WEGNER CPAS, LLP 2110 LUANN LN MADISON, WI 53713-3074

WISCONSIN LIBRARY SERVICES, INC. 1360 REGENT ST, NO. 121 MADISON, WI 53715-1255

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

JUL 1,

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs 2013

and ending JŬN 30,

Check if C Name of organization D Employer identification number Address change WISCONSIN LIBRARY SERVICES, INC. Name change \*\*-\*\*\*2270 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-1360 REGENT ST 121 608-216-8399 Amended return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-MADISON. WI 53715-1255 H(a) Is this a group return pending F Name and address of principal officer: STEFANIE MORRILL for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Ves I Tax-exempt status: X 501(c)(3) □ 501(c) ( 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.WILS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1972 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: WISCONSIN LIBRARY SERVICES **Activities & Governance** (WILS) IS A NON-PROFIT MEMBERSHIP ORGANIZATION THAT FACILITATES if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) Revenue 9,369,423. 7,383,929. Program service revenue (Part VIII, line 2g) 128,519 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. Ō. 9.497.942. 7,445,255. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 511,957. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,981,528. 9,235,508. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,493,485. 9,235,508. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 262,434. -48,230. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 3,952,828. 3,610,352. 20 Total assets (Part X, line 16) 2,421,182 2,126,936. 21 Total liabilities (Part X. line 26) Met 1,531,646. 1,483,416. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign STEFANIE MORRILL, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature BRUCE MAYER, CPA P00187180 Paid self-employed ▶ WEGNER CPAS, LLP Firm's EIN \*\*-\*\*\*4031 Preparer Firm's name Firm's address 2110 LUANN LN Use Only MADISON, WI 53713-3074 Phone no. 608-274-4020 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

| Pai | t III Statement of Program Service Accomplishments   |
|-----|--|
|     | Check if Schedule O contains a response or note to any line in this Part III   |
| 1   | Briefly describe the organization's mission: WE BELIEVE LIBRARIES, CULTURAL INSTITUTIONS, AND THEIR PARTNERS MAKE  |
|     | THE WORLD A BETTER PLACE. WE BUILD RELATIONSHIPS AND PROVIDE SERVICES  |
|     | SO THEY CAN DO MORE WITH THEIR TIME AND MONEY. WE HELP OUR MEMBERS   |
|     | TURN IDEAS INTO ACTION.  |
| 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 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 \$ 7,011,138. including grants of \$) (Revenue \$7,104,873.)   |
|     | THE WILS COOPERATIVE PURCHASING PROGRAM IS DESIGNED TO SAVE MEMBERS  |
|     | TIME AND MONEY, ALONG WITH LEVERAGING THE BUYING POWER OF A STATEWIDE  |
|     | MEMBERSHIP BASE. WILS NEGOTIATES PRICING FOR A VARIETY OF ONLINE   |
|     | RESOURCES AND OTHER PRODUCTS, MANAGES SUBSCRIPTIONS TO ONLINE  |
|     | RESOURCES, IDENTIFIES NEW PRODUCTS, AND CREATES AND MAINTAINS  |
|     | RELATIONSHIPS WITH VENDORS, ALL ON BEHALF OF OUR MEMBERS.  |
|     |  |
|     |  |
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|     |  |
|     |  |
|     |  |
| 4b  | (Code: ) (Expenses \$ 249,482 • including grants of \$ ) (Revenue \$ 203,000 • )   |
|     | WILS PROVIDES A VARIETY OF CONTRACTUAL AND PROJECT MANAGEMENT SERVICES,  |
|     | INCLUDING STRATEGIC PLANNING, WORKFLOW ANALYSIS, COOPERATIVE EBOOK   |
|     | PROJECT MANAGEMENT, SURVEYS AND RESEARCH STUDIES, EDUCATIONAL  |
|     | OPPORTUNITIES, AND COORDINATION AMONG THE COMMUNITY FOR THE SHARING OF   |
|     | EXPERTISE AND FUNDING OF PROJECTS.   |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
| 4c  | (Code:) (Expenses \$60 , 931 • including grants of \$) (Revenue \$)  |
|     | WILS COORDINATES RECOLLECTION WISCONSIN, A PROJECT THAT ASSISTS  |
|     | LIBRARIES AND CULTURAL HERITAGE INSTITUTIONS WITH DIGITIZATION OF LOCAL  |
|     | HISTORICAL COLLECTIONS, MAINTAINS A CENTRALIZED RESOURCE OF THESE  |
|     | MATERIALS, AND PROVIDES ONLINE EXHIBITS/INTERPRETATION OF THE CONTENT,   |
|     | ALONG WITH MATERIALS FOR USING THESE RESOURCES IN EDUCATIONAL SETTINGS.  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
| 4d  | Other program services (Describe in Schedule O.)   |
|     | (Expenses \$ including grants of \$ ) (Revenue \$ 76,056.)   |
| 4e  | Total program service expenses ► 7,321,551.  |
|     | Form <b>990</b> (2013)   |

## 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      | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>                          | 4          |     | X  |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |            |     |    |
| 3      | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5          |     | Х  |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |            |     |    |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |     | X  |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _          |     | v  |
| _      | 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         |     | X  |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |            |     |    |
|        | as applicable.   |            |     |    |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a        |     | X  |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |            |     |    |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |     | X  |
| С      | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |            |     |    |
|        | 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   |            |     | Х  |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        |     | X  |
| e<br>f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        |     | 21 |
| •      | the organization's separate of 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        |     | Х  |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            |     |    |
|        | Schedule D, Parts XI and XII   | 12a        |     | X  |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |            |     |    |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |     | Х  |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |            |     |    |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |            |     | v  |
| 45     | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 14b        |     | X  |
| 15     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |     | Х  |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 13         |     |    |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |     | Х  |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |            |     |    |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17         |     | Х  |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         |     | Х  |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |            |     | v  |
| 00-    | complete Schedule G, Part III  | 19         |     | X  |
| 20a    | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20a<br>20b |     | Λ  |
| IJ     | ii res to iine zoa, did the organization attaon a copy of its addited finalicial statements to this return?  | 200        |     |    |

# Form 990 (2013) WISCONSIN LIBRARY Part IV Checklist of Required Schedules (continued)

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | Х  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to 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  |     | Х  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |     |     |    |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a   | 24a |     | 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 |     |    |
| 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 |     | Х  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |     |     |    |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 25b |     | Х  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  |     |     |    |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,  |     |     |    |
|     | complete Schedule L, Part II   | 26  |     | Х  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |     |     |    |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |     |     |    |
|     | of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |     |     |    |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  |     |     | 37 |
|     | 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 |     |    |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  | 00- |     | Х  |
| 00  | 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? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29  |     |    |
| 30  | contributions? If "Yes," complete Schedule M   | 30  |     | Х  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   | ١., |     | Х  |
| 20  | If "Yes," complete Schedule N, Part I  | 31  |     |    |
| 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  |     | Х  |
| 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  |
|     | 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  | X   |    |

