WEGNER LLP 2110 LUANN LN MADISON, WI 53713-3098

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

		PU	BLIC DISCLOSURE COPY - STAT	E REGIS	[RA]	TION NO.	11	213-	800
			Shor <u>t</u>	Form _			_		OMB No. 1545-1150
Forn	n <b>9</b> 9	90-EZ	Short I Short Short I Short	<b>xempt F</b> al Revenue Cod ndation)	rom e (exce	pt black lung ber	e Ta	IX ust or	2010
Depa	rtment	of the Treasury	Sponsoring organizations of donor advised funds, organizations to organizations as defined in section 512(b)(13) must file Form 990. All o	that operate one or ther organizations v	nore hos /ith gros:	spital facilities, and on spital facilities, and on spital facilities and spital spita	ertain co \$200,000	ontrolling 0 and total	Open to Public
		enue Service	assets less than \$500,000 at the en The organization may have to use a copy of thi	nd of the year may us Is return to sati	se this fo sfy sta	orm. te reporting req	uirem	ents.	Inspection
			ndar year, or tax year beginning		and	ending	_		
B C a	heck if	f C N	ame of organization				D Emp	oloyer ide	entification number
	Addr	ess change							
	Nam		CIJ INC.						43608
	Initia	rotarri	nber and street (or P.O. box, if mail is not delivered to street ad	ddress)		Room/suite		•	
	Term		21 UNIVERSITY AVE				6	<u>08-2</u>	62-3642
	Amer	lacarctain	r or town, state or country, and ZIP + 4				F Gro	up Exem	ption
		ation pending <b>M</b>	ADISON, WI 53706-1412					nber ►	
		nting Method:	Cash X Accrual Other (specify)				H Che	eck 🕨	if the organization is <b>not</b>
			W.WISCONSINWATCH.ORG						ttach Schedule B
JI	ax-ex			nsert no.) 🔄 4	. ,	( )	(		990-EZ, or 990-PF).
	Check		organization is not a section 509(a)(3) supporting organization	-		-			
			t required though Form 990-N (e-postcard) may be required (	see instructions)	. But if	the organization o	choose	s to file a	return, be sure to file a
		ete return.		····					
			7b, to line 9 to determine gross receipts. If gross receipts are 5						
			elow) are \$500,000 or more, file Form 990 instead of Form 990 e, Expenses, and Changes in Net Assets					► \$	154,877.
Pa	art I								,
			organization used Schedule O to respond to any question in t						<u> </u>
			, gifts, grants, and similar amounts received					1	144,470.
	2		ice revenue including government fees and contracts					2	10,000.
	3	Membersnip (	dues and assessments	CPP (	CUT			3	407.
	4		come			DOUE O		4	407.
	5a		t from sale of assets other than inventory						
	D		other basis and sales expenses					Fa	
	6	. ,	from sale of assets other than inventory (Subtract line 5b fron undraising events	II IIIle ba)				5c	
	- T	-	from gaming (attach Schedule G if greater than						
anı	a 🛛			6a	1				
Revenue	Ь	, , ,	from fundraising events (not including \$		ntribut	ione			
R	1		ing events reported on line 1) (attach Schedule G if the sum of		minuu	10113			
			and contributions exceeds \$15,000)		1				
	c		manage from doming and fundraising quanta	60					
			(loss) from gaming and fundraising events (add lines 6a and		line 6c)	1		6d	
			f inventory, less returns and allowances						
			goods sold						
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8		(describe in Schedule O)					8	
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	154,877.
	10		nilar amounts paid (list in Schedule O)					10	
	11		to or for members					11	
Se	12	Salaries, othe	r compensation, and employee benefits					12	160,944.
use.	13		ees and other payments to independent contractors					13	3,179.
Expenses	14		ent, utilities, and maintenance					14	1,222.
ш	15	Printing, publi	cations, postage, and shipping					15	2,738.
	16		es (describe in Schedule O)	SEE S	SCHE	EDULE O		16	26,991.
	17	Total expens	es. Add lines 10 through 16					17	195,074.
<u>s</u>	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)					18	-40,197.
Net Assets	19		fund balances at beginning of year (from line 27, column (A))						
t As			vith end-of-year figure reported on prior year's return)					19	55,505.
Net	20		s in net assets or fund balances (explain in Schedule 0)					20	0.
	21		, , , , , , , , , , , , , , , , , , ,					21	15,308.
LHA	For	r Paperwork Re	duction Act Notice, see the separate instructions.						Form <b>990-EZ</b> (2010)

