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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Return of Organization Exempt From Income Tax

rr	n JJ		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	ept private foundation	ns)
		he Treasury	Do not enter social security numbers on this form a	•	•	Open to Public
_	al Revenue		Go to www.irs.gov/Form990 for instructions and		information.	Inspection
				nding		
a	heck if pplicable:	C Name of	organization		D Employer identific	cation number
	Address	WCIJ	INC.			
	Name change		usiness as		26-23	143608
	Initial return			Room/suite	E Telephone number	
	Final return/		UNIVERSITY AVE			262-3642
	termin- ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	394,537.
	Amended		SON, WI 53706-1412		H(a) Is this a group re	turn
	Applica-		nd address of principal officer:ANDY HALL			? Yes X No
	pending SAME AS C ABOVE				H(b) Are all subordinates in	
Т	ax-exen	npt status:	\mathbf{X} 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
٧	Vebsite:	. WWW →	WISCONSINWATCH.ORG		H(c) Group exemption	n number
F	orm of or	rganization:	X Corporation	L Year o	of formation: 2008 M	State of legal domicile: WI
	rt I	Summary				
,	1 Br	riefly describ	e the organization's mission or most significant activities: OUR M	ISSIO	N IS TO INC	REASE THE
	Q	UALITY	, QUANTITY AND UNDERSTANDING OF IN	VESTI	GATIVE JOURI	NALISM TO
ĺ	2 CI	heck this bo	x Fig. if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
5	3 N	umber of vot	ring members of the governing body (Part VI, line 1a)		3	10
5	4 N	umber of ind	ependent voting members of the governing body (Part VI, line 1b)		4	10
3	5 To	otal number	of individuals employed in calendar year 2017 (Part V, line 2a)		5	14
	6 To	otal number	of volunteers (estimate if necessary)		6	10
	7 a To	otal unrelated	d business revenue from Part VIII, column (C), line 12		7a	0.
_	b Ne	et unrelated	business taxable income from Form 990-T, line 34		7b	0.
					Prior Year	Current Year
2			and grants (Part VIII, line 1h)		522,995.	320,857.
5			ce revenue (Part VIII, line 2g)		45,072.	72,600.
			come (Part VIII, column (A), lines 3, 4, and 7d)		354.	1,030.
	l		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,551.	50.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		569,972.	394,537.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		369,863.	_
2			compensation, employee benefits (Part IX, column (A), lines 5-10)		,	374,881.
5	16 a Pr	rofessional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
<u>.</u>			ng expenses (Part IX, column (D), line 25) 65,40		00 007	06 221
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)		90,097. 459,960.	96,231. 471,112.
	l		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		110,012.	4/1,112. -76,575.
ş	19 Re	evenue less	expenses. Subtract line 18 from line 12			
lance			2.17 (2.10)	Re	ginning of Current Year 421,392.	End of Year 341,754.
≅	120 IC	οιαι assets (F	Part X, line 16)		441,JJ4 •	リモエ,/リモ・

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.

,	, · · · · · · · · · · · · · · ·	··· / ·- · · · · · · · · · · · · · · · ·		
Sign Here	Signature of officer ANDY HALL, EXECUTIVE D Type or print name and title	IRECTOR	D	ate
Paid	Print/Type preparer's name SCOTT HAUMERSEN, CPA	Preparer's signature	Date	Check PTIN if self-employed P00084908
Preparer	Firm's name WEGNER CPAS, LLP		Fi	rm's EIN ▶ 39-0974031
Use Only	Firm's address 2921 LANDMARK PL		-	
	MADISON, WI 5371	Р	hone no.608-274-4020	
May the If	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

24,544.

396,848.