# | 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  |     | Check if Schedule O contains a response or note to any line in this Part V   |           |                       |     |     |        |
|--|-----|--|-----------|-----------------------|-----|-----|--------|
| b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. To 7  2b. If all least one is reported on line 2a, did the organization fall engured federal employment tax returns?  2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns?  2c. To 8  3b. If the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization is fided a form 950 of the organization in since an expense of \$1,000 or more during the year?  3c. Did the organization in a foreign country (such as a bank account, securities account, or other financial account?)  3c. Did the organization and party to a prohibited tax shelter transaction at any time during the tax year?  3c. Did any taxolise party notify the organization file Form 8886.7  3c. Did any taxolise party notify the organization file Form 8886.7  3c. Did any taxolise party notify the organization file Form 8886.7  3c. Did any contributions that were not tax deductible as charitable contributions?  3c. Did the organization sheep any any to a prohibited tax shelter transaction or grits were not tax deductible as charitable contributions under section 170(c).  3c. Did the organization have an any free organization that were not tax deductible as charitable contributions or party for goods and services provided to the payor?  3c. Did the organization necess of \$5 from 8262 filed during the year.  3c. Did the organization sheep any apprent in excess of \$5 from 8262 filed turing the year.  3c. Did the organization sheep any |     |  |           |                       |     | Yes | No     |
| b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. To 7  2b. If all least one is reported on line 2a, did the organization fall engured federal employment tax returns?  2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns?  2c. To 8  3b. If the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization is fided a form 950 of the organization in since an expense of \$1,000 or more during the year?  3c. Did the organization in a foreign country (such as a bank account, securities account, or other financial account?)  3c. Did the organization and party to a prohibited tax shelter transaction at any time during the tax year?  3c. Did any taxolise party notify the organization file Form 8886.7  3c. Did any taxolise party notify the organization file Form 8886.7  3c. Did any taxolise party notify the organization file Form 8886.7  3c. Did any contributions that were not tax deductible as charitable contributions?  3c. Did the organization sheep any any to a prohibited tax shelter transaction or grits were not tax deductible as charitable contributions under section 170(c).  3c. Did the organization have an any free organization that were not tax deductible as charitable contributions or party for goods and services provided to the payor?  3c. Did the organization necess of \$5 from 8262 filed during the year.  3c. Did the organization sheep any apprent in excess of \$5 from 8262 filed turing the year.  3c. Did the organization sheep any | 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a        | 7                     |     |     |        |
| c Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gambling) withings to prize withorises?  2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 If I all least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 If I we sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 I bit the organization have unrelated business gross income of \$1,000 or more during the year?  3 If Yes, 1 has it filed a Form 950 T for this year? If No, 1 for ine 3b, provide an explanation in Schedule O.  3 If Yes, 1 files a form 950 T for this year? If No, 1 for ine 3b, provide an explanation in Schedule O.  3 If Yes, 1 files a form 950 T for this year? If No, 1 for ine 3b, provide an explanation in Schedule O.  3 If Yes, 1 files a form 950 T for this year? If No, 1 for ine 3b, provide an explanation in Schedule O.  4 If Yes, 1 files a form 950 T for this year? If No, 1 for ine 3b, provide an explanation in Schedule O.  5 If Yes, 1 files a form 950 T for this year? If No, 1 for ine 3b, provide an explanation in Schedule O.  5 If Yes, 1 files a form 950 T for the year? If Yes, 1 for ine 3b, provide an explanation in Schedule O.  6 If Yes, 1 files a form 950 T for the year? If Yes, 2 for ine 3b, year of the companies of the organization that it was or is a party to a prohibited tax shelter transaction?  5 If Yes, 1 files a for 3b, did the organization file Form 8869 T?  5 If Yes, 1 files a form 950 T for the organization file Form 8869 T for year and year of year of year and year of year year year of year of year year year year year year year year  | b   |  | 1b        | 0                     |     |     |        |
| 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Eas 7   b 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 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a I I I I Vess, 1 has it filed a Form 990-T for this year? If 1/No, 1 or file 3b, provide an explanation in Schedule O 3b I Vess, 1 has it filed a Form 990-T for this year? If 1/No, 1 or file 3b, provide an explanation in Schedule O 3b I Vess, 1 has it filed a Form 990-T for this year? If 1/No, 1 or file 3b, provide an explanation in Schedule O 3b I Vess, 1 has it filed a Form 990-T for this year? If 1/No, 1 or file 3b, provide an explanation in Schedule O 3b I Vess, 1 has it filed a Form 990-T for this year? If 1/No, 1 or file 3b, provide an explanation in Schedule O 3b I Vess, 1 has it filed a Form 990-T for this year? If 1/No, 1 or file 3b, provide an explanation in Schedule O 3ch at the organization have more planation in that it was or is a party to a prohibled tax scheder transaction? 5c I Vess, 1 to line 5a or 5b, did the organization file Form 88861? 6c I Vess, 1 to line 5a or 5b, did the organization file Form 88861? 6c I Vess, 1 to line 5a or 5b, did the organization file Form 88861? 6c I Vess, 1 to line 5a or 5b, did the organization file Form 88861? 6c I Vess, 1 to line 5a or 5b, did the organization file Form 88861? 6d Dess the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization schedule apprend in excise of \$7\cdot not be party for young and survices provided to the payor? 7b If 1 Vess, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization schedule apprend in excise of \$7\cdot not payor the payor to payor the payor t      | С   | Did the organization comply with backup withholding rules for reportable payments to vendors and re  | eportal   | ble 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  b 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 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a IV the congruination have unrelated business gross income of \$1,000 or more during the year?  3a IV 19 19 19 19 19 19 19 19 19 19 19 19 19  |     | (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 \$7,000 or more during the year?  3b If the organization have unrelated business gross income of \$7,000 or more during the year?  3a At any time during the celandary 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 accountly?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, did the organization have a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction?  5c If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction?  5c If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction?  5c If Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions?  5c If Yes, 'to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions under section 170(c).  5d If If Yes, 'did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If   | 2a  |  |           |                       |     |     |        |
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| 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," to fire 3b, provide an explanation in Schedule O  day  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 "Yes," either the name of the foreign country." ►  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  Sa Was the organization appropriate for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization for the organization file Form 8886-17?  bid any taxable party notify the organization file Form 8886-17?  cif "Yes," to line 5a or 50t, did the organization file Form 8886-17?  bid one organization have a ninual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions?  bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a bid the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required to the form 8282?  bif "Yes," did the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required?  bif the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required?  bif the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required?  bif the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required?  bif the organization received a contribution of cas, boats, airplanes, or other vehic      | b   | If at least one is reported on line 2a, did the organization file all required federal employment tax retur  | ns?       |                       | 2b  | Х   |        |
| b if Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account        |     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions   | s)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 may 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 Did the organization receive apyment in excess of \$75 made partly as a contribution of partly as the services provided?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization organization services and partly fine the services provided?  9 Did the organization organization services and contribution of qualified intellectual propert, did the organization file organization services and contribu   | За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |           |                       | 3a  |     | Х      |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (if "Yes," enter the name of the foreign country; "See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions?"  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Ibl the organization stat may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 c?  7 Yes, "If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089 c?  7 Yes, "If the organization maintaining donor advised funds an absolution so. Did the supporting organizations. Did the      | b   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule   | 0         |                       | 3b  |     |        |
| b If "Yes," enter the name of the foreign country:     See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for the See of St. (in the organization that it was or is a party to a prohibited tax shelter transaction?   Sec       | 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other  | author    | ity over, a           |     |     |        |
| See instructions for filing requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization are 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," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 This organization and the annual property of an approximation file form 8899 as required?  8 Sponsoring organizations maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organization is maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organization is maintaining donor advised funds.  a Did the organization make a distribution to a donor, donor advised funds.  b Coross receipts, included on Form 99     |     | financial account in a foreign country (such as a bank account, securities account, or other financial   | accour    | nt)?                  | 4a  |     | Х      |
| Sa X    Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?    5a X    Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?    5b X    X    Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?    5c    X    Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?    Bif Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?    7     Organizations that may receive deductible contributions under section 170(c).    Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?    7     Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?    7     Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?    7     Did the organization receive a payment in excess of \$75 made partly as a contribution of any because of the payor?    7     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?    7     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?    7     Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07    8     Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization received and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07    8     Sponsoring org  | b   | If "Yes," enter the name of the foreign country:   |           |                       |     |     |        |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T?  8 Does the organization frave 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization supparent in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 Did the organization receive apyment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  10 Did the organization received a contribution of cars, boats, aniphanes, or other whiches, did the organization file a Form 1098-C?  10 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  10 Did the organization make any taxable distributions under section 4986?  10 Did the organization make any taxable distribution sunder section 4986?  11 Section 501(c)(7) organizations. Enter:  12 In   |     | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A   | Accour    | nts.                  |     |     |        |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5  | 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |           |                       | 5a  |     | Х      |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a 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 as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X of If "Yes," did the unmber of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 To Y If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  3 Sponsoring organization samintaining donor advised funds and section 590(a)(3) supporting organization file a Form 1098-C?  3 Sponsoring organizations maintaining donor advised funds and section 590(a)(3) supporting organizations. Did the supporting organization nake any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Gross income from members or      |     |  |           |                       | 5b  |     | Х      |
