Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

ΑΙ	For the	2010 calendar year, or tax year beginning and end	ding				
B	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Address change	THE WATCHDOG INSTITUTE					
	Name change	Doing Business As		27-0	732786		
	Initial return		om/suite	E Telephone numbe			
Ē	Termin- ated Amende	5500 CAMPANILE DRIVE, PSFA 361C	, , , , , , , , , , , , , , , , , , ,	(619) 594-5100		
L	return	City or town, state or country, and ZIP + 4	- 1	G Gross receipts \$	365,018.		
	tion pending	SAN DIEGO, CA 92102		H(a) Is this a group re			
	ļ	F Name and address of principal officer: CHARLES LEWIS		for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inc			
		mpt status: X 501(c)(3)	527	·	list. (see instructions)		
		e: ► WWW.WATCHDOGINSTITUTE.ORG		H(c) Group exemptio			
			L Year c	of formation: 2009 N	A State of legal domicile: CA		
Pa		Summary		mile bilbi to	COMPTION		
Governance	1 E	Briefly describe the organization's mission or most significant activities: ${ t TO \ EDU}$ ${ t CO}$	ONDI	THE PUBLIC TIONS, BETT	FR CONDUCT		
rna	_	Check this box if the organization discontinued its operations or disposed					
ĕ	1	Sumber of voting members of the governing body (Part VI, line 1a)			6		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			6		
δ		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			5		
iţie		otal number of volunteers (estimate if necessary)			0		
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖		let unrelated business taxable income from Form 990-T, line 34			0.		
		,		Prior Year	Current Year		
Φ	8 (Contributions and grants (Part VIII, line 1h)		35,000.	214,800.		
ň		Program service revenue (Part VIII, line 2g)		150,000.	150,000.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		62.	218.		
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		185,062.	365,018.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		60,619.	305,824.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ф	b⊺		•				
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		25,126.	57,925.		
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		85,745.	363,749.		
	19 F	Revenue less expenses. Subtract line 18 from line 12		99,317.	1,269.		
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year		
sets	20 ⊺	otal assets (Part X, line 16)		99,317.	100,586.		
t As	21 7	otal liabilities (Part X, line 26)		0.	0.		
	22 N	let assets or fund balances. Subtract line 21 from line 20		99,317.	100,586.		
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is		
true	, correct	and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.			
		Signature of officer		Doto			
Sig		·		Date			
Hei	re	LORIE HEARN, EXECUTIVE DIRECTOR Type or print name and title					
		<u> </u>	In	ate Check	PTIN		
D. '		Print/Type preparer's name MARK W. T.TNDSAY Preparer's signature Original Signed by Mark W. Lindsa		/11/11 if L			
Pai			uy	self-employe	ed		
	· +	Firm's name LINDSAY & BROWNELL, LLP		Firm's EIN			
USE	Only	Firm's address 4225 EXECUTIVE SQUARE, SUITE 1150			E0 EE0 0000		
_		LA JOLLA, CA 92037		Phone no. 8	58-558-9200		
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

	Check if Schedule O contains a response to any question in this Part III						
1	Briefly describe the organization's mission:						
	THE MISSION OF THE WATCHDOG INSTITUTE IS TO PRODUCE INVESTIGATIVE						
	JOURNALISM THAT INFORMS CITIZENS OF SAN DIEGO AND IMPERIAL COUNTIES.						
2	Did the organization undertake any significant program services during the year which were not listed on						
	the prior Form 990 or 990-EZ? 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						
	If "Yes," describe these changes on Schedule O.						
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and						
	allocations to others, the total expenses, and revenue, if any, for each program service reported.						
4a	(Code:) (Expenses \$ 317,867. including grants of \$) (Revenue \$ 365,018.)						
	THE WATCHDOG INSTITUTE SATISFIES A NEED FOR DEEP, THOUGHTFUL, DATA-DRIVEN JOURNALISM THAT ILLUMINATES GOVERNMENT ACTIONS, ACCOUNTS						
	FOR PUBLIC MONIES, PROVOKES A SEARCH FOR SOLUTIONS TO GOVERNMENTAL AND						
	SOCIETAL PROBLEMS, STRENGTHENS DEMOCRACY IN THE REGION, AND TRAINS						
	FUTURE INVESTIGATIVE JOURNALISTS.						
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)						
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)						
	(code:) (Expenses ψ) (notating grants of ψ)						
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)						
<u></u>	Total program service expenses ► 317,867.						

