JOURNALISTIC PRACTICES, ETHICS AND IMPACT WITH THE PUBLIC. WE COLLABORATE WITH WISCONSIN PUBLIC RADIO, WISCONSIN PUBLIC TELEVISION, OTHER NEWS ORGANIZATIONS NATIONWIDE AND THE UW-MADISON SCHOOL OF JOURNALISM AND MASS COMMUNICATION.

OUR MISSION:

TO INCREASE THE QUALITY, QUANTITY AND UNDERSTANDING OF INVESTIGATIVE JOURNALISM TO FOSTER AN INFORMED CITIZENRY AND STRENGTHEN DEMOCRACY.

OUR VALUES:

THE CENTER VALUES TRUTH AND PURSUES IT THROUGH ACCURATE, FAIR, INDEPENDENT, RIGOROUS AND NONPARTISAN REPORTING. WE ALSO VALUE TRANSPARENCY, COLLABORATION, INNOVATION AND A SPIRIT OF PUBLIC SERVICE. THESE VALUES GUIDE THE CENTERS TRAINING OF JOURNALISTS AND ITS INVESTIGATIONS, WHICH SEEK TO PROTECT THE INTERESTS OF PEOPLE IN VULNERABLE CIRCUMSTANCES, EXPOSE WRONGDOING AND DEFICIENCIES IN SYSTEMS, AND EXPLORE SOLUTIONS TO PROBLEMS.

OUR GUIDING PRINCIPLES:

PROTECT THE VULNERABLE. EXPOSE WRONGDOING. EXPLORE SOLUTIONS.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization WCIJ INC.

Employer identification number 26-2143608

SINCE JULY 2009, THE CENTER HAS PRODUCED MORE THAN 350 MAJOR NEWS
REPORTS THAT HAVE BEEN CITED, PUBLISHED OR BROADCAST BY MORE THAN 800
NEWSPAPERS, RADIO AND TV STATIONS AND NEWS WEBSITES IN WISCONSIN AND
NATIONWIDE. THE ESTIMATED AUDIENCE OF THE CENTER'S REPORTS EXCEEDS 82.5
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 SIX PAID STUDENT INTERNS AND FELLOWS

FROM THE SCHOOL AND OTHER UNIVERSITIES AND NEWS ORGANIZATIONS 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.

IN RECENT MONTHS, THE CENTER RELEASED GROUNDBREAKING INVESTIGATIONS

THAT REACHED EVERY CORNER OF THE STATE ON TOPICS INCLUDING THE

ENVIRONMENT, THE CRIMINAL JUSTICE SYSTEM AND IMMIGRATION. WE PRODUCE

IN-DEPTH INVESTIGATIONS THAT ARE NOT YET BEING COVERED AROUND THE

STATE, PROMPTING DISCUSSIONS ON ISSUES THAT ARE IMPORTANT TO THE PEOPLE

OF WISCONSIN.

Name of the organization WCIJ INC. Employer identification number 26-2143608

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

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 ALL DIRECTORS AND OFFICERS ARE CONSIDERED AN INTERESTED AND DIRECTORS. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS TO THE GOVERNING BODY. THE INTERESTED PERSON MUST LEAVE THE MEETING WHILE A DETERMINATION OF A CONFLICT OF INTEREST IS MADE AND VOTED UPON. THE GOVERNING BODY WILL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS EXEMPT STATUS, EACH OFFICER AND DIRECTOR MUST ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT SUCH PERSON HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY AND HAS AGREED TO COMPLY WITH THE POLICY.

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

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

832212 10-10-18

WCIJ INC.	26-2143608
RECOMMENDATION TO THE GOVERNING BODY THAT THEN VOTES ON A	APPROVAL OF THAT
RECOMMENDATION. THE PROCESS WAS LAST UNDERTAKEN IN 2013	•
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS AND FINANCE	IAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	