Par	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: OUR MISSION IS TO INCREASE THE QUALITY, QUANTITY AND UNDERSTA	NDING OF
	INVESTIGATIVE JOURNALISM TO FOSTER AN INFORMED CITIZENRY 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 services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$349,888 • including grants of \$) (Revenue \$	72,600.
	THE WISCONSIN CENTER FOR INVESTIGATIVE JOURNALISM (WCIJ) OFFE	RS ONE OF
	THE BEST MODELS IN THE NATION OF A REPLICABLE NONPROFIT MODEL	FOR
	SUSTAINING NONPARTISAN LOCAL AND STATE INVESTIGATIVE REPORTIN	G WHILE
	TRAINING CURRENT AND FUTURE INVESTIGATIVE JOURNALISTSTHUS I	NFORMING
	THE CITIZENRY AND STRENGTHENING DEMOCRACY. WCIJ IS EXPANDING	
	CAPACITY TO PRODUCE SUPERB JOURNALISM AND TRAININGWORK MADE	POSSIBLE
	BY ITS SKILLED DEVELOPMENT, PUBLIC ENGAGEMENT AND BUSINESS TE	
	AN INDEPENDENT NEWS ORGANIZATION, COLLABORATES WITH WISCONSIN	-
	RADIO, WISCONSIN PUBLIC TELEVISION, OTHER NEWS ORGANIZATIONS	
	<u> </u>	FOCUS IS
	ON GOVERNMENT INTEGRITY AND QUALITY OF LIFE ISSUESTHE ENVIR	
	ECONOMY, EDUCATION, HEALTH AND THE JUSTICE SYSTEM. SINCE JUL	
415		1 2005,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		_
		_
4c	(Code:) (Expenses \$) (Revenue \$)	· · · · · · · · · · · · · · · · · · ·
4 -1	Other presumes any ince (Decembe in Cabadul- O.)	
4d	,	`
_	(Expenses \$\frac{\text{including grants of \$\text{\$}}}{1000000000000000000000000000000000)
4e	Total program service expenses ► 349,888.	Form 900 (2017

26-2143608 Page **3** WCIJ INC.

Form 990 (2017) 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		X
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			17
	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	ا . ا		v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
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

Form **990** (2017)

10198_11

26-2143608 Page 4 Form 990 (2017) WCIJ INC.

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

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
•	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	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	- 55		
34		34		Х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		- 21
b		256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		Х
07	If "Yes," complete Schedule R, Part V, line 2	36		21
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Λ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38		2017)

Form **990** (2017)