032002 12-21-10

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, , , , , , , , , , , , , , , , , , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			,,
	and program service activities outside the United States? 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 assistance to any organization	l		\ _{3,7}
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١.,		v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		 ^
19		40		х
20-	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	ZUA		
J	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			Х
	Schedule J	23		^
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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		22
32		20		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
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?	- 00		
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1086. Enter 0 if not applicable 1 is 5 0 0 0 1 in the provision of the provisi		Check if Schedule O contains a response to any question in this Part V					
tale Enter the number reported in Box 3 of Form 1006. Enter-0-in not applicable 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				•••••		Yes	No
b Enter the number of Forms W2G included in line 1s. Enter 6- if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 _a	l 5			110
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a At any time the same of the year? If №5, provide an explanation in Schedule O 3b If 1974s, *Institution of the organization the will endure the c-file (see instructions) 3b If 1974s, *Institution of the organization than 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 At any time the name of the foreign country. Possible of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Possible organization and interest in, or a signature or other authority over, a financial account in a foreign country. Possible organization and interest in, or a signature or other authority over, a financial account in a foreign country. Possible organization and interest in, or a signature or other authority over, a financial account? 5b If 1974s, *Institutions for filing requirements for Form TD F 00.22.1, Report of Foreign Bank and Financial Accounts. 5c If 1974s, *In line 5a or 5b, did the organization file Form 888617 5c If 1974s, *In line 5a or 5b, did the organization file Form 888617 5c If 1974s, *In line 5a or 5b, did the organization file Form 888617 5c If 1974s, *In line 5a or 5b, did the organization file form 888617 5c If 1974s, *In line 8220r 5c I				0			
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return 2a 5 5 7 7 7 7 7 7 7 7	С		eporta	ıble gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1b 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 Ta and 2a is greater than 250, you may be required to e-file, (see instructions) 3a ID the organization have unreated business gross income of \$1,000 or more during the year? 3a IV 10 If Yes, 1 has it filed a Form 990-T for this year? If 100,000 or more during the calendary area, did the organization have an interest in, or a siparature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a IV 10 If Yes, 1 fine the hame of the foreign country? 5b If 10 If Yes, 1 fine the hame of the foreign country? 5c If 10 If Yes, 1 fine the hame of the foreign country? 5c If 10 If Yes, 1 fine the hame of the foreign country? 5c If 10 If Yes, 1 fine the hame of the foreign country? 5c If 10 If Yes, 1 fine the hame of the foreign country (such as a bank account, securities account, or other financial accounts) 5c If 10 If Yes, 1 fine the hame of the foreign country (such as a bank account, securities account, or other financial Accounts. 5c If 10 If Yes, 1 file the foreign country (such as a bank account, securities account, or other financial accounts) 5c If 10 If Yes, 1 file the foreign country (such as a bank account, securities account, or other financial accounts) 5c If 10 If Yes, 1 file the foreign country (such as a bank account, securities account, or other financial accounts) 5c If Yes, 1 file the organization file foreign country (such as a bank account, securities accounts, se					1c		
tied for the calendary year ending with or within the year covered by this return Secondary Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Secondary Seco	2a						
b If a 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 effe, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-Ti or this year? If "No," provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an inferest 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 accountry? 4a X 4b If "Yes," the rether than ean of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did 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 that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did 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 in the Form 89861? 6a Va If Yes," to line 5a or 5b, did the organization in include with every solicitation an express statement that such contributions or gitts were not tax deductible? 6b If Yes," did the organization include with every solicitation and party lor goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes," did the organization necessed a payment in eccess of 5/5 made party as a contribution and partly lor goods and services provided to the payor? 7c Organization state and the form of the value of the goods or services provided? 7c Organization state and the payor state of the payor state of the p			2a	5			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 As a financial account in a foreign country ► See instructions for filing requirements for Form TD F 80/21, Report of Foreign Bank and Financial accountry. 5 See instructions for filing requirements for Form TD F 80/21, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 See instructions for filing requirements for Form TD F 80/21, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction? 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 See instructions for filing requirements for Form TD F 80/221, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction? 5 Was 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? 6 To Bose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section \$100,000, and did the organization origin were not tax deductible? 7 Organization that may receive deductible contributions under section \$100,000, and did the organization origin that the version of the value of the goods or services provided? 7 To Yes, ' filt the organization notify the donor of the value of the goods or services provided? 7 To Yes, ' filt the organization notify the donor of the value of the goods or services provided? 8 Did the organization received an ori	b		rns?		2b	Х	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif 1'Yes,* has it filed a Form 9901 for this year? If "No," 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 accounts. bif 1'Yes,* enter the name of the foreign country: P See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8896-17? 6c If 'Yes,* to line 5a or 5b, did the organization file Form 8896-17? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d If 'Yes,* tide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If 'Yes,* did the organization receive aductible contributions under section 170(c). a bid the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If 'Yes,* did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X dif If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file personal property for which it was required? 7n If the organization maintaining door advised funds an advised organization file Form 8899 as required? 7n If the organization make any taxable distributions under section 4969? 7n Sponsering organization							
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)? Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sae in Y'es, "Indicate the enganization in the organization in that it was required to the second of the progration of the organization include with every solicitation an express statement that such contributions origins and express provided to the payor? To Did the organization receive a payment in excess of \$75 made partly as a contribution of progrative accounts of the general property for which it was required 7.7. To Did the organization receive any funds, directly or indirectly, to paymeniums on a personal benefit contract? To Did the organization receive any funds, directly or indirectly, to paymeniums on a personal benefit contract? To Did the organization or seceiv	За				За		Х
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? N/A b Did the organization make any taxable distributions under section 4966? N/A b Did the organization make a distribution to a donor, donor advisor, or related person? N/A b Gross receipts, included on Form 990, Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders N/A B 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 N/A 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 in more than one state? c Enter the amount of reserves on hand 14a Did the organization is licensed to report these payments? If "No," provide an explanation in Schedul			1	I	7c		
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		Ι.	ı			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					4.0		v
	D	ii res, has it filed a Form 720 to report these payments? II Ivo, provide an explanation in Schedul	e U			gan /	(2010)

