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

ΑI	or the	2012 calendar year, or tax year beginning $\mathrm{JUL}1$ , $2012$	JUN 30, 20	13
В	Check if	C Name of organization	D Employer ide	ntification number
	applicable			
X	Addres	wisconsin Library Services, inc.		
	Name change	Doing Business As		-7222270
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite <b>E</b> Telephone nui	mber
	Termin ated			8-216-8399
	Ameno		G Gross receipts \$	9,497,942.
	Applic		H(a) Is this a grou	
	pendin		for affiliates	
		SAME AS C ABOVE		s included? Yes No
$\overline{\Gamma}$	Гах-ехе		<b>─</b>   ` ′	ch a list. (see instructions)
		e: ► WWW.WILS.ORG	H(c) Group exem	-
				2 M State of legal domicile: WI
		Summary		100
_		Briefly describe the organization's mission or most significant activities: A CONSOR	TIUM OF MEM	BER WISCONSIN
Activities & Governance		LIBRARIES, CULTURAL INSTITUTIONS, AND THEIR		
'n		Check this box if the organization discontinued its operations or disposed of m		
Ve		Number of voting members of the governing body (Part VI, line 1a)		3 13
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4 13
οğ		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5 0
iţie		Total number of volunteers (estimate if necessary)		6 20
cţi		Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.
ď		Net unrelated business taxable income from Form 990-T, line 34		7b 0.
	~	Net difference business taxable from the first out of the control	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	236,20	
nue	1	Program service revenue (Part VIII, line 2g)	8,615,85	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,50	
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,955,55	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	128,16	-
Se		Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
Expenses	1	Total fundraising expenses (Part IX, column (D), line 25)		
Ж		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,467,00	2. 9,235,511.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,595,16	
	1	Revenue less expenses. Subtract line 18 from line 12	360,39	
or es	<del></del>		Beginning of Current Y	
ets	20	Total assets (Part X, line 16)	6,250,74	
Ass 1 Ba	21	Total liabilities (Part X, line 26)	4,981,52	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1,269,21	
Pa	art II	Signature Block		
_		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	ements, and to the best	of my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		,
	,	<u> </u>		
Sig	n	Signature of officer	Date	
Her		STEFANIE MORRILL, EXECUTIVE DIRECTOR		
	•	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Chec	PTIN
Paid	d	BRUCE MAYER, CPA	if	mployed P00187180
	parer	Firm's name WEGNER CPAS, LLP	Firm's EIN	00000
	Only	Firm's address 2110 LUANN LN	1 11111 0 E111	
	,	MADISON, WI 53713-3074	Phone no	608-274-4020
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:  A CONSORTIUM OF MEMBER WISCONSIN LIBRARIES, CULTURAL INSTITUTIONS, AND
	THEIR PARTNERS THAT OFFERS SERVICES IN THE AREAS OF COOPERATIVE
	PURCHASING, CONSULTING, AND OTHER COOPERATIVE ACTIVITIES RELATING TO
	THE CHANGING NATURE OF LIBRARIES AND CULTURAL INSTITUTIONS.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?  Yes X No
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$7,757,782. including grants of \$) (Revenue \$8,069,652.)
	WISCONSIN LIBRARY SERVICES (WILS) OFFERS COOPERATIVE PURCHASING
	SERVICES THAT WERE EXPANDED INTO THE PUBLIC LIBRARY COMMUNITY. NEW
	DATABASES WERE ADDED AND A NEW FACILITATION ROLE EMERGED WITH REGARDS
	TO SUBSETS OF WILS MEMBERS. FACILITATION INVOLVED GROUP DECISIONS ON
	TRIALS OF NEW PRODUCTS, SELECTION OF CONTENT TO LICENSE, AND CONSORTIA COST SHARING WITHIN THE GROUP.
	COST SHARING WITHIN THE GROUP.
	<del></del>
4b	(Code: ) (Expenses \$ 503,867 • including grants of \$ ) (Revenue \$ 698,737 • )
	WISCONSIN LIBRARY SERVICES SERVES AS A FISCAL AGENT FOR MEMBER
	LIBRARIES WHO MAINTAIN FUNDS WITH WILS FOR PURCHASES OF SERVICES
	THROUGH WILS.
4c	(Code:) (Expenses \$302,234 • including grants of \$) (Revenue \$)
	WILS COORDINATED THE WISCONSIN HERITAGE ONLINE PROJECT, A CENTRALIZED
	ONLINE RESOURCE THAT PROVIDES ACCESS TO DIGITIZED VERSIONS OF ARCHIVAL
	MATERIALS HELD BY CULTURAL INSTITUTIONS THROUGHOUT THE STATE; PROVIDED
	SUPPORT FOR ASKAWAY, A STATEWIDE VIRTUAL REFERENCE SERVICE; AND
	CONTRACTED WITH THE UNIVERSITY OF WISCONSIN SYSTEM TO PRODUCE VARIOUS RESOURCE SHARING RELATED STATISTICAL REPORTS AND FACILITATED THE WORK
	OF THE WISCONSIN PUBLIC LIBRARY CONSORTIUM. IN ADDITION WILS PERFORMED
	CONSULTING FOR MEMBER LIBRARIES WITH A FOCUS ON WORKFLOW ANALYSIS IN
	THE AREAS OF CATALOGING AND RESOURCE SHARING. WILS PROVIDED BILLING,
	MARKETING, AND WORLDCAT RESOURCE SHARING TRAINING FOR WISCONSIN
	LIBRARIES USING OCLC PRODUCTS AND SERVICES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 350,662 • including grants of \$ ) (Revenue \$ 328,427 •)
4e	Total program service expenses ▶ 8,914,545.
	Form <b>990</b> (2012)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ <u>X</u> _
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	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		v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	31 1			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		x
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, highest compensated employee, or disqualified			<del></del>
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	35b		
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2012)

# | Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1008. Enter 0- if not applicable   1a   6   6   1b   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in control of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers?  2e 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.  2						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I in or applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. 0  2b. 12a. 12b. 2c. 12	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
c Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gambling) withings to prize withorises?  2a Effect the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 If it least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If the significant on the venter of the significant of the significant of the venter of the significant of the significant of the venter of the significant o	b		1b	0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportabl	e gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		(gambling) winnings to prize winners?			1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Ves, '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 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 accountly?  5b If 'Yes,' enter the name of the foreign country   Such as a bank account, securities account, or other financial accountly?  5c les instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c less the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c less the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c less bed any tax based party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c less bed and the organization and the two any solid that the such as a party to a prohibited tax shelter transaction?  5c less bed in the very solid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions?  5c less the foreign tax were not tax deductible as charatable contributions under section 170(c).  5d lift the organization receive apyment in excess of \$75 made party as a contribution of understoped to the party of the organization receive apyment in excess of \$75 made party as a contribution of understoped to the property for which it was required to the Form 8282? If led during the year  5d lift the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  5d lift the organization receive any funds, directly or indirectly, to pay premiums on a p	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-filic (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 All At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ►  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization and practical that it was or is a party to a prohibited tax shelter transaction?  5 a 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 as charitable contributions?  5 a Was 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 170(c).  5 a Did the organization that may receive deductible contributions under section 170(c).  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 b If "Yes," indicate the number of Forms 8282 filed during the year  9 b If "Yes," indicate the number of Forms 8282 filed during the year  10 bit the organization received an ordity that donor of the value of the goods or services provided?  10 bit the organization re		filed for the calendar year ending with or within the year covered by this return	2a	0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  bif "Yes," has it filed a Form 990T 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).  5a einstructions 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?  5a 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 as chariable contributions?  6b If "Yes," rid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a bif the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6b If "Yes," rid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c If "Yes," rid the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6c If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7c If If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7f If If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7f If If the organization sell, exchange in the value of the goods or services provided?  7g If the organization received a contribution of cars, boats, airplan	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ทร?		2b		
b if Yes, 'has it filed a Form 990-T 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  4 financial accountly or 'Yes,' enter the name of the foreign country. ►  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a 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 deductibles?  6b If 'Yes,' to line 5a or 5b, did the organization the form 8886-1?  6c 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 deductibles?  6c 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 deductibles?  6c Dorganization that may receive deductible contributions under section 170(c).  a) bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive appyment in excess of \$75 made partly as contribution of organizations orgits were not tax deductibles?  7 Organizations that may receive appyment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  7 The organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882?  8 Did the organization neceive any funds, directly or indirectly, or pay premiums on a personal benefit contract?  7 The State organization organization, during the year, pay premiums, directly or indirectly, or payens and payens and payens organization from the payens organization from the payens organi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)?  5a Was the organization aperunts for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that many receive deductible contributions under section 170(c).  a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 The State of the organization notity the donor of the value of the goods or services provided?  7 Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 The State of the organization notity the donor of the value of the goods or services provided?  7 The State of the organization notity the donor of the value of the goods or services provided?  7 The Did the organization received a payment in excess of \$75 made partly as a contribution of information and partly for goods and services provided?  7 The Did the organization received a contribution of qualified intellectual property, did the organization file organization services and a contribution of qualified intellectual property, did the organization file organization	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
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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?  9	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	9 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9  Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12  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 12  Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13  C  14  Did the organization receive any payments for indoor tanning services during the tax year? 14  X  15  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ Discovered by the control of the con$	id the sup	porting			
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 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.		organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time	during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11a					9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 1	10						
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11	· · · · · · · ·	1 1				
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а		11a				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		, , , , , , , , , , , , , , , , , , , ,					
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a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		•	12b				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b							
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b							
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b		l., I				
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 0       14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
							A
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eυ			000	(0040)