Form 990 (2017) WCIJ INC. 26-2143608 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1086. Enter 0. if not applicable 1a 3 3 5 5 5 5 5 5 5 5		Check if Schedule O contains a response of note to any line in this Part V					
Enter the number of Forms W-20 included in line 1a. Enter -0- If not applicable De Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with most with most with the year covered by this return 16						Yes	No
Committee of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return B If at least one is reported on line 24, did the organization fled all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-fe (see instructions) 3 bit the veganization have unreaded business gross income of \$1,000 or more during the year? 3 bit If vess, *nast filled a Form 990-T for this year? If *No.* 10 line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a friancial account in a Toroign country (such as a bank account, securities account, or other financial accountry? 4 bit *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). 5 bit of the vess and a party to a prohibitotal tax shelter transaction at any time during the tax year? 5 city *See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 city *See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 city *See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 city *See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 city *See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 city *See instructions for the very seed for foreign Bank and Financial Accounts (FBAR). 5 city *See instructions foreign and transmit			-				
Capabiling Winnings to prize winners? 2							
2a Effet the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time of a form 990. The rinis year? If *No.* 'to line 3b, provide an explanation in Schedule O 3b At any time during the calendary year, did the organization have an interest in, or a signature or or her authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any excelsible party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* to line 5a or 5b, did the organization file Form 8886 1? 5c Does the organization and aurilla fore secretic transaction at any time during the tax year? 5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c If *Yes,* told the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 5d Did the organization receive a payment in excess of \$75 made party as a contribution of under the payment in excess of \$75 made party as a contribution of under the payment in excess of \$75 made party as a contribution of under the payment in excess of \$75 made party as a contribution of under the payment in \$70 material \$	С						
teled for the calendary year ending with or within the year covered by this return			 I	I	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bd the organization have unrelated business gross income of \$1,000 or more during the year? 31 b If "Yes," has it filed a Form 990-Ti or this year? If "No," to line 3b, provide an explanation in Schedule O 31 b If "Yes," has it filed a Form 990-Ti or this year? If "No," to line 3b, provide an explanation in Schedule O 32 b At any time during the celared year, did the organization have an interest n, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 32 b If "Yes," enter the name of the foreign country. 33 b If "Yes," enter the mane of the foreign country. 34 b If "Yes," enter the mane of the foreign country. 35 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 36 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 37 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 38 b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 39 b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 30 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and the such contributions or gifts were not tax deductibles on the subject of the foreign Bank and such contributions or gifts were not tax deductibles? 30 b If "Yes," did the organization related a payment in secess of 155 made party as a contribution of 2 party to 3 prohibited tax shelter transaction? 30 b If "Yes," did the organization notify the donor of the value of the godos or services provided? 31 b If "Yes," indicate the number of Forms 8282 filed during the year 32 b If "Yes," indicate the number of Forms 8282 filed during the year 33 b If "Y	2a			1 4			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	_					v	
3a 3b if "Yes," has it filed a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule O 3b if "Yes," has it filed a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule O 3b if "Yes," that it filed a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule O 3b if Yes," this it filed a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule O 3b if Yes, there the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a if Yes, there the name of the foreign country Schedule O 5a if Yes, there the name of the foreign country Schedule O 5a if Yes, there is the organization that it was or is a party to a prohibited tax shelter transaction? 5b if Yes, the ine 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b if Yes, the ine 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c if Yes, the ine 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c if Yes, the ine 5a or 5b, did the organization file form 8886. 7c if Yes, the theorem of tax deductible as chartable contributions? 6a if Yes, the theorem of tax deductible of the prohibited as chartable contributions? 6b if Yes, the theorem of tax deductible of the prohibited as chartable contributions? 7c if Yes, the theorem of the contributions under section 170(c). 3c if Yes, the organization notity the clone of the value of the goods or services provided? 7b if Yes, the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7c if the organization received a contribution of undifficed intellectual property, did the organization file and the prohibited tax shelter transaction the prohibited to the organization received a contribut	b				2b	^	
b if Yes, "has it flied a Form 990-T for this year? if Ye, "to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b if Yes," enter the name of the foreign country: ► See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c if Yes," in line Sa or 5b, did the organization file Form 8896 in? 6a b If Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b if Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b b if Yes," did the organization notify the donor of the value of the goods or services provided? b if Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? 6b d if Yes, "indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 77 78 79 19 if the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C? 77 78 79 50 50 60 60 60 60 60 60 60 60	_						v
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Intitiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
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sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11c Section 501(c)(12) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11c Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15c Gross income from members or shareholders 11b 11b 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12c Section 501(c)(29) qualified nonprofit health insurance issuers. 12c Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans (13c) 12d 13d 13d 13d 13d 13d 14d 14d 15d 16 organization receive any payments for indoor tanning services during the tax year? 14a 14b 16 if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		sponsoring organization have excess business holdings at any time during the year?			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а				9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b				9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a				I			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b						
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	d	-			ısa		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	h						
c Enter the amount of reserves on hand	D		13h	l l			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	•						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b				l	14a		X
	ט	11 100, That it filed a 1 offit 120 to report these payments: 11 110, provide an explanation in schedul				990	(2017