27-0732786 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 to any question 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	5					
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u> </u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct supervision			v			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders?	6		X			
6 7a		-		-21			
<i>,</i> a	governing body?	7a		х			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:						
а	The governing body?	8a	Х				
	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 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 Revenue Code.)						
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?	10b	v				
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	12a Does the organization have a written conflict of interest policy? If "No," go to line 13						
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120					
Ŭ	in Schedule O how this is done	12c	Х				
13	Does the organization have a written whistleblower policy?	13		Х			
14	Does the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	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 arrangement with a			37			
	taxable entity during the year?	16a		X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	466					
202	exempt status with respect to such arrangements? tion C. Disclosure	16b					
17	List the states with which a copy of this Form 990 is required to be filed ►CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for					
.5	public inspection. Indicate how you make these available. Check all that apply.	0 101					
	X Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial				
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	_ _				
	LORIE HEARN - (619)594-5100			-			
	5500 CAMPANILE DRIVE, PSFA 361C, SAN DIEGO, CA 92182						
		Form	aan /	20101			

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

Check if Schedule O contains a response to any question 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	\vdash		Pos all		app	ıly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)		In stitutional 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
KARIN WINNER								_		_
BOARD MEMBER	3.00	Х						0.	0.	0.
MARY WALSHOK								_	_	_
BOARD MEMBER	0.50	Х						0.	0.	0.
JOYCE GATTAS										
BOARD MEMBER	1.00	Х						0.	0.	0.
BRANT HOUSTON										
BOARD MEMBER/SECRETARY	1.30	Х		Х				0.	0.	0.
MARILYN CRESON BROWN										
CFO/BOARD MEMBER	2.00	Х		Х				0.	0.	0.
CHARLES LEWIS										
BOARD MEMBER	1.00	Х						0.	0.	0.
MARTHA DENNIS										
BOARD MEMBER	2.00	Х						0.	0.	0.
GUYLYN CUMMINS										
BOARD MEMBER	1.00	Х						0.	0.	0.