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| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 E  |     |  |           |                       | 6a  |     | Х      |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 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 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of qualified intellectual property, did the organizations file a Form 1098-C? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organization make any taxable distribution sunder section 4966? f Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distribution sunder section 4966? g Did the organization make any taxable distribution sunder section 4966? g Did the organization make any taxable distribution sunder section 4966? g Did the organization make any taxable distribution or advisor, or related person? g Did the organization make any taxable distribution or advisor, or related person? g Did the organization make any taxable distribution or advisor, or related person? g Did the organization make any taxable distribution or organization file and property did the organization make any taxable distribution organization file and property did the organization from members or shareholders g Gross income       | b   |  |           |                       |     |     |        |
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| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  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 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  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?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9a  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross income from members or shareholders  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)  11b  12a Section 501(c)(12) organizations. Enter:  a If It'es, enter the amount of tax exempt interest received or accrued during the year  12b  If "Yes," in 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 m       | 7   |  |           |                       |     |     |        |
| to file Form 8282?  7c   | а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser  | vices p   | rovided to the payor? | 7a  |     | Х      |
| to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7  | b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |           |                       | 7b  |     |        |
| d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, 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 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?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b 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 in more than one state?  Note. See the instructions for additional information the organ       | С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | as requ   | uired                 |     |     |        |
| 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 organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  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  10a  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?  12b  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  If "Yes," enter the amount of reserves the organization in rore 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       |     | to file Form 8282?   |           |                       | 7с  |     | Х      |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds 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 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 b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Did the organization make any taxable distributions under section 4966?  9 a Did the organization make any taxable distributions under section 4966?  9 a Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Did the organization make a distribution included on Part VIII, line 12  10 a Did the organization server 990, Part VIII, line 12  11 b Gross income from members or shareholders  11 b Gross income from members or shareholders  11 b Did   | d   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d        |                       |     |     |        |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds 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 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  9 b Did the organization make any taxable distributions under section 4966?  9 cross receipts, included on Form 990, Part VIII, line 12  10 d D D D D D D D D D D D D D D D D D D   | е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of   | ontrac    | t?                    | 7e  |     |        |
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| 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  | а   | Did the organization make any taxable distributions under section 4966?  |           |                       | 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  | Section 501(c)(7) 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? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b   | а   |  | 10a       |                       |     |     |        |
| 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  13b 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   | b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b       |                       |     |     |        |
| 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  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15d  | 11  | · · · · · ·  | , ,       |                       |     |     |        |
| 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       |                       |     |     |        |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15c 15d 15c 15d 15c 15d 15c 15d  | b   | Gross income from other sources (Do not net amounts due or paid to other sources against   |           |                       |     |     |        |
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| 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   | 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1041?     | •                     | 12a |     |        |
| 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   | b   | · · · · · · · · · · · · · · · · · · ·  | 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   |     |  |           |                       |     |     |        |
| 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  | а   | •  |           |                       | 13a |     |        |
| 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 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   |  | , ,       |                       |     |     |        |
| 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   |     | organization is licensed to issue qualified health plans   |           |                       |     |     |        |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b  |     |  | 13c       |                       |     |     | 77     |
|  |     |  |           |                       |     |     | X      |
|  | b   | It "Yes," has it filed a Form 720 to report these payments? It "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 or note to any line in this Part VI   |           |                      |        |       |      | Λ   |  |  |  |  |
|------|---|-----------|----------------------|--------|-------|------|-----|--|--|--|--|
| Sec  | tion A. Governing Body and Management   |           |                      |        |       |      |     |  |  |  |  |
|      |   | 1         | 1 .                  | 1      |       | 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 relationshi  | ip with   | any other            |        |       |      |     |  |  |  |  |
|      | officer, director, trustee, or key employee?  |           |                      |        | 2     |      | Х   |  |  |  |  |
| 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     |      | Х   |  |  |  |  |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form   |           |                      |        | 4     |      | Х   |  |  |  |  |
| 5    |   |           |                      |        | 5     |      | Х   |  |  |  |  |
| 6    |   |           |                      |        |       |      |     |  |  |  |  |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or a   |           |                      | ··     | 6     | X    |     |  |  |  |  |
| , u  |   |           |                      |        | 7a    | Х    |     |  |  |  |  |
| h    | more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, s  |           |                      | ··  -  | 74    |      |     |  |  |  |  |
| b    |   |           |                      |        | 7h    |      | Х   |  |  |  |  |
| 0    | persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the ye   | ar hv. +1 | ne following:        |        | 7b    |      | -21 |  |  |  |  |
| 8    |   |           |                      |        | ا ۔   | v    |     |  |  |  |  |
| a    | The governing body?   |           |                      |        | 8a    | X    |     |  |  |  |  |
| b    | Each committee with authority to act on behalf of the governing body?   |           |                      | -      | 8b    | Λ    |     |  |  |  |  |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real  |           |                      |        |       |      | 77  |  |  |  |  |
|      | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |           |                      |        | 9     |      | X   |  |  |  |  |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal R   | evenu     | e Code.)             |        |       |      |     |  |  |  |  |
|      |   |           |                      | _      |       | Yes  | No  |  |  |  |  |
|      | Did the organization have local chapters, branches, or affiliates?  |           |                      | 📙      | 10a   |      | X   |  |  |  |  |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of such c  | hapte     | rs, affiliates,      |        |       |      |     |  |  |  |  |
|      | and branches to ensure their operations are consistent with the organization's exempt purposes?   |           |                      | L      | 10b   |      |     |  |  |  |  |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing boo  | dy befo   | ore filing the form? | ?      | 11a   | Х    |     |  |  |  |  |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |           |                      |        |       |      |     |  |  |  |  |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13   |           |                      |        | 12a   | X    |     |  |  |  |  |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise   | e to cor  | iflicts?             | Γ.     | 12b   | X    |     |  |  |  |  |
| С    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y   |           |                      |        |       |      |     |  |  |  |  |
|      | in Schedule O how this was done   |           |                      | -      | 12c   |      | Х   |  |  |  |  |
| 13   | Did the organization have a written whistleblower policy?   |           |                      |        | 13    | Х    |     |  |  |  |  |
| 14   | Did 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 approv   |           |                      |        |       |      |     |  |  |  |  |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | -         |                      |        |       |      |     |  |  |  |  |
| а    | The organization's CEO, Executive Director, or top management official  |           |                      |        | 15a   |      | Х   |  |  |  |  |
|      | Other officers or key employees of the organization   |           |                      |        | 15b   |      | X   |  |  |  |  |
| D    | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |           |                      | ··     | 100   |      |     |  |  |  |  |
| 160  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange  | mont :    | with a               |        |       |      |     |  |  |  |  |
| ıva  |   |           |                      |        | 160   |      | Х   |  |  |  |  |
| J.   | taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organization to evaluate the organization the |           |                      |        | 16a   |      | -22 |  |  |  |  |
| Ø    |   |           |                      |        |       |      |     |  |  |  |  |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga  | nızatıd   | on's                 |        |       |      |     |  |  |  |  |
| Corr | exempt status with respect to such arrangements?  |           |                      | L      | 16b   |      |     |  |  |  |  |
|      | tion C. Disclosure  |           |                      |        |       |      |     |  |  |  |  |
| 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 (Sec    | tion 501(c)(3)s on   | ly) av | ailab | le   |     |  |  |  |  |
|      | for public inspection. Indicate how you made these available. Check all that apply.   |           |                      |        |       |      |     |  |  |  |  |
|      | Own website Another's website X Upon request Other (explain   |           | ,                    |        |       |      |     |  |  |  |  |
| 19   | Describe in Schedule O whether (and if so, how), the organization made its governing documents, co  | onflict   | of interest policy,  | and    | finan | cial |     |  |  |  |  |
|      | statements available to the public during the tax year.   |           |                      |        |       |      |     |  |  |  |  |
| 20   | State the name, physical address, and telephone number of the person who possesses the books a  | ınd red   | ords of the organ    | izatio | on: 🕨 | ·    |     |  |  |  |  |
|      | TOM KLEMENT - 608-616-0761  |           |                      |        |       |      |     |  |  |  |  |
|      | 1360 REGENT ST STE 121, MADISON, WI 53715-1255  |           |                      |        |       |      |     |  |  |  |  |