732005 11-28-17

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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					
		_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.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	1	.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		X
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		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		X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			. 7 2		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?			. 7t	<u>, </u>	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?			. 8a	X	
b	Each committee with authority to act on behalf of the governing body?			. 8t	<u> </u>	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.)		_	
				_	Yes	
10a	Did the organization have local chapters, branches, or affiliates?			. 10	a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			. 10	b	
	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	а	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				۱.,	
	• • • • • • • • • • • • • • • • • • • •					_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12	b X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			. 12		1,7
13	Did the organization have a written whistleblower policy?					X
14	Did the organization have a written document retention and destruction policy?			. 14	<u> </u>	Х
15	Did the process for determining compensation of the following persons include a review and approv		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1,7	
	The organization's CEO, Executive Director, or top management official					177
b	Other officers or key employees of the organization			. 15	b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					v
	taxable entity during the year?			. 16	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
<u>C</u>	exempt status with respect to such arrangements?			. 16	b	
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed WI	r (C: -	inn F04/-\/0\	A =: "	- -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sect	ion 501(c)(3)s onl	y) avail	abie	
	for public inspection. Indicate how you made these available. Check all that apply.	. :- 0 :				
46	X Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	τ interest policy,	and fina	ancial	
00	statements available to the public during the tax year.	-1				
20	State the name, address, and telephone number of the person who possesses the organization's bold and HALL $-608-262-3642$	oks ar	iu recoras:			
	821 INTUERSTOV AVE MADISON WI 53706-1412					

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated 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			v				0	0	0
PRESIDENT (2) BRANT HOUSTON	1.00	Х		Х	_			0.	0.	0.
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(3) JACK MITCHELL	1.00	^		<u> </u>				0.	0.	0.
SECRETARY	1.00	Х		X				0.	0.	0.
(4) KEITH BAUMGARTNER	1.00			 					•	
TREASURER		x		x				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	40.00	Х						0.	0.	0.
(11) ANDY HALL	40.00			,,				00 070	0	•
EXECUTIVE DIRECTOR				Х				89,872.	0.	0.
		_		_	_					
		\vdash								
		1								
		1								

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ı uı	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, an	d H	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)	(C)					(D)	(E)		(F)		
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estima	
		hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		amoun	
		(list any	_					É	from the	from related organizations		othe ompens	
		hours for	direct				D.		organization	(W-2/1099-MISC		from t	
		related	tee or	ıstee			ensate		(W-2/1099-MISC)			organiza	
		organizations	al trus	nal trı		oyee	omp				- 1	and rela	
		below line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			١ ٥	organiza	tions
		11110)	Ĕ	Ë	₽	ā.	를 P	요					
							_				\perp		
											\perp		
											_		
1b	Sub-total	<u> </u>							89,872.	().		0.
	Total from continuation sheets to Part V								0.).		0.
d	Total (add lines 1b and 1c)							<u> </u>	89,872.	().		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	0,000 of reportable			0
	compensation from the organization											Yes	
3	Did the organization list any former officer,	director, or tru	uste	e. ke	v er	olam	ovee.	. or	highest compensated e	mplovee on		1.55	1110
_	line 1a? If "Yes," complete Schedule J for s				•	•	•		•		. :	3	Х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$15										4	4	X
5	Did any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-						-	X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scriedui	e J ī	or st	JCN	pers	son .				:	5	A
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of compe	ensatio	on from	
	the organization. Report compensation for												
	(A) Name and business	address	NI	ONE	7				(B) Description of s	envices	Com	(C) npensati	on
	, tame and Sacrifold		14/	2111				\dashv	Becomplien or c			- Iporiouti	
								\dashv					
-								\dashv					
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se lis 0	stec	d above) who received n	nore than			
	Too,ooo or compensation from the organi	ZatiOH 🚩									Fo	rm 990	(2017)

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Form 990 (2017) WCIJ INC
Part VIII Statement of Revenue