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	1a	13						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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								
	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?	4	X					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X				
6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?		7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye								
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?			Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real								
			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F								
		,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10	1	Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		108	,					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			37					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,							
12a	Did the apparient in house a written conflict of interest policy O If "No." go to line 12		128	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			77					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "\"								
	in Schedule O how this was done		120	,	X				
13	Did the organization have a written whistleblower policy?			77					
14	Did the organization have a written document retention and destruction policy?			<del> </del>					
15	Did the process for determining compensation of the following persons include a review and approv								
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		158	X					
	Other officers or key employees of the organization			_	X				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
	taxable entity during the year?		16	,	Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation			-					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the steps are steps and take steps to safeguard the organization of the steps are steps and take steps are steps are steps and take steps are steps and take steps are steps are steps and take steps are step are steps are steps are steps are steps are steps are steps are step are step are steps are step are ste								
	exempt status with respect to such arrangements?		161	,					
Sec	tion C. Disclosure			- 1					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s (	only) avail:	able					
	for public inspection. Indicate how you made these available. Check all that apply.	. (200.01.001(0)(0)0	, availe						
		n in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	•	cv and fin	ancial					
13	statements available to the public during the tax year.	ominor or interest bolic	oy, and ill	uiioiai					
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the ora	ianization.	•					
20	TOM KLEMENT - 608-616-0761	and records of the org	jui nzativi I.	_					
	1360 REGENT ST STE 121, MADISON, WI 53715-1255								

2-10-12

#### WISCONSIN LIBRARY SERVICES, 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

#### 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	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	├	<del></del>		from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	l trus		ee ee	mpen		(W 2/ 1000 WIIOO)		and related
	below	Individual trustee or director	Institutional trustee	J.	Key employee	Highest compensated employee	-ia			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) DAVID WEINHOLD	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) LISA VIEZBICKE	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) EWA BARCZYK	1.00									
DIRECTOR		Х						0.	0.	0.
(4) MARTHA BERNINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MARC BOUCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CHRISTIAN HIMSEL	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MARIE JANZ	1.00									
DIRECTOR		Х						0.	0.	0.
(8) NANCY KIERALDO	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JENNIFER PETERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MATT ROSENDAHL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BRUCE SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ED VAN GEMERT	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PATRICK WILKINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) STEFANIE MORRILL	40.00									
EXECUTIVE DIRECTOR				Х				0.	0.	0.
		]								_
		1								

Form **990** (2012)

Part VII Section A. Officers, Directors, Trus							÷	Compensated Employe		222	_,,	Fage	Ť
(A)	(B)	Pios	ccs		<u>и пі</u> С)	y i e	J. C	(D)	(E)			(F)	_
Name and title	Average	/		Pos	ition			Reportable	Reportable	,	Es	timated	
	hours per	box	, unle	ss pe	rson	than is bot	h an	1 '	compensation		an	nount of	
	week	Η.	cer ar	nd a d	Irecto	or/trus	tee)	from	from related			other	
	(list any hours for	or director						the organization	organization (W-2/1099-MIS			pensatior om the	1
	related	e or d	stee			ısated		(W-2/1099-MISC)	(00-2/1099-1010	30)		anization	
	organizations	trustee	nal tru		yee	ed uu c		(** =* ** ** ** ** ** ** ** **				d related	
	below	Individual	Institutional trustee	ser	Key employee	Highest compensated employee	Former				orga	anizations	į
	line)	lhdi	Inst	Officer	Key	High	For				<u> </u>		_
													_
													_
													_
		-											
													_
													_
													_
													_
1b Sub-total								0.		0.		0	<u> </u>
1b Sub-total c Total from continuation sheets to Part VI								0.		0.		0	
d Total (add lines 1b and 1c)								0.		0.			) ,
2 Total number of individuals (including but n							no r	eceived more than \$100	0,000 of reportab	le			
compensation from the organization													(
												Yes N	0
3 Did the organization list any <b>former</b> officer,	•		e, ke	ey en	nplo	yee	, or	highest compensated e	mployee on			_	
line 1a? If "Yes," complete Schedule J for s											3	X	_
4 For any individual listed on line 1a, is the su	•							•	the organization			X	,
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>									idual for convices		4	^	_
rendered to the organization? If "Yes," com	•				-		eiai	ted organization or indiv	idual for Services	,	5	Х	2
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								_
Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	ithir		year.				_
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	services	C	(C Compe	;) nsation	
UNIVERSITY OF WISCONSIN-N							$\dashv$	HUMAN RESOUR				110411011	_
	716 LANGDON ST, MADISON, WI 53706-1400							MANAGEMENT S		1	1,209,551		
													_
													_
2 Total number of independent contractors (i	ncludina but n	ot lii	mite	d to	tho	se li	stec	d above) who received n	nore than				

Form **990** (2012)