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

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

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

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

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

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

| (A)<br>Name and Title           | (B) Average hours per week   | box                            | not cl                | ss pe   | ition<br>more<br>rson | on<br>ore than one<br>on is both an<br>ector/trustee) |          | (D) Reportable compensation from       | (E) Reportable compensation from related | (F) Estimated amount of other  |
|---------------------------------|--|--------------------------------|-----------------------|---------|-----------------------|---|----------|--|--|--|
|                                 | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee          | Highest compensated employee                          | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) PATRICK WILKINSON PRESIDENT | 1.00   | x                              |                       | х       |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (2) KELLY KROES                 | 1.00   | ^                              |                       | _       |                       |   | $\vdash$ | 0.                                     | 0.                                       | · ·  |
| TREASURER                       | 1.00   | x                              |                       | Х       |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (3) MARK AREND                  | 1.00   |                                |                       |         |                       |   |          |  | •  |  |
| DIRECTOR                        |  | x                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (4) JENNIFER PETERSON           | 1.00   |                                |                       |         |                       |   |          |  |  |  |
| DIRECTOR                        |  | х                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (5) MARC BOUCHER                | 1.00   |                                |                       |         |                       |   |          |  |  |  |
| DIRECTOR                        |  | Х                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (6) LISA VIEZBICKE              | 1.00   |                                |                       |         |                       |   |          |  |  |  |
| DIRECTOR                        |  | Х                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (7) TASHA SAECKER               | 1.00   |                                |                       |         |                       |   |          |  |  |  |
| DIRECTOR                        |  | Х                              |                       |         |                       | <u> </u>  |          | 0.                                     | 0.                                       | 0.   |
| (8) PEG BILLING                 | 1.00   |                                |                       |         |                       |   |          |  |  | •  |
| DIRECTOR                        | 1 00   | Х                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (9) NANCY KIERALDO              | 1.00   | ,,                             |                       |         |                       |   |          |  |  | 0  |
| DIRECTOR                        | 1 00   | Х                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (10) HEATHER WINTER             | 1.00   | Ţ.                             |                       |         |                       |   |          |  | 0  | 0  |
| DIRECTOR (11) LEE KONRAD        | 1.00   | Х                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| DIRECTOR                        | 1.00   | x                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (12) MARTHA BERNINGER           | 1.00   | ^                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| DIRECTOR                        | 1.00   | x                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (13) STEVE PLATTETER            | 1.00   |                                |                       |         |                       | <u> </u>  |          |  | •  |  |
| DIRECTOR                        | 1.00   | x                              |                       |         |                       |   |          | 0.                                     | 0.                                       | 0.   |
| (14) STEFANIE MORRILL           | 40.00  | <del>-</del>                   |                       |         |                       | $\vdash$  | H        |  |  |  |
| EXECUTIVE DIRECTOR              |  |                                |                       | Х       |                       |   |          | 41,500.                                | 0.                                       | 0.   |
|                                 |  | -                              |                       |         |                       |   |          |  |  |  |
|                                 |  |                                |                       |         |                       |   |          |  |  |  |
|                                 |  |                                |                       |         |                       |   |          |  |  |  |
|                                 |  |                                |                       |         |                       |   |          |  |  | - 000  |