032171 02-02-11

FUIII	n 990-EZ (2010) WCIJ INC.		2	6-21	436	08	Page <b>2</b>
Pa	art II Balance Sheets. (see the instructions for Part II.)						
	Check if the organization used Schedule O to respond to any question	in this Part II		<u></u>			X
		· · ·	) Beginning of year		(B) ⊦	nd of year	
22	Cash, savings, and investments		59,362.			14,3	<u>313.</u>
23	Land and buildings	······	31.	23		6	201
24	Other assets (describe in Schedule 0) SEE SCHEDULE C						321.
25	Total assets	·····	59,393.			20,6	
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE (		3,888. 55,505.	26			<u>326.</u> 308.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishme		 Dart III \	21	E.		500.
FC	Check if the organization used Schedule O to respond to any question	•	,	<b>X</b> (R		(penses for sectior	ı
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE C		L	<b>5</b> 0	1(c)(3)	and 501(c	)(4)
			in a service service	40		ons and se ) trusts; op	
	cribe what was achieved in carrying out the organization's exempt pur services provided, the number of persons benefited, and other relevar	-			others.		Juona
_	SEE SCHEDULE O		gram the.				
20				-			
				-			
	(Grants \$) If this amount includes foreign	arante, chock horo		28	a	141,4	418.
29			L		<u> </u>	/	
20				-			
				-			
	Grants \$ ) If this amount includes foreign	arants check here		29	a		
30					-		
				-			
				-			
	(Grants \$) If this amount includes foreign	arants check here		30	a		
					-		
	(Grants \$ ) If this amount includes foreign			31	a		
					-	141,4	418.
	art IV List of Officers, Directors, Trustees, and Key E	mplovees, List each one ev	ion if not componented (or				
			ven il not compensated. (se	e ule insu	uctions i	011 altiv.)	
	Check if the organization used Schedule 0 to respond to any question		ven in not compensated. (se				
				(d) Contri	butions		Dense
		n in this Part IV (b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	(d) Contri to empl benefit p	butions oyee lans &	(e) Exp accoun	t and
	Check if the organization used Schedule O to respond to any question (a) Name and address	n in this Part IV (b) Title and average hours	(c) Compensation	(d) Contri to empl	butions oyee lans & ed	(e) Exp	t and
	Check if the organization used Schedule O to respond to any question (a) Name and address DY HALL, 821 UNIVERSITY AVE,	n in this Part IV (b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter -0)	(d) Contri to empl benefit p deferr	butions oyee lans & ed	(e) Exp accoun	t and
	Check if the organization used Schedule O to respond to any question (a) Name and address	n in this Part IV (b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0) ECTOR	(d) Contri to empl benefit p deferr	butions oyee lans & ed	(e) Exp accoun	t and
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MA BR CH MA CH MA MA SC MA MA A V DE MA HE	Check if the organization used Schedule O to respond to any question (a) Name and address DY HALL, 821 UNIVERSITY AVE, DISON, WI 53706-1412 ANT HOUSTON, 821 UNIVERSITY AVE, DISON, WI 53706-1412 ARLES LEWIS, 821 UNIVERSITY AVE, DISON, WI 53706-1412 CK MITCHELL, 821 UNIVERSITY AVE, DISON, WI 53706-1412 OTT HAUMERSEN, 821 UNIVERSITY AVE, DISON, WI 53706-1412 LCOLM BRETT, 821 UNIVERSITY AVE, DISON, WI 53706-1412 REN LINCOLN MICHEL, 821 UNIVERSITY E, MADISON, WI 53706-1412 NISE CALLAWAY, 821 UNIVERSITY AVE, DISON, WI 53706-1412 NISE CALLAWAY, 821 UNIVERSITY AVE, DISON, WI 53706-1412	in this Part IV (b) Title and average hours per week devoted to position EXECUTIVE DIR 40.00 PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 TREASURER 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR	(c) Compensation (If not paid, enter -0) ECTOR 70,000. 0. T 0. 0. 0. 0. 0.	(d) Contri to empl benefit p deferr	butions oyee lans & ed sation 0. 0. 0. 0. 0. 0. 0.	(e) Exp accoun	t and wances 0. 0. 0. 0. 0. 0. 0.