Form 990 (2010) THE WATC									27-07	732	786	Pa	age 8
Part VII Section A. Officers, Directors, Tr		mplo	oyee			High	est	Compensated Employ	rees (continued)				
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)					oly)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount		
	week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensat from the organization and relate organization		e ion ed
										0			
Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0. 0.			0 .
Total number of individuals (including but recompensation from the organization						e) wl	no re	eceived more than \$100	0,000 in reportable	е		Yes	(No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s								nighest compensated e			3	103	X
 4 For any individual listed on line 1a, is the sand related organizations greater than \$15 5 Did any person listed on line 1a receive or 	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual			4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors											5		Х
1 Complete this table for your five highest continuous the organization. NONE	ompensated in	depe	ende	ent c	onti	racto	ors t		\$100,000 of com	pens			
	(A) Name and business address							(B) Description of s	services	C	(C Compe		n
2 Total number of independent contractors (\$100,000 in compensation from the organi	•	not lir	mite	d to		se li:	stec	d above) who received n	nore than				
											Form	aan /	2010

Pa	rt VI	II Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
E a		Membership dues						
g,		Fundraising events						
ar a		Related organizations						
S, G		Government grants (contribute						
ioi		All other contributions, gifts, gran	, 					
bet	•	similar amounts not included abo		214,800.				
E to		Noncash contributions included in lines						
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f			214,800.			
\dashv		Totali / Ida iii loo Ta Ti		Business Code				
o	2 a	CONTRACTS FOR (CONTENT	519100	150,000.	150,000.		
ķ	z a			323200	230,000	230,000		
Ser	C							
E S	d							
Page		-						
Program Service Revenue	e •	All other program service reve	20110					
					150,000.			
\dashv	3	Investment income (including			130,000.			
	3	other similar amounts)			218.			218.
	4				2101			2101
	4 Income from investment of tax-exempt bond proceeds5 Royalties							
	3	noyalties	(i) Real					
	6 -	Cross Bonto	- '/	(ii) Personal				
	6 a							
	b							
		Rental income or (loss)						
			(1) 0					
	<i>r</i> a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
e l	8 a	Gross income from fundraisin						
e l		including \$						
Other Revenue		contributions reported on line	,					
Je		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming a						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan	-	······ P				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ł		Net income or (loss) from sale						
ŀ	44	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C							
	d							
		Total. Add lines 11a-11d		>	365 010	150 000	0	210
	12	Total revenue. See instructions.			202,018.	150,000.	0.	218.

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·		·
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.60 521	026 450	06 073	
7	Other salaries and wages	262,731.	236,458.	26,273.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	21 000	10 (00	2 100	
9	Other employee benefits	21,888. 21,205.	19,699.	2,189.	
10	Payroll taxes	21,205.	19,084.	2,121.	
11	Fees for services (non-employees):				
a	Management				
	Legal	4,000.		4,000.	
_	Accounting	4,000.		4,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,020.	9,918.	1,102.	
g	Other	11,020.	9,910.	1,102.	
12	Advertising and promotion	2,413.	2,172.	241.	
13 14	Office expenses	2,413.	2,112.	241.	
15	Information technology				
16	Royalties				
17	Occupancy Travel	4,106.	3,695.	411.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	259.	233.	26.	
23	Insurance	12,626.	6,313.	6,313.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	WEBSITE EXPENSE	9,530.	8,577.	953.	
b	PAYROLL EXPENSES	2,498.	2,248.	250.	
c	TELEPHONE	2,169.	1,952.	217.	
d	DATABASE EXPENSE	1,377.	1,239.	138.	
e	PARKING	1,017.	915.	102.	
f	All other expenses	6,910.	5,364.	1,546.	
25	Total functional expenses. Add lines 1 through 24f	363,749.	317,867.	45,882.	0.
26	Joint costs. Check here ▶ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
03201	0 12-21-10				Form 990 (2010)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	98,066.	1	99,594.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	4		
		basis. Complete Part VI of Schedule D 10a 1, 29 Less: accumulated depreciation 30	4.		000
					992.
	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	100,586.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)		16 17	0.
	18	Accounts payable and accrued expenses		18	•
	19	Grants payable Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
w	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	•••		
liqe		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			
nc	27	Unrestricted net assets	99,317.	27	100,586.
3ali	28	Temporarily restricted net assets		28	
l pu	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	100 506
~	33	Total net assets or fund balances	99,317.	33	100,586.
	34	Total liabilities and net assets/fund balances	99,317.	34	100,586.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{18}{49}$.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9.	9,3	<u>17.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10	0,5	86.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	b Were the organization's financial statements audited by an independent accountant?							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b					
			Form	9 90 (2010)			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WATCHDOG INSTITUTE