| Pari | Section A. Officers, Directors, Trus  | tees, Key Em<br>(B)    | ploy               | ees/                  |                 |              | ighe                         | st C     |                           |                           |           |       |                    |          |
|------|---|------------------------|--------------------|-----------------------|-----------------|--------------|------------------------------|----------|---------------------------|---------------------------|-----------|-------|--------------------|----------|
|      | (A)   | <b>(C)</b><br>Position |                    |                       |                 |              | (D)                          | (E)      |                           | _                         | (F)       |       |                    |          |
|      | Name and title  | Average hours per      |                    | not c                 | heck            | more         | than                         |          | Reportable                | Reportable                |           |       | stimate<br>nount   |          |
|      |   | week                   |                    |                       | ss pe<br>nd a d |              |                              |          | compensation<br>from      | compensation from related |           | aı    | other              | JI       |
|      |   | (list any              | ctor               |                       |                 |              |                              |          | the                       | organization              |           | com   | pensa              | tion     |
|      |   | hours for              | ordirector         | au<br>au              |                 |              | ated                         |          | organization              | (W-2/1099-MI              | SC)       |       | rom th             |          |
|      |   | related organizations  | ustee              | Institutional trustee |                 | g;           | suadı                        |          | (W-2/1099-MISC)           |                           |           | _ ~   | anizat<br>d relat  |          |
|      |   | below                  | Individual trustee | tional                | ١.              | ploye        | st con                       |          |                           |                           |           |       | u reiai<br>anizati |          |
|      |   | line)                  | Individ            | Institu               | Officer         | Key employee | Highest compensated employee | Forme    |                           |                           |           | 5.9   |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        | -                  |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        | _                  |                       | _               |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        | 1                  |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        | -                  |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
| 1b   | Sub-total   |                        |                    |                       |                 |              |                              | <b></b>  | 41,500.                   |                           | 0.        |       |                    | 0.       |
|      | Total from continuation sheets to Part V  |                        |                    |                       |                 |              |                              | <b>•</b> | 0.                        |                           | 0.        |       |                    | 0.       |
|      | Total (add lines 1b and 1c)   |                        |                    |                       |                 |              |                              |          | 41,500.                   | 000 of reportab           | <u>0.</u> |       |                    | 0.       |
|      | compensation from the organization  | ot ill little to ti    | 1036               | iiste                 | ou a            | DOV          | C) WI                        | 10 1     | eceived more triair \$100 | ,,000 or reportat         | ,ic       |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       | Yes                | No       |
|      | Did the organization list any <b>former</b> officer,  |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    | v        |
|      | line 1a? If "Yes," complete Schedule J for s<br>For any individual listed on line 1a, is the su |                        |                    |                       |                 |              |                              |          | her compensation from     |                           |           | 3     |                    | X        |
|      | and related organizations greater than \$15   |                        |                    |                       |                 |              |                              |          |                           | trie organization         |           | 4     |                    | Х        |
|      | Did any person listed on line 1a receive or a   |                        |                    |                       |                 |              |                              |          |                           | idual for services        | <br>S     |       |                    |          |
|      | rendered to the organization? If "Yes," com   | plete Schedul          | e J f              | or s                  | uch             | pers         | son                          |          |                           |                           |           | 5     |                    | X        |
|      | ion B. Independent Contractors  |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      | Complete this table for your five highest co<br>the organization. Report compensation for       |                        |                    |                       |                 |              |                              |          |                           |                           | npens     | ation | from               |          |
|      | (A)   |                        |                    |                       |                 | V.I.C.I.I.   | 0, 1,                        |          | (B)                       |                           |           |       | C)                 |          |
|      | Name and business   | address                | NO                 | INC                   | E               |              |                              | _        | Description of s          | services                  |           | compe | nsatio             | <u> </u> |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              | $\dashv$ |                           |                           |           |       |                    |          |
|      |   |                        |                    |                       |                 |              |                              |          |                           |                           |           |       |                    |          |
|      | Total number of independent contractors (i \$100,000 of compensation from the organi            | •                      | ot li              | mıte                  | a to            |              | se li<br>0                   | stec     | a above) who received n   | nore tnan                 |           |       |                    |          |

|                                   | 1 990 (                                |  |  | RARY SER                                      | VICES, INC                                      | •                                      | **-***2                        | 2270 Page 9  |
|-----------------------------------|--|--|--|---|---|--|--------------------------------|--|
| Pa                                | rt VII                                 |  |  |   | in Alain Don't Mill                             |  |                                |  |
|                                   |  | Check if Schedule O conta  | ains a response  | or note to any iir                            | (A) Total revenue                               | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Revenue and Other Similar Amounts | b<br>c<br>d<br>e<br>f                  | CO-OP LICENSE FOTHER PROJECTS  MEMBERSHIP FEES  All other program service rever  | tb tc td td tc   | Business Code<br>900099<br>900099<br>900099   | 7,104,873.<br>203,000.<br>76,056.<br>7,383,929. | 203,000.                               |                                |  |
| Other Revenue                     | b c d 7 a b c d 8 a b c 9 a b c 10 a b | Investment income (including of other similar amounts) Income from investment of tax Royalties  Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Scross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming act Part IV, line 19 Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, less in and allowances Less: cost of goods sold Net income or (loss) from sales | (i) Real  (i) Real  (i) Securities  (ii) Securities  (ii) Securities  (iv) | est, and  oroceeds  (ii) Personal  (ii) Other | 61,326.   |  |                                | 61,326.  |
|                                   | 11 a                                   | Miscellaneous Revenue  | 9  | Business Code                                 |   |  |                                |  |
|                                   |  |  |  | 1   | i   |  |                                | 1  |

61,326. Form **990** (2013)

e Total. Add lines 11a-11d .....

Total revenue. See instructions.

**d** All other revenue

332009 10-29-13

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 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 Benefits paid to or for members ..... Compensation of current officers, directors, 84,850. 42,425. 42,425. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 297,670. Other salaries and wages 282,070. 15,600. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 85,025. Other employee benefits 79,450. 5,575 9 44,412. 38,477. 5,935. Payroll taxes 10 Fees for services (non-employees): Management 61,726. 61,726. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees \_\_\_\_\_ Other. (If line 11g amount exceeds 10% of line 25, 2,940. 2,940. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 12,347. 21,094. 8,747. 13 Office expenses 6,834,645. 6,841,528. 6,883. Information technology ..... 14 15 Royalties 16 Occupancy 19,105. 15,818. 3,287. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 16,319. 21,789. 5,470. Conferences, conventions, and meetings ..... 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization ..... 1,190. 1,190. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а 12,156. 12,156. All other expenses 7,493,485. 7,321,551. 171,934. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| Part X  | Balance Sheet   |                                 |          |                           |
|---|---|---------------------------------|----------|---------------------------|
|   | Check if Schedule O contains a response or note to any line in this Part X      |                                 |          |                           |
|   |   | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|   | Cook was interest bearing   | - , ,                           |          | Life of year              |
| 1   | Cash - non-interest-bearing   |                                 | 2        | 2,954,503                 |
| 2   | Savings and temporary cash investments  |                                 |          | 2,334,303                 |
| 3   | Pledges and grants receivable, net  |                                 | 3        | 302,034                   |
| 4   | Accounts receivable, net  | 1,110,931.                      | 4        | 302,034                   |
| 5   | Loans and other receivables from current and former officers, directors,        |                                 |          |                           |
|   | trustees, key employees, and highest compensated employees. Complete            |                                 | _        |                           |
|   | Part II of Schedule L   |                                 | 5        |                           |
| 6   | Loans and other receivables from other disqualified persons (as defined und     |                                 |          |                           |
|   | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut  | ing                             |          |                           |
|   | employers and sponsoring organizations of section 501(c)(9) voluntary           |                                 |          |                           |
| ets   _   | employees' beneficiary organizations (see instr). Complete Part II of Sch L     |                                 | 6        |                           |
| Assets  | Notes and loans receivable, net   |                                 | 7        |                           |
| `   8   | Inventories for sale or use   | 232,285.                        | 8        | 252 015                   |
| 9   | Prepaid expenses and deferred charges   | 434,403.                        | 9        | 353,815                   |
| 10a   | Land, buildings, and equipment: cost or other                                   |                                 |          |                           |
|   |   | 0.                              |          |                           |
| t   |   | 0.                              | 10c      |                           |
| 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       | 2 (10 25)                 |
| 16  | Total assets. Add lines 1 through 15 (must equal line 34)                       | 4 000 000                       | 16       | 3,610,352<br>366,245      |
| 17  | Accounts payable and accrued expenses   |                                 |          | 22,869                    |
| 18  | Grants payable  |                                 | 18       | 628,867                   |
| 19  | Deferred revenue  |                                 | 19       | 020,007                   |
| 20  | Tax-exempt bond liabilities   |                                 | 20       | 1,108,955                 |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D           |                                 | 21       | 1,100,935                 |
| g   22  | Loans and other payables to current and former officers, directors, trustees,   |                                 |          |                           |
| Liabilities 23  | key employees, highest compensated employees, and disqualified persons.         |                                 |          |                           |
|   | Complete Part II 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 (including federal income tax, payables to related third      |                                 |          |                           |
|   | parties, and other liabilities not included on lines 17-24). Complete Part X of |                                 | .        |                           |
|   | Schedule D  | 2,421,182.                      | 25       | 2,126,936                 |
| 26  | Total liabilities. Add lines 17 through 25                                      |                                 | 26       | 2,120,930                 |
| ,   | Organizations that follow SFAS 117 (ASC 958), check here X and                  | u                               |          |                           |
| ğ   | complete lines 27 through 29, and lines 33 and 34.                              | 1,378,080.                      | 07       | 1,380,706                 |
|   | Unrestricted net assets   | 4-4-4                           | 27<br>28 | 102,710                   |
| 28  | Temporarily restricted net assets   |                                 |          | 102,710                   |
| B   29  | Permanently restricted net assets   |                                 | 29       |                           |
| [   | Organizations that do not follow SFAS 117 (ASC 958), check here                 | _                               |          |                           |
| 2   00  | and complete lines 30 through 34.   |                                 | 20       |                           |
| 30  | Capital stock or trust principal, or current funds                              |                                 | 30       |                           |
| 31  | Paid-in or capital surplus, or land, building, or equipment fund                |                                 | 31       |                           |
| 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32 | Retained earnings, endowment, accumulated income, or other funds                | 1 -01 -11                       | 32       | 1,483,416                 |
| 33  | Total net assets or fund balances   | 2 050 000                       | 33       | 3,610,352                 |
| 34  | Total liabilities and net assets/fund balances                                  | 3,334,040•                      | 34       | Form <b>990</b> (20       |