MA BR CH MA CH MA MA SC MA MA A V DE MA HE	Check if the organization used Schedule O to respond to any question (a) Name and address DY HALL, 821 UNIVERSITY AVE, DISON, WI 53706-1412 ANT HOUSTON, 821 UNIVERSITY AVE, DISON, WI 53706-1412 ARLES LEWIS, 821 UNIVERSITY AVE, DISON, WI 53706-1412 CK MITCHELL, 821 UNIVERSITY AVE, DISON, WI 53706-1412 OTT HAUMERSEN, 821 UNIVERSITY AVE, DISON, WI 53706-1412 LCOLM BRETT, 821 UNIVERSITY AVE, DISON, WI 53706-1412 REN LINCOLN MICHEL, 821 UNIVERSITY E, MADISON, WI 53706-1412 NISE CALLAWAY, 821 UNIVERSITY AVE, DISON, WI 53706-1412 NISE CALLAWAY, 821 UNIVERSITY AVE, DISON, WI 53706-1412	in this Part IV (b) Title and average hours per week devoted to position EXECUTIVE DIR 40.00 PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 TREASURER 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR	(c) Compensation (If not paid, enter -0) ECTOR 70,000. 0. T 0. 0. 0. 0. 0.	(d) Contri to empl benefit p deferr	butions oyee lans & ed sation 0. 0. 0. 0. 0. 0. 0.	(e) Exp accoun	t and wances 0. 0. 0. 0. 0. 0. 0.
MA BR CH MA CH MA MA SC MA MA A V DE MA HE	Check if the organization used Schedule O to respond to any question (a) Name and address DY HALL, 821 UNIVERSITY AVE, DISON, WI 53706-1412 ANT HOUSTON, 821 UNIVERSITY AVE, DISON, WI 53706-1412 ARLES LEWIS, 821 UNIVERSITY AVE, DISON, WI 53706-1412 CK MITCHELL, 821 UNIVERSITY AVE, DISON, WI 53706-1412 OTT HAUMERSEN, 821 UNIVERSITY AVE, DISON, WI 53706-1412 LCOLM BRETT, 821 UNIVERSITY AVE, DISON, WI 53706-1412 REN LINCOLN MICHEL, 821 UNIVERSITY E, MADISON, WI 53706-1412 NISE CALLAWAY, 821 UNIVERSITY AVE, DISON, WI 53706-1412 NISE CALLAWAY, 821 UNIVERSITY AVE, DISON, WI 53706-1412	in this Part IV (b) Title and average hours per week devoted to position EXECUTIVE DIR 40.00 PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 TREASURER 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR	(c) Compensation (If not paid, enter -0) ECTOR 70,000. 0. T 0. 0. 0. 0. 0.	(d) Contri to empl benefit p deferr	butions oyee lans & ed sation 0. 0. 0. 0. 0. 0. 0.	(e) Exp accoun	t and wances 0. 0. 0. 0. 0. 0. 0.
MA BR CH MA CH MA MA SC MA MA A V DE MA HE	Check if the organization used Schedule O to respond to any question (a) Name and address DY HALL, 821 UNIVERSITY AVE, DISON, WI 53706-1412 ANT HOUSTON, 821 UNIVERSITY AVE, DISON, WI 53706-1412 CARLES LEWIS, 821 UNIVERSITY AVE, DISON, WI 53706-1412 CK MITCHELL, 821 UNIVERSITY AVE, DISON, WI 53706-1412 COTT HAUMERSEN, 821 UNIVERSITY AVE, DISON, WI 53706-1412 LCOLM BRETT, 821 UNIVERSITY AVE, DISON, WI 53706-1412 REN LINCOLN MICHEL, 821 UNIVERSITY F, MADISON, WI 53706-1412 NISE CALLAWAY, 821 UNIVERSITY AVE, DISON, WI 53706-1412 RMAN BAUMANN, 821 UNIVERSITY AVE, DISON, WI 53706-1412	in this Part IV (b) Title and average hours per week devoted to position EXECUTIVE DIR 40.00 PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 TREASURER 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR	(c) Compensation (If not paid, enter -0) ECTOR 70,000. 0. T 0. 0. 0. 0. 0.	(d) Contri to empl benefit p deferr	butions oyee lans & ed 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Exp accoun	t and wances 0. 0. 0. 0. 0. 0. 0.