		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
<u>s s</u>	1 a	Federated campaigns	1a					012 014
ran		Membership dues	- I I					
اَعْ جَ		Fundraising events						
ifts ar A			1d					
a;e		Government grants (contribut						
Sig		All other contributions, gifts, gran						
her	•	similar amounts not included above		320,857.				
불하	a	Noncash contributions included in lines		3,900.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			320,857.			
		Totall / lad in loo la li		Business Code	, , ,			
g	2 a	JOURNALISM REPO	RTS	519110	32,130.	32,130.		
Program Service Revenue	b			900099	20,470.	20,470.		
	c	OTHER PROGRAM S		900099	20,000.	20,000.		
an eve	d	_			•			
ge.	e		_					
P	f	All other program service reve	nue					
	q	Total. Add lines 2a-2f			72,600.			
	3	Investment income (including			-			
		other similar amounts)			1,030.			1,030.
	4	Income from investment of tax						-
	5	Royalties		•				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
anı		Gross income from fundraising including \$						
Other Rever		contributions reported on line						
~		Part IV, line 18	•					
he	h	Less: direct expenses						
₽		Net income or (loss) from fund						
		Gross income from gaming ac	-					
	e d	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
ľ		Miscellaneous Revenu		Business Code				
t	11 a	MISCELLANEOUS R		900099	50.			50.
	b	-						
	c							
		All other revenue						
		Total. Add lines 11a-11d			50.			
	12	Total revenue. See instructions.			394,537.	72,600.	0.	1,080.

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 response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 89,872. 70,652. 7,714. 11,506. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 235,285. 175,342. 24,058. 35,885. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,359. 7,147. 2,338. 23,844. Other employee benefits 9 25,880. 20,341. 2,226. 3,313. Payroll taxes 10 Fees for services (non-employees): a Management Legal 8,111. 8,111. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 23,863. 19,119. 768. 3,976. Advertising and promotion 12 6,104. 5,282. 173. 649. Office expenses 13 7,195. 5,890. 135. 1,170. 14 Information technology Royalties 15 21,356. 16,440. 1,974. 2,942. 16 Occupancy 15,767. 12,933. 845. 1,989. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,435. 2,694. 221 520. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,121. 268. 2,453. 400. Depreciation, depletion, and amortization 22 7,279. 4,383. 2,182. 714. 23 Other expenses. Itemize expenses not covered 24 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 O.) All other expenses 471,112. 349,888. 55,822. 65,402. Total functional expenses. Add lines 1 through 24e 25 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** WCIJ INC.

Form 990 (2017) Part X Balance Sheet

Pal	LA	Balance Sneet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		103,727.	1	243,286.
	2	Savings and temporary cash investments		19,348.	2	25,944.
	3	Pledges and grants receivable, net		275,000.	3	28,000.
	4	Accounts receivable, net		6,000.	4	25,400.
	5	Loans and other receivables from current and form	er officers, directors,			
		trustees, key employees, and highest compensated	d employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	l persons (as defined under			
		section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Co	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,794.	9	7,805.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10				
	b	Less: accumulated depreciation1	оb 14,700.	9,523.	10c	11,319.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11 .		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal li	ne 34)	421,392.	16	341,754.
	17	Accounts payable and accrued expenses	24,544.	17	21,481.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Par	t IV of Schedule D		21	
es	22	Loans and other payables to current and former off				
Ħ		key employees, highest compensated employees, a				
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated th			24	
	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17				
		Schedule D		24 544	25	21 401
	26	Total liabilities. Add lines 17 through 25		24,544.	26	21,481.
		Organizations that follow SFAS 117 (ASC 958), c				
ses		complete lines 27 through 29, and lines 33 and 3	The state of the s	116 010		220 272
<u>a</u>	27	Unrestricted net assets		146,848. 250,000.	27	320,273.
Fund Balances	28	Temporarily restricted net assets		230,000.	28	0.
pur	29	•	050)		29	
Ę		Organizations that do not follow SFAS 117 (ASC	958), check here			
Net Assets or		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equip			31	
Net	32	Retained earnings, endowment, accumulated incor	F	396,848.	32	320,273.
_	33	Total net assets or fund balances		421,392.	33	341,754.
	34	Total liabilities and net assets/fund balances	I	741,JJ4•	34	Form 990 (2017)