| Pa | rt XI Reconciliation of Net Assets  |            |         |                   |             |  |  |  |
|----|---|------------|---------|-------------------|-------------|--|--|--|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |            | <u></u> |                   |             |  |  |  |
|    |   |            |         |                   |             |  |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   |            | 7,44    |                   |             |  |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 7,49    | $\frac{3,4}{8,2}$ |             |  |  |  |
| 3  |   |            |         |                   |             |  |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4          | 1,53    | <u>1,6</u>        | <u>46.</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         | 1,48    | <u>3,4</u>        | <u> 16.</u> |  |  |  |
| Pa | rt XII Financial Statements and Reporting   |            |         |                   |             |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |            | <u></u> |                   | Ш           |  |  |  |
|    |   |            |         | Yes               | No          |  |  |  |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            |         |                   |             |  |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | O.         |         |                   |             |  |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |            | . 2a    | X                 |             |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | 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    |                   | X           |  |  |  |
|    | 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    | X                 |             |  |  |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sch     |            |         |                   |             |  |  |  |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si    | -          |         |                   |             |  |  |  |
|    | Act and OMB Circular A-133?   |            | . 3a    |                   | X           |  |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit |         |                   | 1           |  |  |  |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |            | . 3b    |                   |             |  |  |  |

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** (Form 990 or 990-EZ) 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WISCONSIN LIBRARY SERVICES, INC. **Employer identification number** \*\*-\*\*\*2270