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10198-11

Form	1990-EZ (2010) WCIJ INC. 26-2	2143608	}	Page <b>3</b>
Pa	<b>Other Information</b> (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V		1	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in	00		v
04	Schedule 0			X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	34		x
35	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>			
00	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
я	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
u	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		x
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			F
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.		
b	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?			X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
		0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?	,		
	If "Yes," complete Schedule L, Part I	40b		X
C	Section $501(c)(3)$ and $501(c)(4)$ organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed. ► WI The organization's books are in care of ► ANDY HALL Telephone no. ► 603	<u> </u>	612	,
42 a		> 5370		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	10-1	414
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
		42b	103	X
	account)? If "Yes," enter the name of the foreign country:			<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
J	If "Yes," enter the name of the foreign country:		1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ			X
	Did the organization receive any payments for indoor tanning services during the year?			X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, " provide an explanation			
	in Schedule O	44d		

Form **990-EZ** (2010)

032173 02-02-11

Form 990-EZ (2	2010) WCIJ INC.			26-2143	608		Pag
						Yes	
	ated organization a controlled entity of the organization within th				45		
	rganization receive any payment from or engage in any transaction	-	-				
	form 990 and Schedule R may need to be completed instead of Form				45a		
	rganization engage, directly or indirectly, in political campaign activ						
If "Yes," c	omplete Schedule C, Part I				46		
	Section 501(c)(3) organizations and section 4			-		•	
	organizations and section 4947(a)(1) nonexempt charitable trusts	-					г
	Check if the organization used Schedule O to respond to any questi	on in this Part VI					
17 Did the ev	reactivities and a labeling activities of the second			Г	47	Yes	ľ
	rganization engage in lobbying activities? If "Yes," complete Sch janization a school as described in section 170(b)(1)(A)(ii)? If "Yes				47		┝
	rganization make any transfers to an exempt non-charitable related				40 49a		┝
	vas the related organization a section 527 organization?				49b		⊢
	this table for the organization's five highest compensated employe						L
	0,000 of compensation from the organization. If there is none, enter		s, ii usiees allu key ei	inployees) who ea	101110	Selveu	
uiaii y iu	0,000 of compensation from the organization. If there is none, enter	(b) Title and average hours	(c) Compensation	(d) Contributions		e) Expe	
	(a) Name and address of each employee paid more	per week devoted to	(c) compensation	to employee		ccount	
	than \$100,000 NONE	position		benefit plans & deferred		er allow	
	TAOTAR	+		compensation	+		-
					_		_
							_
					_		_
							_
		_					
	e this table for the organization's five highest compensated indepen- ion. If there is none, enter "None." <b>NONE</b> (a) Name and address of each independent contractor paid more		(b) Type of ser			ipensat	
			-				
			-				
			-				-
							-
			]				-
							_
	nber of other independent contractors each receiving over \$100,00		►				_
	rganization complete Schedule A? Note: All section 501(c)(3) organization	nizations and 4947(a)(1) nonex	empt			_	
	e trusts must attach a completed Schedule A	ccompanying schedules and stateme	ents, and to the best of my	knowledge and be	X Ye	es L	_
	orrect, and complete. Declaration of preparer (other than officer) is based on all	information of which preparer has any	y knowledge.		,	,	_
Sign	Signature of officer			Date			_
Here	•	תי					
	ANDY HALL, EXECUTIVE DIRECTO	אי					
			Check	if PTIN			_
Daid	Print/Type preparer's name Preparer's signatur	Te Date	self- emplo				
Paid	KIMBERLY K. RUEF,		Sell- Glubio	you			
Preparer							
Jse Only	Firm's name WEGNER LLP		Firm's EIN		7.4	100	~
	Firm's address > 2110 LUANN LN	0.0	Phone no.	608-2	/4-	402	C
	MADISON, WI 53713-30						_
May the IRS dis	scuss this return with the preparer shown above? See instructions				X Ye		=
03-04-11				F	orm §	990-EZ	(2
00516	700000 10100 10001 0010 0000	$\frac{4}{100}$			1 ^ -	100	
00516	788028 10198-1TX01 2010.030	50 WCIJ INC.			101	L98-	-