Form **990** (2017)

Form 990 (2017) 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		4,5 1,1					
3	Revenue less expenses. Subtract line 2 from line 1	3		6,5					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,8					
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	32	0,2	73.				
Pa	rt XII Financial Statements and Reporting	ı		-					
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis			37					
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	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?		2c		х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		20						
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si								
Act and OMB Circular A-133?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		3a		<u> </u>				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
	, , , , , , , , , , , , , , , , , , , ,			990 ((2017)				

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

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.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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. Subtract line 5 from line 4.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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 unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u> ▶∟⊥
	ction C. Computation of Publ		<u> </u>				
	Public support percentage for 2017 (14	%
	Public support percentage from 2016					15	<u>%</u>
16a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	-					nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			-	· · · · · · · · · · · · · · · · · · ·	-	nization
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	•				·	
	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-circ						
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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	264,645.	609,407.	199,143.	522,995.	320,857.	1917047.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	20, 002	24 667	20 470	45 072	72 600	212 712
	organization's tax-exempt purpose	20,903.	34,667.	39,470.	45,072.	72,600.	212,712.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_							
э	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	285,548.	644,074.	238,613.	568,067.	393,457.	2129759.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1,950.	1,750.	1,840.	3,150.	5,844.	14,534.
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	7,034.	20,000.	15,000.		17,000.	
c	Add lines 7a and 7b	8,984.	21,750.	16,840.	36,150.	22,844.	106,568.
	Public support. (Subtract line 7c from line 6.)						2023191.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	285,548.	644,074.	238,613.	568,067.	393,457.	2129759.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	190.	301.	413.	354.	1,030.	2,288.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	190.	301.	413.	354.	1,030.	2,288.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on	100.		350.	1,551.	50.	2,051.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		644 255		560 050	224 525	
13	Total support. (Add lines 9, 10c, 11, and 12.)	285,838.	644,375.	239,376.	569,972.	394,537.	2134098.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here							
	ction C. Computation of Publ						0.1.00
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	94.80 %
	Public support percentage from 2016					16	95.21 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	ne percentage for 2017 (line 10c, column (f) divided by line 13, column (f))					.11 %
18	Investment income percentage from 2					18	.07 %
19a	a 33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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 (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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
5	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Par	rart IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) an	d (c)		
	below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
С	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail			
	ection B. Type I Supporting Organizations	<u> </u>		
	, ., <u>, , , , , , , , , , , , , , , , , </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power t	0		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times dur			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise			
	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 si			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		<u> </u>		
2	,	n in		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that op-	·		
C	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations		,, I	
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how			
	or management of the supporting organization was vested in the same persons that controlled or ma	-		
_	the supported organization(s).			
Sec	ection D. All Type III Supporting Organizations			
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during	g the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) co	pies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously	provided? 1		
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P	Part VI how		
	the organization maintained a close and continuous working relationship with the supported organiza	tion(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	ı's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	n's		
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1	I Check the box next to the method that the organization used to satisfy the Integral Part Test during to	he yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	c	overnment entity (see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt pur	poses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide	ntify		
	those supported organizations and explain how these activities directly furthered their exempt pur	poses,		
	how the organization was responsive to those supported organizations, and how the organization det	termined		
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement, on	e or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Par	t 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	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors,	or		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activ	ities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this	s regard. 3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	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 Se	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	1 b		
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	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type iii Non-Functionally integrated 509	(a)(s) 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	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1.2. 3b. 3c. 4b. 4c. 5a. 6. 9a. 9b. 9c. 11a. 11b. and 11c. Part IV. Section B. lines 1 and 2: Part IV. Section C.
	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