\$100,000 of compensation from the organization

Ра	rt VII				=			
		Check if Schedule O cont	tains a response	to any question	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						010, 01011
ية ق		Membership dues						
ts,		Fundraising events						
ij gi			1d					
ins,		Government grants (contribut	· —					
Ltio	f	All other contributions, gifts, gran						
gh		similar amounts not included abo						
out	g							
o o	h	Total. Add lines 1a-1f						
_		GO OD LIGHNGE E	ann a	Business Code	0 060 652	0 060 653		
/ice		CO-OP LICENSE F			8,069,652.			
er.	b			900099		698,737.		
m S	С			541219		272,607.		
gra Re	d			900099		193,630.		
Program Service Revenue	е	OTHER PROJECTS		900099	134,797.	134,797.		
_		All other program service reve			0 260 422			
		Total. Add lines 2a-2f			9,369,423.			
	3	Investment income (including	•	•	128,519.			128,519.
		other similar amounts)			120,319.			120,319.
	4	Income from investment of ta						
	5	Royalties						
	•	0	(i) Real	(ii) Personal				
		Gross rents						
	b							
		٠ /						
		Net rental income or (loss)						
	<i>r</i> a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	р	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		<b>P</b>				
ine	8 a	Gross income from fundraisin						
ven		including \$						
Other Revenue		contributions reported on line	•					
her	<b>b</b>	Part IV, line 18						
ō		Less: direct expenses  Net income or (loss) from fund						
		Gross income from gaming ac						
	Ja	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gar						
		Gross sales of inventory, less	-					
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	10	Total revenue See instructions			9 497 942.	9 369 423	0.	128 519

### Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons		is Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. 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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b		54,789.		54,789.	
	Accounting	34,703.		34,703.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e •					
f a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	1,124,004.	915,301.	208,703.	
12	Advertising and promotion	2,226.	1,892.	334.	
13	Office expenses	97,155.	77,002.	20,153.	
14	Information technology	7,939,596.	7,909,541.	30,055.	
15	Royalties	.,,	. 72 22 7 2 2 2 .	00,000	
16	Occupancy				
17	Tuessel	14,445.	9,250.	5,195.	
18	Payments of travel or entertainment expenses	, -	,	, , ,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,041.	1,559.	482.	
20	Interest		·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,255.		1,255.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	<b>Total functional expenses</b> . Add lines 1 through 24e	9,235,511.	8,914,545.	320,966.	0
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet							
	Check if Schedule O contains a response to ar	ny question i	n this Part X					
				<b>(A)</b> Beginning of year		(B) End of year		
1	•			4,389,197.	1 2	2,603,592		
2		Savings and temporary cash investments						
3	Pledges and grants receivable, net			158,200.	3			
4	Accounts receivable, net			547,246.	4	1,116,951		
5								
	trustees, key employees, and highest compens	sated emplo	yees. Complete					
	Part II of Schedule L		5					
6	Loans and other receivables from other disqua	lified person	s (as defined under					
	section 4958(f)(1)), persons described in section	n 4958(c)(3)	(B), and contributing					
	employers and sponsoring organizations of sec	ction 501(c)(	9) voluntary					
	employees' beneficiary organizations (see instr		6					
Assets 2 8		_		7				
8   8					8			
`   9				1,156,097.	9	232,285		
10	Land, buildings, and equipment: cost or other							
	basis. Complete Part VI of Schedule D		98,472.					
	<b>b</b> Less: accumulated depreciation		98,472.	0.	10c	(		
11					11			
12			12					
13				13				
14					14			
15					15			
16				6,250,740.	16	3,952,828		
17				1,813,712.	17	1,329,027		
18					18			
19				816,131.	19	3,770		
20					20			
ဖ္က 21				2,351,682.	21	1,088,385		
≝   22	Loans and other payables to current and forme	er officers, d	rectors, trustees,					
21   22   22	key employees, highest compensated employe	es, and disc	qualified persons.					
-	Complete Part II of Schedule L				22			
23		lated third p	arties		23			
24					24			
25								
	parties, and other liabilities not included on line	es 17-24). Co	mplete Part X of					
	Schedule D				25			
26	Total liabilities. Add lines 17 through 25			4,981,525.	26	2,421,182		
	Organizations that follow SFAS 117 (ASC 95	8), check he	ere 🕨 🐰 and					
es	complete lines 27 through 29, and lines 33 a	nd 34.						
ဋ   27	Unrestricted net assets			1,039,148.	27	1,378,080		
ğ 28	Temporarily restricted net assets			230,067.	28	153,566		
g   29					29			
로	Organizations that do not follow SFAS 117 (	ASC 958), c	heck here					
<u> </u>	and complete lines 30 through 34.							
g   30					30			
ğ 31	, , ,				31			
Net Assets or Fund Balances 25 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	<b>3</b> .				32			
z   33	Total net assets or fund balances			1,269,215.	33	1,531,646		
34	Total liabilities and net assets/fund balances			6,250,740.	34	3,952,828		

Form **990** (2012)

га	TEAL RECORDING OF NET ASSETS						
	Check if Schedule O contains a response to any question in this Part XI				<u>Ш</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,49	7,9	42.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,23				
3	Revenue less expenses. Subtract line 2 from line 1	3			31.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,26	9,2	<u> 15.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1,53	1,6	46.		
Pa	rt XII Financial Statements and Reporting				$\equiv$		
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		Щ		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	t				
	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 required						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
		<u> </u>	Form	990	(2012)		

#### **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

WISCONSIN LIBRARY SERVICES, INC.