SCHEDU	LE A	Public Charity Status and Public Support						OMB No. 1545-0047				
(FOILIT 990 OF 990-EZ)			-							20	10	)
· · · · ·			te if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					Opent	Duhl	io		
Department of th Internal Revenue		► At	tach to Form 990 or Fo				instructio	ons.		Open to Inspe	ection	10
Name of the	organizati				-	•			mployer id	dentificati	on nu	mber
		WCIJ IN							26	-2143	608	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
		-	because it is: (For lines 1	-		-	-					
	,		s, or association of chur		ribed in <b>se</b>	ection 170	(b)(1)(A)(i)	-				
			0(b)(1)(A)(ii). (Attach Sc									
	•		tal service organization of					(1-)(4)(4)(:	i) Enter th			
	ty, and stat		operated in conjunction	with a nos	pital desci	nbea in <b>se</b>	ection 170	(D)(T)(A)(II	I). Enter tr	ie nospital	s nam	ie,
			benefit of a college or ur	niversity o	whed or or	herated by	, a governi	mental uni	t describe	d in		
	-	(b)(1)(A)(iv). (Comple	-	involoity of		solutou by	a govorni	normal and		u ili		
			ent or governmental unit	t described	d in <b>sectio</b>	on 170(b)( <sup>.</sup>	1)(A)(v).					
			eives a substantial part					or from the	general p	ublic desc	ribed i	n
se	ection 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8 🛄 A	community	trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖 A	n organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	ibutions, m	nembershi	p fees, and	d gross re	ceipts	from
			nctions - subject to certa	-		-				-		
			axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	inization a	fter June 3	0, 197	'5.
		509(a)(2). (Complete	,			- ··	500( )V					
			perated exclusively to te						v out the r		fana	<b>~</b> *
			perated exclusively for the trian the trian termination to the trian termination of the termination of terminatioo									U
			organization and comple				_). 000 <b>300</b>				that	
a	П Туре І			с П Тур			tegrated		d 🗌	Type III - (	Other	
e 🗌 B	• •		t the organization is not					r more dis	qualified p	ersons oth	ier tha	ın
fc	oundation m	anagers and other th	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f If	the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
SI	upporting or	ganization, check th	nis box									. 📖
g S			rganization accepted ar								<b></b>	——
(i)			irectly controls, either al								Yes	No
,	•	• •	upported organization?									┝───
			described in (i) above?								┟──┤	├──
			person described in (i) about the supported or							11g(iii)		L
		bilowing information	about the supported big	gamzation	(3).							
(i) Name of	sunnorted	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) Is	the	(vii) An	Jount o	
organiz		(1) 211	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz	on in col. ed in the	• •	port	
-			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									1			

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Form 990 or 990-EZ.