2017

Employer identification number

WC	IJ INC.	26-2143608
Organization type(check or	e):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amouline 1. Complete Parts I and II.	or 16b, and that received from
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educuelty to children or animals. Complete Parts I, II, and III.	•
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious uplete any of the parts unless the General Rule applies to this organization because it is, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (FPart IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fore filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, , , , , , , , , , , , , , , , , , , ,

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

26-2143608

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type c	(d) of contribution
1		I	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type c	(d) of contribution
2			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type o	(d) of contribution
3		I	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
4	Nume, address, and Zn ++	Perso Payro Nonce (Complet	n X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
5		Perso Payro Nonca (Complet	n X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
6		Perso Payro Nonce (Complet	n X

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 30,000. 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		\$ 15,000. 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
9		\$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No.	Name, address, and ZIP + 4	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.)
(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

26-2143608 WCIJ INC.

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. 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. 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
		 \$	

lame of orga	nization		Employer identification number	
VCIJ I			26-2143608	
Part III	Exclusively religious, charitable, etc., contended the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition	columns (a) through (e) and the follous, charitable, etc., contributions of \$1,000 o	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year. (Enter this info. once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
.		(e) Transfer of git		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
.	(e) Transfer Transferee's name, address, and ZIP + 4		of gift Relationship of transferor to transferee	
(a) No.	(b) Power and of with	(2) 1100 of sift		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a	ft Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gif	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
-				

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	s or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	•						
	are the organization's property, subject to the organization's $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) \left(\frac{1}{$							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
Day								
Pai		· · · · · · · · · · · · · · · · · · ·	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organizati	`						
	Preservation of land for public use (e.g., recreation or e		torically important land area					
	Protection of natural habitat	Preservation of a cert	tified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
a	Total number of conservation easements							
b	Total acreage restricted by conservation easements		 					
	Number of conservation easements on a certified historic str							
d	Number of conservation easements included in (c) acquired		1 1					
_	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax					
	year •							
4	Number of states where property subject to conservation ear	-						
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements i							
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	iservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
′	\$\\$\$ \$\$ \$\$	alling of violations, and emorcing conserva	ation easements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)							
Ŭ	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservati							
Ŭ	include, if applicable, the text of the footnote to the organization							
	conservation easements.		the organization of decounting for					
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,					
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical							
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts							
	relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1	> \$						
2	If the organization received or held works of art, historical tre		al gain, provide					
	the following amounts required to be reported under SFAS 1							
а	Revenue included on Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X							

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

Schedule D (Form 990) 2017

	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Oth	er S	imila	r Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at are a s	signifi	icant u	se of its	collection	items
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	the organizati	on's exe	empt	purpos	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	er simila	ar ass	ets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?				\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" or	n Fori	m 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets no	t incl	uded			
	on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII										
		·	· ·							Amount	
С	Beginning balance							1c			
	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F									Yes	No
	If "Yes," explain the arrangement in Part XIII.						-				
Pai											
	·	(a) Current year		rior year	(c) Two year			hree ye	ars back	(e) Four	ears back
1a	Beginning of year balance	,	. ,		, ,		\			. , .	
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	ront year and balanc	o (lino 1	a column (a)) hold as:		l				
a		Territ year erid balario		g, coluitii (a)) Held as.						
b	<u> </u>										
·	The percentages on lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the posse		ation the	at are held s	and administs	ared for	tha a	raaniza	ation		
Ou		331011 Of the organiza	ation the	at are ricid t	and administ	ica ioi	uic o	garnze	ation i	Г	res No
	· · · · · · · · · · · · · · · · · · ·							103 110			
	(i) unrelated organizations								- ` ` - 		
h	(ii) related organizations o If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								3b		
4	Describe in Part XIII the intended uses of the organization's endowment funds.										
Pai	t VI Land, Buildings, and Equipm		WITIETIL	iuiius.							
	Complete if the organization answere) Part I\	/ line 11	See Form Oar) Part Y	line	10			
	Description of property	(a) Cost or o			t or other			nulated	,	(d) Book	value
	Description of property	basis (investr			(other)		epreci		'	(u) BOOK	value
10	Land	,	,	54010	(50101)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20011			
1a b	Land										
	Buildings Leasehold improvements								_		
q				2	26,019.		1 /	1,70	0.	11	,319.
d	Equipment				,			.,,,	- -		, , , , , ,
	Other		X colur	nn (R) line '	10c)					11	.319.