Employer identification number 23-722270

Part I	Reason	for Public Char	<b>ʻity Status</b> (All organiz	ations mu	st complet	e this part	:.) See inst	tructions.					
he organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1			s, or association of chur					).					
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗌			ital service organization		in <b>section</b>	170(b)(1)	A)(iii).						
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter	the h	nospital	's nam	ne.
• —	city, and stat		,						•		•		,
5	•		benefit of a college or ur	niversity o	vned or or	perated by	a governi	mental uni	t describ	ed ir			
•	· ·	(b)(1)(A)(iv). (Comple	•	involuty of	ou 0. 0 <sub>1</sub>	ociated by	a govern	morrial arm	. 4000110		•		
6			ent or governmental unit	t describe	d in <b>sectio</b>	n 170/h)/	IVAV <sub>V</sub> )						
7 🗔			eives a substantial part					or from the	gonoral	nubl	lic dosc	ribod i	in
,		<b>b)(1)(A)(vi).</b> (Comple		or its supp	orthonia	governine	intai uniit C	n nom me	general	publi	ic desc	TIDEG I	""
。			section 170(b)(1)(A)(vi).	(Camplata	Dort II \								
8 L 9 X						rom oontri	hutiana m	a a mah a rahi	n food o	- ha	**************************************	aainta	from
9 121			ceives: (1) more than 33 1										
			nctions - subject to certa										
			axable income (less sect	uononia	x) Irom bu	Siriesses a	acquired b	ly trie orga	mzation	anter	June 3	JU, 197	5.
40		<b>509(a)(2).</b> (Complete	· ·	-4 f			F00(-)(	••					
10	-	-	perated exclusively to te	=	•			•	4				
11 📖	•		perated exclusively for the						•		•		or
			ations described in section	. , .	•	, , ,	2). See <b>se</b> 0	Stion 509(	a)(3). Cn	еск т	ne box	tnat	
			organization and comple		-		_		- III - NI	6		ter trade a c	
. 🗀	a		•	ype III - Fu	•	-		• •	e III - No				-
е 📖			at the organization is not										ırı
			than one or more publicly						9(a)(1) or	sect	lon 509	/(a)(∠).	
f			tten determination from t					e III					
	•	rganization, check th											. 📖
g			organization accepted ar										<del></del>
			lirectly controls, either al									Yes	No
			upported organization?								11g(i)		
			n described in (i) above?								11g(ii)		
			person described in (i) o							Ľ	11g(iii)		<u> </u>
h	Provide the fo	ollowing information	about the supported or	ganization	(s).								
		<u> </u>	1	l				() la	Ala a				
` '	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o				(vi) Is organizațio	on in col.	(vii)	Amount	of mor	netary
org	anization		(described on lines 1-9 above or IRC section	governing				(i) organiz U.S	ed in the l	1	sup	port	
			(see instructions))	•		``,				1			
				Yes	No	Yes	No	Yes	No	<u> </u>			
										1			
										<u> </u>			
										1			
										<u> </u>			
										1			
										<u> </u>			
otal										1			

232021

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ļ					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
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.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(4) 2000	(2) 2000	(0) 2010	(4) 2011	(6) 2512	(1) 10141
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	ļ					
9	Net income from unrelated business						
3	activities, whether or not the	ļ					
		ļ					
10	business is regularly carried on						
10	Other income. Do not include gain	ļ					
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
		-4- ( in-4				40	
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth t		12   n 501(a)(2)	
13		· ·		•	•	. , , ,	
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
_	Public support percentage for 2012 (l			column (fl)		14	%
	Public support percentage from 2011					15	
	33 1/3% support test - 2012. If the c						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2011. If the o						
	and <b>stop here.</b> The organization qual						
17^	10% -facts-and-circumstances tes						
11 a							
	and if the organization meets the "fac			-	•	-	. $\Box$
1-	meets the "facts-and-circumstances"	-	· ·				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ana see instructioi	ns ▶∟