Employer identification number

Par	· [Reason		ity Status (All organiz		et comple	to this nar	t) See ins	tructions	4 /	-0732	4 / 0 0	
				because it is: (For lines					ti detions.				
1 [yan			s, or association of chur					,				
2	一			'0(b)(1)(A)(ii). (Attach Sc			Cuon 170	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,-				
3	司			tal service organization			170(b)(1)	(Δ)(iii)					
4		•	·	operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospita	al's nan	ne.
• -		city, and stat	-	- ,					(-/\ -/\/\-	,			,
5 [•		benefit of a college or u	niversity o	wned or or	perated by	/ a govern	mental un	it describe	ed in		
			(b)(1)(A)(iv). (Compl		,		,						
6 [ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 [· ·	eives a substantial part					or from the	e general p	ublic des	cribed	in
		J	b)(1)(A)(vi). (Comple	•			J			5 1			
8 [section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	TT.												
				nctions - subject to certa									
				axable income (less sec									
			509(a)(2). (Complete										
10 [An organizati	ion organized and o	perated exclusively to te	st for publ	lic safety.	See sectio	on 509(a)(4	4).				
11 [An organizati	ion organized and o	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	, or to carı	ry out the p	ourposes	of one	or
		more publicly	supported organization	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se	ction 509((a)(3). Che	ck the box	x that	
		describes the	e type of supporti <u>ng</u>	organization and compl	et <u>e lin</u> es 1	1e through	11h.						
_		a Type I	ı b∟	∟ Type II 💢	: 📖 тур	e III - Func	tionally in	tegrated		d 📖	Type III -	Other	
e L		By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	y by one o	r more dis	qualified p	ersons ot	her tha	an
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 50	9(a)(2).	
f		If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting of	rganization, check tl	nis box									. L
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
		(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	gether with	persons of	described	in (ii) and	(iii) below,		Yes	No
		-		upported organization?									
) A family member of a person described in (i) above?										
		(iii) A 35% (controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)	
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
			1	(iii) Type of	la v		() 5: 1		(1/1)	o tho			
(i) N		of supported	(ii) EIN	organization		organization sted in your		u notity the tion in col.	(vi) Is organizați	on in col. I		mount c)f
	orga	nization		(described on lines 1-9		document?		r support?	(i) organized in the I		su	pport	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(See mondenons))	165	NO	163	NO	165	NO			
								1	1	+ +			
								 	1	+ +			
										+ +			
								1		+ +			
Γotal													

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.						
Se	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publ						
	Public support percentage for 2010 (I					14	%
	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010. If the or	•		•		•	
	stop here. The organization qualifies						
k	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
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 the		·				,
	organization meets the "facts-and-circ						▶;
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a		S >

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	now, produce corri	proces i are ii.,				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,			, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")				35,000.	214,800.	249,800.
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				150,000.	150,000.	300,000.
3	Gross receipts from activities that				====		
3	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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				107 000		
6	Total. Add lines 1 through 5				185,000.	364,800.	549,800.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				35,000.	75,000.	110,000.
k	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						0.
	Add lines 7a and 7b				35,000.	75,000.	110,000.
	Public support (Subtract line 7c from line 6.)					,	439,800.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(,	(-,	(-,	185,000.	364,800.	549,800.
	Gross income from interest,					,	-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources				62.	218.	280.
ŀ	Unrelated business taxable income				+		
•	(less section 511 taxes) from businesses						
	acquired offer June 20, 1075						
	· · · · · · · · · · · · · · · · · · ·				62.	218.	280.
	Add lines 10a and 10b Net income from unrelated business				02.	210.	200•
••	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)				105 060	265 010	FF0 000
13	Total support (Add lines 9, 10c, 11, and 12.)				185,062.	365,018.	550,080.
14	First five years. If the Form 990 is for	•			•	. , . ,	
_	check this box and stop here						<u>▼X</u>
	ction C. Computation of Publi						
	Public support percentage for 2010 (lin					15	%
	Public support percentage from 2009					16	<u>%</u>
	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2				· ·	18	<u>%</u>
19a	33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	id stop here. The	e organization qua	lifies as a publicly	supported organiza	ation	▶□
k	33 1/3% support tests - 2009. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The orga	anization qualifies	as a publicly suppo	orted organization	▶Ш
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see ins	tructions	<u></u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