Law Farma COO Boot IV line		
on Form 990. Part IV. line	e 11b. See Form 990, Part X, line 12.	
(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
" on Form 990 Part IV line	11c See Form 990 Part X line 13	
	(c) Method of valuation: Cost or	end-of-vear market value
+ ` '	,,	,
+		
+		
+		
" on Form 000 Port IV line	alld Soc Form 000 Bort V line 15	
	e Tru. See Form 990, Fart A, line 15.	(b) Book value
Becompacin		(b) Book value
ie 15.)		
"	44 446 5 000 5 177	0.5
		9 25.
	(b) Book value	
	" on Form 990, Part IV, line (b) Book value " on Form 990, Part IV, line (b) Description	" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or

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) 2017

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2017
Open to Public Inspection

Name of the organization

WCIJ INC.

Employer identification number 26-2143608

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

FOSTER AN INFORMED CITIZENRY AND STRENGTHEN DEMOCRACY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WCIJ HAS PRODUCED MORE THAN 330 MAJOR NEWS REPORTS THAT HAVE BEEN CITED, PUBLISHED OR BROADCAST BY MORE THAN 650 NEWSPAPERS, RADIO AND TV STATIONS AND NEWS WEBSITES IN WISCONSIN AND NATIONWIDE. THE ESTIMATED AUDIENCE OF THE CENTER'S REPORTS EXCEEDS 64 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 THREE TO FOUR PAID STUDENT INTERNS WHO WORK AS JOURNALISTS, INVESTIGATIVE REPORTERS AND PUBLIC ENGAGEMENT AND MARKETING ASSISTANTS. PART-TIME STAFF MEMBERS AND SKILLED VOLUNTEERS WHO ASSIST IN JOURNALISTIC AND FINANCIAL OPERATIONS. THE CENTER ALSO COLLABORATES WITH JOURNALISM CLASSES ON INVESTIGATIVE NEWS PROJECTS. A NATIONALLY ACCLAIMED BOARD OF DIRECTORS, INCLUDING EXPERTS IN INVESTIGATIVE JOURNALISM, NONPROFIT JOURNALISM AND NONPROFIT FINANCIAL MANAGEMENT, GUIDES AND OVERSEES THE CENTER AND DETERMINES POLICIES, WHILE DAY-TO-DAY OPERATIONS, INCLUDING NEWS COVERAGE DECISIONS, ARE HANDLED BY THE STAFF. IN RECENT MONTHS, THE CENTER RELEASED GROUNDBREAKING INVESTIGATIONS THAT REACHED EVERY CORNER OF THE STATE ON TOPICS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

WCIJ INC.

Employer identification number 26-2143608

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.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS TO INCREASE THE MAXIMUM NUMBER OF MEMBERS OF THE GOVERNING BODY FROM 11 TO 17.

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
AND DIRECTORS. ALL DIRECTORS AND OFFICERS ARE CONSIDERED AN INTERESTED
PERSON. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN
INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS TO THE GOVERNING BODY.
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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization WCIJ INC.	Employer identification number 26-2143608					
ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT SUCH PERSON H	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 PERFO	DRMANCE REVIEW BY					
THE PERSONNEL COMMITTEE OF THE GOVERNING BODY AND A REVIEW	EW OF THE					
COMPENSATION OF COMPARABLE EXECUTIVE DIRECTORS PERFORMING	S SIMILAR DUTIES					
FOR SIMILAR SIZED ORGANIZATIONS. THE PERSONNEL COMMITTEE	E MAKES AN ANNUAL					
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.						