#### 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	ciew, piedee comp	note i art ii.j							
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Gifts, grants, contributions, and	, ,	` ,	,	, ,	,	.,			
	membership fees received. (Do not									
	include any "unusual grants.")	107,300.		115,564.	236,200.		459,064.			
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	10625135.	7643560.	8422570.	8615850.	9343423.	44650538.			
3	Gross receipts from activities that									
Ü	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									
_	The value of services or facilities									
Э										
	furnished by a governmental unit to the organization without charge	71,205.	71,205.	71,205.	71,205.	71 205	356,025.			
_	·	10803640.	7714765.	8609339.	8923255.		45465627.			
	Total. Add lines 1 through 5	10003040.	//14/05•	0009339.	0923233.	3414020.	43403027.			
78	Amounts included on lines 1, 2, and						0.			
	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.			
L	from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the	4513129.	3352134.	4217134.	2015004	2761472	10750062			
	amount on line 13 for the year	4513129.	3352134.				18758963. 18758963.			
	Add lines 7a and 7b	4513129.	3332134.	4217134.	2915094.					
	Public support (Subtract line 7c from line 6.)						26706664.			
	ction B. Total Support	1								
	endar year (or fiscal year beginning in)	(a) 2008 10803640.	(b) 2009 7714765.	(c) 2010 8609339.	(d) 2011 8923255.	(e) 2012	(f) Total 45465627.			
	Amounts from line 6	10803640.	//14/65.	0009339.	0943433.	9414020.	45465627.			
102	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties	00 170	60 707	CO 574	100 507	100 510	451 407			
	and income from similar sources	82,170.	68,727.	68,5/4.	103,507.	128,519.	451,497.			
k	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975	00 170	60 505	60 554	100 505	100 510	454 405			
	Add lines 10a and 10b	82,170.	68,727.	68,574.	103,507.	128,519.	451,497.			
11	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.)	10885810.	7783492.	8677913.	9026762.	9543147.	45917124.			
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,			
	check this box and stop here						<b>&gt;</b>			
	ction C. Computation of Publ					· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	Public support percentage for 2012 (					15	58.16 %			
	Public support percentage from 2011					16	61.47 %			
	ction D. Computation of Inve					<u> </u>				
	Investment income percentage for 20					17	.98 %			
	Investment income percentage from					18	.97 %			
19a	9a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box a	.nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	<u>X</u>			
b	33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and			
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	ınization qualifies a	as a publicly suppo	orted organization	▶∐			
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	<b>&gt;</b>			

#### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

WISCONSIN LIBRARY SERVICES, INC.

Employer identification number 23-7222270

Pai	τl	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s 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	riting that the assets held in donor advi	sed funds
	are th	ne organization's property, subject to the organization's	exclusive legal control?	Yes No
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 No_
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 th <u>at a</u> pply).	
	Ш	Preservation of land for public use (e.g., recreation or ed	ducation)	storically important land area
	Ш	Protection of natural habitat	Preservation of a cer	tified 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	of a conservation easement on the last
	day c	f the tax year.		
				Held at the End of the Tax Year
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	ture
	listed	in the National Register		2d
3	Numl	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year	<b></b>		
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	
	violat	ions, and enforcement of the conservation easements it	holds?	Yes No
6		and volunteer hours devoted to monitoring, inspecting, a		
7		int of expenses incurred in monitoring, inspecting, and e		
8		each conservation easement reported on line 2(d) above		
		ection 170(h)(4)(B)(ii)?		
9		rt XIII, 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.		NI 0: 11 A 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		ance of public service, provide, in Part XIII,
		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 po	ublic service, provide the following amounts
		ng to these items:		
		evenues included in Form 990, Part VIII, line 1		
2		organization received or held works of art, historical trea		al 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		<b>&gt;</b> \$