Total

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A	A (Form 990 or 990-EZ) 2010 WCIJ ]		Bage 2
Part II	Support Schedule for Organi	zations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
(Complete only if you checked the b		on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organ	ization
	fails to qualify under the tests listed be	elow, please complete Part III.)	

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				172,700.	144,470.	317,170.
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				172,700.	144,470.	317,170.
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)						266,488.
6	Public support. Subtract line 5 from line 4.						50,682.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4				172,700.	144,470.	317,170.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				616.	407.	1,023.
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 IV.)						
11	Total support. Add lines 7 through 10						318,193.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	13,000.
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Pe	rcentage				1 - 00
	Public support percentage for 2010 (li		-			14	15.93 %
	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010. If the or	-					
	stop here. The organization qualifies a						
b	33 1/3% support test - 2009. If the or						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
-	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a	nd see instruction	s <b>&gt; X</b>

Schedule A (Form 990 or 990-EZ) 2010

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

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

Se	ction A. Public Support				-	•	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) 2010	(f) Total
1							
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	0						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
		1					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organi	ization,
	check this box and stop here			<u></u>		-	<b>)</b>
Se	ction C. Computation of Publ						
15	Public support percentage for 2010 (	line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)10</b> (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%
<b>19</b> a	<b>33 1/3% support tests - 2010.</b> If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiz	zation	▶□]
k	<b>33 1/3% support tests - 2009.</b> If the	organization did n	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>s</b> f	<b>top here.</b> The org	anization qualifies	as a publicly supp	ported organization	n▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
0320	23 12-21-10			_	Sci	hedule A (Form 9	90 or 990-EZ) 2010
				7			

16200516 788028 10198-1TX01 2010.03050 WCIJ INC.

10198-11

# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

26-2143608

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

- I. - -I. I. - **E** 

Name of the organization

Organization type (check one):

WCIJ INC.

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### **General Rule**

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

### **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

WCIJ INC.

Part I	Contributors (see instructions)						
(a)	(b)						
No.	Name, address, and ZIP + 4						
1							

No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$110,981.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$16,463.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$10,612.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-23-10		\$ \$ Schedule B (Form	Person Payroll Occupied Payroll Payroll Occupied Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

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1 of 1 of Part I Page Employer identification number

(d)

26-2143608

(c)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010
--

Name of organization

of Part II Page of

Employer identification number

WCIJ INC.

26-2143608

## Part II Noncash Property (see instructions)

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
art I	p	(see instructions)	
_			
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
rom art I	Description of noncash property given	(see instructions)	Date received
_			
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
_			
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	

16200516 788028 10198-1TX01 2010.03050 WCIJ INC.

	rugo	0.
Employer	identific	ation

CIJ II Part III		dividual contributions to section	<u>26-2143608</u> n 501(c)(7), (8), or (10) organizations aggregating			
	more than \$1,000 for the year. Complete Part III, enter the total of <i>exclusively</i> religiou	columns (a) through (e) and the	following line entry. For organizations completing			
	Part III, enter the total of exclusively religiou \$1,000 or less for the year. (Enter this info	rmation once. See instructions.)	► \$			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(8) - 2 - 2000 - 3 - 1	(0) 000 01 gint				
-						
$\vdash$						
	(e) Transfer of gift					
L	Transferee's name, address, and 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			
-						
-			<u> </u>			
	(e) Transfer of gift					
$\vdash$	Transferee's name, address, and	d 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			
-						
-						
Ľ						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
-		[				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		., .				
-						
-						
$\vdash$	(e) Transfer of gift					
$\vdash$	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
-						