| $\neg$                                      | a private foundation  |  |   |  |  | :.) See inst  | actionic.  |  |   |   |   |  |  |  |
|---|---|--|---|--|--|---|--|--|---|---|---|--|--|--|
| A church, co                                |   | because it is: (For lines 1  | through   | 11, check  | only one b   | ox.)  |  |  |   |   |   |  |  |  |
|   | nvention of churches  | s, or association of churc   | ches desc   | ribed in <b>se</b>   | ection 170   | (b)(1)(A)(i)  |  |  |   |   |   |  |  |  |
| A school des                                | scribed in section 17   | <b>0(b)(1)(A)(ii).</b> (Attach Sci   | hedule E.)  |  |  |   |  |  |   |   |   |  |  |  |
|   |   | tal service organization of  |   | in <b>section</b>  | 170(b)(1)  | (A)(iii).   |  |  |   |   |   |  |  |  |
| ·   |   | operated in conjunction  |   |  |  |   | (b)(1)(A)(iii  | i <b>).</b> Enter  | the hospital  | 's nan  | ne.   |  |  |  |
| city, and sta                               |   |  |   | •  |  |   |  | •  | •   |   | ,   |  |  |  |
| _   |   | benefit of a college or un   | niversity o   | wned or o  | perated by   | a governi   | nental unit  | t describ  | ned in  |   |   |  |  |  |
| _   | •   | -  |   |  |  | a goro  |  |  |   |   |   |  |  |  |
| _   |   | ·  | describe  | d in <b>sectio</b>   | n 170/h)/-   | IVAVA   |  |  |   |   |   |  |  |  |
|   |   |  |   |  |  |   | r from the   | general  | nublic desc   | rihad   | in  |  |  |  |
|   |   |  | or its supp   | ort nom a  | governine  | intal unit c  |  | general  | public desc   | iibca   | ""  |  |  |  |
|   |   |  |   |  |  |   |  |  |   |   |   |  |  |  |
|   |   |  |   |  |  |   |  |  |   |   |   |  |  |  |
| J   |   |  |   |  |  |   |  |  |   |   |   |  |  |  |
|   | •   | •  | •   | ,  | •  |   |  |  | ū   |   |   |  |  |  |
|   |   |  |   | ix) Holli be   | 1311103303 6   | acquired b  | y tric orga  | mzation  | and durie   | 0, 13   | 70.   |  |  |  |
|   |   |  | et for nubl   | ic safety s  | See <b>sectio</b>  | n 509(a)(4  | ı)   |  |   |   |   |  |  |  |
| ¬ -   |   | •  | -   | •  |  |   | -  | out the  | nurnoses o  | of one  | or  |  |  |  |
| ŭ   |   | •  |   |  |  |   | •  |  |   |   | OI .  |  |  |  |
| •   |   |  |   | •  |  | -). 000 <b>000</b>  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | <b>1)(O):</b> Oi!  | CON THE BOX   | triat   |   |  |  |  |
|   |   |  |   |  |  |   | Type   | ≏ III - No   | n-functional  | lv inte   | arated  |  |  |  |
| ¬ ′'  | •   | •  | -   | -  | -  |   | ,,   |  |   | ,   | •   |  |  |  |
|   |   |  |   |  |  |   |  |  |   |   |   |  |  |  |
|   | -   | •  |   | -  |  |   |  | (4)(1) 41  |   | (-)(-)  |   |  |  |  |
|   |   |  |   |  |  |   |  |  |   |   |   |  |  |  |
|   | •   |  |   |  |  |   |  |  |   |   |   |  |  |  |
|   |   | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?   |   |  |  |   |  |  |   |   |   |  |  |  |
| (-)   | (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No   |  |   |  |  |   |  |  |   |   |   |  |  |  |
|   |   |  |   |  |  |   |  |  |   |   |   |  |  |  |
|   | erning body of the s  | irectly controls, either alcupported organization?   | one or tog  | ether with   | persons o  | lescribed i   | n (ii) and (i  | ii) below  | 11g(i)  | Yes   | No  |  |  |  |
| (ii) A family                               | erning body of the so<br>member of a persor   | irectly controls, either ale<br>upported organization?<br>n described in (i) above?  | one or tog  | ether with   | persons o  | lescribed i   | n (ii) and (i  | ii) below  | 11g(i)<br>11g(ii)   | Yes   | No  |  |  |  |
| (ii) A family<br>(iii) A 35%                | erning body of the so<br>member of a persor<br>controlled entity of a   | irectly controls, either ale<br>upported organization?<br>n described in (i) above?<br>person described in (i) o   | one or tog  | ether with   | persons o  | lescribed i   | n (ii) and (i  | ii) below  | 11g(i)<br>11g(ii)   | Yes   | No  |  |  |  |
| (ii) A family<br>(iii) A 35%                | erning body of the so<br>member of a persor<br>controlled entity of a   | irectly controls, either ale<br>upported organization?<br>n described in (i) above?  | one or tog  | ether with   | persons o  | lescribed i   | n (ii) and (i  | ii) below  | 11g(i)<br>11g(ii)   | Yes   | No  |  |  |  |
| (ii) A family<br>(iii) A 35%<br>Provide the | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either all upported organization? In described in (i) above? person described in (i) cabout the supported organization.  | one or tog  | ether with   | persons c  | described i   | n (ii) and (i  | ii) below  | 11g(i)<br>11g(ii)<br>11g(iii)   |   |   |  |  |  |
| (ii) A family (iii) A 35% Provide the       | erning body of the so<br>member of a persor<br>controlled entity of a   | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(iii) Type of organization<br>(described on lines 1-9   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with e? (s). organization sted in your   | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i  | the n in col.  | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
| (ii) A family<br>(iii) A 35%<br>Provide the | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(described on lines 1-9<br>above or IRC section   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether withe? (s).  | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i  | the<br>n in col.   | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   |   |   |  |  |  |
| (ii) A family (iii) A 35% Provide the       | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either all upported organization? In described in (i) above? person described in (i) cabout the supported organization (described on lines 1-9   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with e? (s). organization sted in your   | (v) Did you organizat  | u notify the ion in col.  | (vi) ls organizatio  | the<br>n in col.   | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
| (ii) A family (iii) A 35% Provide the       | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(described on lines 1-9<br>above or IRC section   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with  e? (s).  organization sted in your document?   | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i<br>(vi) Is<br>organizatio<br>(i) organiz<br>U.S.   | the<br>n in col.<br>ed in the  | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
| (ii) A family (iii) A 35% Provide the       | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(described on lines 1-9<br>above or IRC section   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with  e? (s).  organization sted in your document?   | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i<br>(vi) Is<br>organizatio<br>(i) organiz<br>U.S.   | the<br>n in col.<br>ed in the  | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
| (ii) A family (iii) A 35% Provide the       | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(described on lines 1-9<br>above or IRC section   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with  e? (s).  organization sted in your document?   | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i<br>(vi) Is<br>organizatio<br>(i) organiz<br>U.S.   | the<br>n in col.<br>ed in the  | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
| (ii) A family (iii) A 35% Provide the       | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(described on lines 1-9<br>above or IRC section   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with  e? (s).  organization sted in your document?   | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i<br>(vi) Is<br>organizatio<br>(i) organiz<br>U.S.   | the<br>n in col.<br>ed in the  | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
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| (ii) A family (iii) A 35% Provide the       | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(described on lines 1-9<br>above or IRC section   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with  e? (s).  organization sted in your document?   | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i<br>(vi) Is<br>organizatio<br>(i) organiz<br>U.S.   | the<br>n in col.<br>ed in the  | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
| (ii) A family (iii) A 35% Provide the       | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(described on lines 1-9<br>above or IRC section   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with  e? (s).  organization sted in your document?   | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i<br>(vi) Is<br>organizatio<br>(i) organiz<br>U.S.   | the<br>n in col.<br>ed in the  | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
| (ii) A family (iii) A 35% Provide the       | erning body of the si<br>member of a persor<br>controlled entity of a<br>following information  | irectly controls, either alc<br>upported organization?<br>In described in (i) above?<br>person described in (i) cabout the supported organization<br>(described on lines 1-9<br>above or IRC section   | one or tog or (ii) above ganization (iv) Is the c in col. (i) lis   | ether with  e? (s).  organization sted in your document?   | (v) Did you organizat  | u notify the ion in col.  | n (ii) and (i<br>(vi) Is<br>organizatio<br>(i) organiz<br>U.S.   | the<br>n in col.<br>ed in the  | 11g(i)<br>11g(ii)<br>11g(iii)<br>(vii) Amount   | of mo   |   |  |  |  |
|   | An organizat section 170 A federal, sta An organizat section 170 A community An organizat activities rela income and See section An organizat more publich describes th a Type By checking foundation in If the organiz supporting of Since Augus | An organization operated for the section 170(b)(1)(A)(iv). (Complet A federal, state, or local governm An organization that normally rec section 170(b)(1)(A)(vi). (Complet A community trust described in sectivities related to its exempt fur income and unrelated business to See section 509(a)(2). (Complet An organization organized and operated and operate | An organization operated for the benefit of a college or unsection 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit An organization that normally receives a substantial part of section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (An organization that normally receives: (1) more than 33 fractivities related to its exempt functions - subject to certal income and unrelated business taxable income (less sect See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to tea An organization organized and operated exclusively for the more publicly supported organizations described in section describes the type of supporting organization and complete a Type I b Type II c Type II By checking this box, I certify that the organization is not foundation managers and other than one or more publicly. If the organization received a written determination from the supporting organization, check this box | An organization operated for the benefit of a college or university or section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supposection 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete An organization that normally receives: (1) more than 33 1/3% of its activities related to its exempt functions - subject to certain excepti income and unrelated business taxable income (less section 511 tax See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for publication organized and operated exclusively for the benefit more publicly supported organizations described in section 509(a)(describes the type of supporting organization and complete lines 1 a Type I b Type II c Type III - Fu By checking this box, I certify that the organization is not controlled foundation managers and other than one or more publicly supported If the organization received a written determination from the IRS that | An organization operated for the benefit of a college or university owned or operated necessary and the section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from a section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from a activities related to its exempt functions - subject to certain exceptions, and (income and unrelated business taxable income (less section 511 tax) from business section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform or publicly supported organizations described in section 509(a)(1) or section describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally By checking this box, I certify that the organization is not controlled directly of foundation managers and other than one or more publicly supported organization received a written determination from the IRS that it is a Type II or III.) | An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1) An organization that normally receives a substantial part of its support from a government section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contril activities related to its exempt functions - subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from businesses a See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the fur more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) describes the type of supporting organization and complete lines 11e through 11h.  a Type I  b Type II  c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly foundation managers and other than one or more publicly supported organizations described if the organization received a written determination from the IRS that it is a Type I, Type II | An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit of section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, mactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1 income and unrelated business taxable income (less section 511 tax) from businesses acquired be See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2) in the section 509 | An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organ See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a) describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III - Functionally integrated d Type By checking this box, I certify that the organization is not controlled directly or indirectly by one or more discondation managers and other than one or more publicly supported organizations described in section 509(a) If the organization received a written determination from the IRS that it is a Type I, Type III | An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, a activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III - Functionally integrated d Type III - No By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that it is a Type I, Type III. | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross reactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invess income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a |  |  |  |