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

Schedule D (Form 990) 2012

	t III Organizations Maintaining C	collections of A			r Other		sets/conti		ige <u>~</u>				
	Using the organization's acquisition, accessi												
Ū	(check all that apply):	on, and other record	is, criccit arry or tri	c rollowing that	are a sigi	illicant use o	i ita dolloctio	ni itorik	3				
а	Public exhibition	d	I Dan or ex	change prograi	me								
b													
	c Preservation for future generations												
4													
5	During the year, did the organization solicit o						i ait Aiii.						
3	to be sold to raise funds rather than to be ma						Yes		No				
Pai	t IV Escrow and Custodial Arran								110				
	reported an amount on Form 990, Par		ote ii tile organizat	ion answered	103 1011	51111 550, 1 art	10, 1110 0, 01						
	Is the organization an agent, trustee, custodi		diary for contribution	ons or other ass	sets not in	ncluded							
	on Form 990, Part X?						Yes	X	No				
b	If "Yes," explain the arrangement in Part XIII												
-	in roo, explain the arrangement in rait will		moving table.				Amour	nt					
c	Beginning balance					1c	7 11.10 011	·-					
	Additions during the year												
	Distributions during the year												
f	Ending balance												
	Did the organization include an amount on Fe	orm 990 Part X line	217				X Yes		No				
	If "Yes," explain the arrangement in Part XIII.							X	_				
	t V Endowment Funds. Complete i												
	·	(a) Current year	(b) Prior year	(c) Two years		) Three years b	ack (e) Fou	r years l	back				
1a	Beginning of year balance	,	, ,	1 ' '	<u> </u>	,		-					
	Contributions												
	Net investment earnings, gains, and losses												
	Grants or scholarships												
	Other expenditures for facilities												
_	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curr		ce (line 1a. column	(a)) held as:	· ·								
а	Board designated or quasi-endowment	<b>,</b>	%	(/)									
b	Permanent endowment ▶	%											
С	Temporarily restricted endowment	<u></u> *											
	The percentages in lines 2a, 2b, and 2c shou												
За	Are there endowment funds not in the posse	•	ation that are held	and administer	ed for the	organization							
	by:	3				J		Yes	No				
	(i) unrelated organizations						3a(i)						
	(ii) related organizations						3a(ii)						
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?										
4	Describe in Part XIII the intended uses of the												
Pai	t VI Land, Buildings, and Equipm												
	Description of property	(a) Cost or o	ther (b) Cos	st or other		umulated	(d) Boo	k value	•				
		basis (investr	nent) basi	s (other)	depre	eciation							
	Land												
	Buildings												
	Leasehold improvements			50,166.		50,166.							
	Equipment			48,306.		48,306.			0.				
	Other Column (d) must a					±0,300.			0.				
ıota	. Add lines 1a through 1e. (Column (d) must e	quai roiiii 990, Part	∧, colultin (B), line	10(C).)			l		<b>·</b>				

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 WISCONSIN L Part VII Investments - Other Securities. Sec				7222270 Page
(a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(E)				
(F)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se	oo Form 000 Dort V	lino 12		
(a) Description of investment type	(b) Book value		ation: Cost or end-	of-year market value
	(b) Book value	(e) method of value	<u> </u>	or your 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, line	15			
	Description			(b) Book value
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X,	line 25.	(h) Deek velve		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				

(6) (7)(8) (9) (10)(11)

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

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ......

X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

FOR MEMBER LIBRARIES WHO MAINTAIN FUNDS WITH WILS FOR PURCHASES OF SERVICES THROUGH WILS.

Schedule D (Form 990) 2012

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

WISCONSIN LIBRARY SERVICES, INC.

Employer identification number 23-7222270

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

SERVICES IN THE AREAS OF COOPERATIVE PURCHASING, CONSULTING, AND OTHER

COOPERATIVE ACTIVITIES RELATING TO THE CHANGING NATURE OF LIBRARIES AND

CULTURAL INSTITUTIONS.

FORM 990, PART VI, SECTION A, LINE 3: WISCONSIN LIBRARY SERVICES LEASES

ITS EMPLOYEES, INCLUDING ITS EXECUTIVE DIRECTOR, FROM THE UNIVERSITY OF

WISCONSIN-MADISON. THE EXECUTIVE DIRECTOR PERFORMS MOST MANAGEMENT DUTIES

SUCH AS HIRING AND SUPERVISING PERSONNEL, PLANNING AND EXECUTING BUDGETS

AND FINANCIAL OPERATIONS, AND SUPERVISING EXEMPT OPERATIONS. DURING THE

CALENDAR YEAR 2012 THE EXECUTIVE DIRECTOR RECEIVED \$89,000 OF REPORTABLE

COMPENSATION AND \$37,825 OF OTHER COMPENSATION FROM THE UNIVERSITY OF

WISCONSIN-MADISON.

APPROVED NEW BYLAWS TO REFLECT CHANGES IN THE ORGANIZATION'S

BUSINESS/MEMBERSHIP MODEL. THE NUMBER OF BOARD SEATS PER MEMBER TYPE WERE

ADJUSTED, A NEW PROCESS FOR ELECTION OF BOARD MEMBERS WAS ADDED, MEMBERSHIP

REQUIREMENTS WERE CHANGED, LANGUAGE FOR ADVISORY COMMITTEES AND WORKGROUPS

WAS CHANGED TO CREATE THE OPPORTUNITY FOR ADDITIONAL ADVISORY GROUPS, AND

BOARD/COMMITTEE ROLES WERE CLARIFIED.