THE WATCHDOG INSTITUTE

Employer identification number 27-0732786

Pai	τl	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	ds or Accounts. Complete if the	
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b) Funds and other accounts	
1	Total	number at end of year			
2		egate contributions to (during year)			
3	Aggre	egate grants from (during year)			
4	Aggre	egate value at end of year			
5		ne organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	rised funds	
	are th	ne organization's property, subject to the organization's	exclusive legal control?	Yes N	lo
6	Did th	ne organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only	
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring	
	impe	missible private benefit?		Yes N	lo_
Pai	t II	Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV, line 7.	
1	Purp	ose(s) of conservation easements held by the organization	on (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	nistorically important land area	
	Ш	Protection of natural habitat	Preservation of a cer	ertified historic structure	
		Preservation of open space			
2	Com	plete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	m of a conservation easement on the last	
	day c	f the tax year.			
				Held at the End of the Tax Ye	ar
а	Total	number of conservation easements		2a	
b	Total	acreage restricted by conservation easements		2b	
С	Numl	per of conservation easements on a certified historic stru	ıcture included in (a)	2c	
d	Numl	per of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	cture	
	listed	in the National Register		2d	
3	Numl	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	he organization during the tax	
	year				
4	Numl	per of states where property subject to conservation eas	ement is located	_	
5	Does	the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	f	
	violat	ions, and enforcement of the conservation easements it	holds?	Yes L	lo
6		and volunteer hours devoted to monitoring, inspecting, a			
7		ant of expenses incurred in monitoring, inspecting, and e			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			ю
9		rt XIV, describe how the organization reports conservation			
	includ	de, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for	
_		ervation easements.	A	011 01 11 1	
Pai	T III	Organizations Maintaining Collections of		Other Similar Assets.	
		Complete if the organization answered "Yes" to Form S			
1a		organization elected, as permitted under SFAS 116 (AS	**		
		rical treasures, or other similar assets held for public exh		rance of public service, provide, in Part XI	√,
		ext of the footnote to its financial statements that describ			
b		organization elected, as permitted under SFAS 116 (AS			
		ures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	public service, provide the following amour	ıts
		ng to these items:			
		evenues included in Form 990, Part VIII, line 1			—
					_
2		organization received or held works of art, historical trea		cial gain, provide	
		ollowing amounts required to be reported under SFAS 11			
a		nues included in Form 990, Part VIII, line 1			_
b	Asse	s included in Form 990, Part X		> \$	

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Schedule D (Form 990) 2010

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts (conti	inued,)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following tha	t are a si	gnificant	use of its	collectio	n item	 IS
	(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 explai	n how th	ney further t	he organizati	on's exer	npt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	asures, or oth	er similar	assets				_
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes		No_
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" to I	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not	included				
	on Form 990, Part X?							<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIV										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pa	rt V Endowment Funds. Complete if	the organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line 10	0.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance			-							
	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 year	r end balance held a	as:								
a	Board designated or quasi-endowment		%								
	Permanent endowment	%	— /~								
		<u></u>									
	Are there endowment funds not in the posse	-	ation tha	at are held a	and administe	ered for th	ne organiz	ation			
	by:								ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
h	If "Yes" to 3a(ii), are the related organizations										
4	Describe in Part XIV the intended uses of the								<u> </u>		
	rt VI Land, Buildings, and Equipm										
	Description of investment	(a) Cost or o			t or other	(c) Ac	cumulate	ed	(d) Bool	k valu	
	Description of investment	basis (investr			(other)		reciation	~	(4) 500	ı valu	•
12	Land	- '	-,		, /	34					
	Buildings										
	Leasehold improvements										
								-+			
	Equipment Other				1,294.		3 (02.		9	92.
	I. Add lines 1a through 1e. (Column (d) must ea		X. colun	nn (B). line '				-			$\frac{92.}{92.}$

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		ethod of valuation: nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lir			(h) Da alamaha
	a) Description		(b) Book valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li			
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X		(h) Anguint	>
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability		(b) Amount	>
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes		(b) Amount	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2)		(b) Amount	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) (3)		(b) Amount	>
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		(b) Amount	>
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		(b) Amount	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		(b) Amount	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		(b) Amount	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		(b) Amount	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		(b) Amount	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		(b) Amount	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, line 25.		