2010.03050 WCIJ INC.

SCHEDULE O	Supplemental Information to Form 990 or 990-E		Z OMB No. 1545-0047		
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.	n		en to P pection	
Name of the organization	WCIJ INC.		yeridentific -214360		number
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:				
DESCRIPTION (	OF PROPERTY:		AMC	DUNI	C:
INTEREST INCO	DME				407
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:				
DESCRIPTION (	OF OTHER EXPENSES:		AMC	DUNI	ľ:
OFFICE EXPENS	SES			10,	,397.
TRAVEL				7,	,233.
CONFERENCES,	CONVENTIONS, AND MEETINGS			1,	,761.
INSURANCE				2,	,829.
INFORMATION 1	FECHNOLOGY			4,	,360.
DEPRECIATION					411.
TOTAL TO FORM	4 990-EZ, LINE 16			26,	,991.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:				
DESCRIPTION	BEG. OF	YEAR	END	OF	YEAF
PREPAID EXPEN	NSES AND DEFERRED CHARGES	31.			0.
OTHER DEPREC	IABLE ASSETS	0.		6,	,321.
TOTAL TO FORM	4 990-EZ, LINE 24	31.		6,	,321.
FORM 990-EZ,	PART II, LINE 26, OTHER LIABILITIES:				
DESCRIPTION	BEG. OF	YEAR	END	OF	YEAF
ACCOUNTS PAY	ABLE AND ACCRUED EXPENSES	3,888.		5,	,326.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - THE WISC	CONSIN	CENTEF	₹ F(	)R
	E JOURNALISM'S MISSION IS TO PROTECT THE VUI				
LHA For Paperwork Re 032211 01-24-11	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	ieaule (F	orm 990 or 9	190-E2	r) (2010)
200516 788028	10198-1TX01 2010.03050 WCIJ INC.		1	019	8-11

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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



WCIJ INC.

Employer identification number 26 - 2143608

WRONGDOING, AND SEEK SOLUTIONS TO PRESSING PROBLEMS. OUR GOAL IS TO

RAISE THE QUALITY AND AMOUNT OF INVESTIGATIVE REPORTING ACROSS

WISCONSIN WHILE TRAINING A NEW GENERATION OF INVESTIGATIVE REPORTERS.

WE DISTRIBUTE OUR CONTENT, WHICH FOCUSES UPON GOVERNMENT INTEGRITY AND

QUALITY OF LIFE ISSUES, FOR FREE TO THE MEDIA OF WISCONSIN.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR HIGH-IMPACT, AWARD-WINNING STORIES HAVE BEEN CARRIED

BY MORE THAN 100 PUBLICATIONS, TELEVISION AND RADIO

STATIONS, AND WEBSITES ACROSS THE STATE AND NATION SINCE

2009. AS A COLLABORATIVE MODEL FOR NONPARTISAN, NONPROFIT LOCAL

INVESTIGATIVE JOURNALISM, WE HAVE PROMOTED HIGH JOURNALISTIC ETHICS AND

FINANCIAL TRANSPARENCY STANDARDS. OUR RECENT REPORTS HAVE FOCUSED ON

THE ABUSE OF ADDERALL AT STATE CAMPUSES; A COMPUTER-ASSISTED ANALYSIS

OF 50,000 E-MAILS TO GOVERNOR SCOTT WALKER; AN INDIANA PROSECUTOR'S

E-MAIL SUGGESTING THAT THE GOVERNOR STAGE AN ATTACK UPON HIMSELF; SEX

OFFENDERS LIVING, OFTEN UNDETECTED, IN NURSING HOMES; THE TRAGICALLY

HIGH RATE OF SUICIDES AMONG NATIVE AMERICANS; THE USE OF DANGEROUS ACID

AT A WISCONSIN OIL REFINERY; UNDERREPORTING OF CAMPUS SEXUAL ASSAULTS;

2010.03050 WCIJ INC.

AND MORE.

16200516 788028 10198-1TX01

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01-24-11
13 Schedule O (Form 990 or 990-EZ) (2010)