FORM 990, PART VI, SECTION A, LINE 6: WISCONSIN LIBRARY SERVICES HAS A SINGLE CLASS OF MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A: WISCONSIN LIBRARY SERVICES MEMBERS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization WISCONSIN LIBRARY SERVICES, INC.	Employer identification number 23-7222270
HAVE THE RIGHT TO ELECT ALL MEMBERS OF THE GOVERNING BODY	7.
FORM 990, PART VI, SECTION B, LINE 11: THE PREPARED FORM	990 IS REVIEWED
AND APPROVED BY THE MEMBERS OF THE GOVERNING BODY BEFORE	THE RETURN IS
FILED WITH THE IRS. THE DRAFT RETURN IS DISTRIBUTED AND	THE VOTE TO
APPROVE THE REVISED RETURN ARE BOTH CONDUCTED ELECTRONICA	ALLY.
FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION INCE	REASES ARE
DETERMINED IN ACCORDANCE WITH PARAMETERS SET BY THE UNIVE	ERSITY OF
WISCONSIN-MADISON, WHICH FOLLOWS DECISIONS MADE BY THE BO	DARD OF REGENTS'
CRITERIA THAT CHANGES EACH YEAR. TRADITIONALLY, THE INC	REASES HAVE BEEN IN
THE FORM OF COST OF LIVING ADJUSTMENTS AND MERIT INCREASE	ES.
FORM 990, PART VI, SECTION C, LINE 19: WISCONSIN LIBRARY	SERVICES HAS
POSTED ITS GOVERNING DOCUMENTS ON ITS WEBSITE. ITS CONFI	LICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE T	O THE PUBLIC UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	8,912.
MANAGEMENT AND GENERAL EXPENSES	5,153.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,065.
EMPLOYEE LEASING SERVICES:	
PROGRAM SERVICE EXPENSES	906,389.
MANAGEMENT AND GENERAL EXPENSES	203,550.
332212 01-04-13 Sche	dule O (Form 990 or 990-EZ) (2012)

Name of the organization WISCONSIN LIBRARY SERVICES, INC.		Employer identification number 23-7222270
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		1,109,939.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G,	COL A	1,124,004.

FORM 990 PAGE 10

Asset No.	Description	Date Acquire	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL MACHINERY & EQUIPM			.000	16	50,166. 50,166.		0.	50,166. 50,166.		0.	0.
	MANAGEMENT AND GENERAL											
	SOFTWARE * 990 PAGE 10 TOTAL MANAGEMENT AND GEN			.000	16	48,306. 48,306.		0.	48,306. 48,306.	48,306. 48,306.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					98,472.		0.	98,472.		0.	0.

Form 99	69 (Poy. 1 2012)					Dogo 2	
	68 (Rev. 1-2013) are filing for an Additional (Not Automatic) 3-Month Ex	tension o	complete only Part II and check this	hov		Page 2  ► X	
	nly complete Part II if you have already been granted an a						
	are filing for an Automatic 3-Month Extension, comple			ieu i oiiii	0000.		
Part I			,	al (no co	opies ne	eded)	
	,			•	•	, see instructions	
Type or	Name of exempt organization or other filer, see instru	ıctions				tion number (EIN) or	
print	The state of the s	inproyer reentineation manneer (Enty					
File by the	WISCONSIN LIBRARY SERVICES,	23-7222270					
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity num	ber (SSN)	
instructions	City, town or post office, state, and ZIP code. For a form MADISON, WI 53715-1255	oreign add	ress, see instructions.				
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applica	lian .	Datum	Application			Return	
Application Is For	uon	Return Code	Application Is For			Code	
	0 or Form 990-EZ	01	13 FOI			Code	
Form 99		02	Form 1041-A			08	
	20 (individual)	03	Form 4720			09	
Form 99	,	04	Form 5227				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
STOP! E	Oo not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	d Form 8	368.	
Telep  If the	TOM KLEMENT  cooks are in the care of ► 1360 REGENT ST  chone No. ► 608-616-0761  organization does not have an office or place of business  is for a Group Return, enter the organization's four digit  . If it is for part of the group, check this box ►	s in the Ur Group Exe	FAX No. $\blacktriangleright$ 608-262-60 (nited States, check this box	67 this is fo	r the whole	group, check this	
4 Ir	equest an additional 3-month extension of time until		15, 2014				
<b>5</b> Fo	or calendar year, or other tax year beginning	JUL 1	, 2012 , and ending	JUN	30,	2013	
6 If 1	the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	⊥ Final r	eturn		
L	Change in accounting period						
_	ate in detail why you need the extension				~~		
	DDITIONAL TIME IS NEEDED TO V			NT AC	COUNT	ANT IN	
<u>O</u>	RDER TO FILE A COMPLETE AND A	ACCURA	ATE RETURN.				
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			0.	
_	onrefundable credits. See instructions.		vativa dalala ava dita avad antivanta d	8a	\$	· ·	
	this application is for Form 990-PF, 990-T, 4720, or 6069, x payments made. Include any prior year overpayment all	•					
	reviously with Form 8868.	ioweu as a	a credit and any amount paid	8b	\$	0.	
	alance due. Subtract line 8b from line 8a. Include your pa	wment wit	h this form if required by using	- 05	Ψ		
	TPS (Electronic Federal Tax Payment System). See instru	•	Transform, irrequired, by doing	8c	\$	0.	
			st be completed for Part II o		· •		
	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp	-	-	f my knowle	dge and belief,	
Signature	Title <b>&gt;</b> 1	EXECU	TIVE DIRECTOR	Date	<b>•</b>		
<u> </u>						8868 (Rev. 1-2013)	