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Schedule D (Form 990) 2010

Pa	rt XI Reconciliation of Change in Net Assets from Form 99	0 to Audited Fin	ancial S	Statement	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines				
Pa	t XII Reconciliation of Revenue per Audited Financial State)
1				1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)				
e	Add lines 2a through 2d				
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.) Add lines 4a and 4b				
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
	rt XIII Reconciliation of Expenses per Audited Financial State				rn
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-0047

2010
Open to Public Inspection

Name of the organization THE WATCHDOG INSTITUTE	Employer identification numbe 27-0732786				
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:				
GOVERNMENT AND SERVE THE PUBLIC INTEREST BY PROVIDING DAT	A-DRIVEN				
INVESTIGATIVE JOURNALISM IN SAN DIEGO AND IMPERIAL COUNTI	ES.				
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S	BOARD OF				
DIRECTORS AND TREASURER REVIEW AND APPROVE FORM 990 BEFOR	E IT IS FILED.				
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF I	NTEREST POLICY IS				
DISTRIBUTED TO NEW EMPLOYEES AND BOARD MEMEBERS OF THE OR	GANIZATION AND THE				
POLICY IS REVIEWED ANNUALLY.					
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION U	SES COMPARABILITY				
DATA FROM SIMILAR ORGANIZATIONS TO MEASURE REASONABLE COM	PENSATION. THE				
BOARD OF DIRECTORS APPROVES ALL COMPENSATION FOR OFFICERS	AND KEY EMPLOYEES				
THAT IS IN EXCESS OF \$100,000.					
FORM 990, PART VI, SECTION C, LINE 19: TAX RETURNS ARE AV	AILABLE ON				
WWW.WATCHDOGINSTITUTE.ORG. ALL OTHER GOVERNING DOCUMENTS,	FINANCIAL				
STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE	UPON REQUEST.				

990

	990	PAGE	10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAPTOP COMPUTER * TOTAL 990 PAGE 10	101609	SL	5.00	16	1,294.			1,294.	43.		259.
	DEPR					1,294.		0.	1,294.	43.	0.	259.

028102 05-01-10

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not o	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6	6 months for a corpo	oration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	xtension	
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Trans	sfers /	Associated With Ce	rtain	
Persona	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details on t	he elec	ctronic filing of this f	orm,	
visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).				
A corpor	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and con	nplete			
Part I on	ly				>		
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time		
Type or	Name of exempt organization			Emp	number		
print File by the	THE WATCHDOG INSTITUTE			2	7-0732786		
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s 5500 CAMPANILE DRIVE, PSFA		tions.				
instructions	City, town or post office, state, and ZIP code. For a for SAN DIEGO, CA 92182	oreign add	lress, see instructions.				
Enter the	Datum and far the vature that this application is far (fill)		to application for each return			01	
	Return code for the return that this application is for (file	e a separa	te application for each return)			. []	
Applicat	ion	Application			Return		
Is For Code Is For							
Form 99	0	01	Form 990-T (corporation)			07	
Form 99	O-BL	02	Form 1041-A			08	
Form 99	0-EZ	03 Form 4720					
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	O-T (trust other than above)	06	Form 8870			12	
	LORIE HEARN						
	ooks are in the care of 5500 CAMPANILE	DRIV	E, PSFA 361C - SAN D	IEG	O, CA 9218	<u> </u>	
	hone No.▶ (619)594-5100		FAX No.				
	organization does not have an office or place of busines						
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is is fo	r the whole group, c	heck this	
box 🕨			ch a list with the names and EINs of all		ers the extension is	for.	
1	equest an automatic 3-month (6 months for a corporation ${\tt AUGUST~15}$, ${\tt 2011}$, to file the exemp	-	to file Form 990-T) extension of time unt tion return for the organization named a		The extension		
	for the organization's return for: X calendar year 2010 or						
•		, an	d ending				
2 l <u>f t</u>	he tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return Fina	al retur	n		
	Change in accounting period						
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
_	nrefundable credits. See instructions.			3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.	
_	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						
	Ilance due. Subtract line 3b from line 3a. Include your pa using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.	
	. If you are going to make an electronic fund withdrawal			•			
	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re		

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