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

# 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) 2009           | <b>(b)</b> 2010                       | (c) 2011                                | (d) 2012               | (e) 2013            | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                    |                                       |   |                        |                     |                 |
|      | membership fees received. (Do not            | 1                  |                                       |   |                        |                     |                 |
|      | include any "unusual grants.")               | 1                  |                                       |   |                        |                     |                 |
| 2    | Tax revenues levied for the organ-           |                    |                                       |   |                        |                     |                 |
|      | ization's benefit and either paid to         | 1                  |                                       |   |                        |                     |                 |
|      | or expended on its behalf                    | 1                  |                                       |   |                        |                     |                 |
| 3    | The value of services or facilities          |                    |                                       |   |                        |                     |                 |
|      | furnished by a governmental unit to          | 1                  |                                       |   |                        |                     |                 |
|      | the organization without charge              | 1                  |                                       |   |                        |                     |                 |
| 4    | Total. Add lines 1 through 3                 |                    |                                       |   |                        |                     |                 |
| 5    | The portion of total contributions           |                    |                                       |   |                        |                     |                 |
|      | by each person (other than a                 |                    |                                       |   |                        |                     |                 |
|      | governmental unit or publicly                |                    |                                       |   |                        |                     |                 |
|      | supported organization) included             |                    |                                       |   |                        |                     |                 |
|      | on line 1 that exceeds 2% of the             |                    |                                       |   |                        |                     |                 |
|      | amount shown on line 11,                     |                    |                                       |   |                        |                     |                 |
|      | column (f)                                   |                    |                                       |   |                        |                     |                 |
| 6    | Public support. Subtract line 5 from line 4. |                    |                                       |   |                        |                     |                 |
|      | ction B. Total Support                       |                    |                                       |   | •                      |                     |                 |
|      | ndar year (or fiscal year beginning in)      | (a) 2009           | <b>(b)</b> 2010                       | (c) 2011                                | (d) 2012               | (e) 2013            | (f) Total       |
| 7    | Amounts from line 4                          |                    | , ,                                   | . ,                                     | <u> </u>               | , ,                 | .,              |
| 8    | Gross income from interest,                  |                    |                                       |   |                        |                     |                 |
|      | dividends, payments received on              | 1                  |                                       |   |                        |                     |                 |
|      | securities loans, rents, royalties           | 1                  |                                       |   |                        |                     |                 |
|      | and income from similar sources              | 1                  |                                       |   |                        |                     |                 |
| 9    | Net income from unrelated business           |                    |                                       |   |                        |                     |                 |
| ·    | activities, whether or not the               | 1                  |                                       |   |                        |                     |                 |
|      | business is regularly carried on             | 1                  |                                       |   |                        |                     |                 |
| 10   | Other income. Do not include gain            |                    |                                       |   |                        |                     |                 |
|      | or loss from the sale of capital             | 1                  |                                       |   |                        |                     |                 |
|      | assets (Explain in Part IV.)                 | 1                  |                                       |   |                        |                     |                 |
| 11   | Total support. Add lines 7 through 10        |                    |                                       |   |                        |                     |                 |
|      | Gross receipts from related activities,      | etc (see instructi | ons)                                  |   |                        | 12                  |                 |
|      | First five years. If the Form 990 is for     | •                  | ,                                     | rd fourth or fifth t                    |                        |                     |                 |
|      | organization, check this box and <b>stop</b> | -                  |                                       |   |                        |                     |                 |
| Se   | ction C. Computation of Publ                 | ic Support Pe      | rcentage                              |   |                        |                     |                 |
|      | Public support percentage for 2013 (I        |                    |                                       |   |                        | 14                  | %               |
|      | Public support percentage from 2012          |                    | •                                     | * |                        | 15                  | %               |
|      | 33 1/3% support test - 2013. If the c        |                    |                                       |   |                        | nore, check this bo | ox and          |
|      | stop here. The organization qualifies        | as a publicly supr | orted organization                    | 1                                       |                        |                     |                 |
| k    | 33 1/3% support test - 2012. If the c        |                    |                                       |   |                        |                     |                 |
|      | and <b>stop here.</b> The organization qual  | -                  |                                       |   |                        |                     |                 |
| 17a  | 10% -facts-and-circumstances tes             |                    |                                       |   |                        |                     |                 |
|      | and if the organization meets the "fac       |                    |                                       |   |                        |                     |                 |
|      | meets the "facts-and-circumstances"          |                    |                                       |   | •                      | _                   | . $\square$     |
| ŀ    | 10% -facts-and-circumstances tes             | ~                  | · · · · · · · · · · · · · · · · · · · |   |                        |                     |                 |
| •    | more, and if the organization meets the      |                    |                                       |   |                        |                     |                 |
|      | organization meets the "facts-and-circ       |                    |                                       |   | -                      |                     | <b>▶</b> □      |
| 18   | Private foundation. If the organization      |                    |                                       |   |                        |                     |                 |
|      |  | Lia not oncon a    | 20X 011 m10 10, 10                    | _, .o., .ru, o. 171                     | ~, 5110011 tillo box t |                     | or 000 F7\ 0040 |

Schedule A (Form 990 or 990-EZ) 2013

#### 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.)

| Sec | ction A. Public Support  | ciow, picace comp | sioto i art ii.j   |                                       |                 |                                       |                                       |  |  |
|-----|--|-------------------|--------------------|---------------------------------------|-----------------|---------------------------------------|---------------------------------------|--|--|
| _   | endar year (or fiscal year beginning in)   | (a) 2009          | <b>(b)</b> 2010    | (c) 2011                              | (d) 2012        | (e) 2013                              | (f) Total                             |  |  |
|     | Gifts, grants, contributions, and  | () =              | (-) =              | (-) =                                 | (-,             | (-)                                   | (-)                                   |  |  |
|     | membership fees received. (Do not  |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | include any "unusual grants.")   |                   | 115,564.           | 236,200.                              |                 |                                       | 351,764.                              |  |  |
| 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  | 7643560.          | 8422570.           | 8615850.                              | 9343423.        | 7383929.                              | 41409332.                             |  |  |
| 3   | Gross receipts from activities that  |                   |                    |                                       |                 |                                       |                                       |  |  |
| _   | are not an unrelated trade or bus-   |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | iness under section 513  |                   |                    |                                       |                 |                                       |                                       |  |  |
| 4   | Tax revenues levied for the organ-   |                   |                    |                                       |                 |                                       |                                       |  |  |
| -   | ization's benefit and either paid to   |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | or expended on its behalf  |                   |                    |                                       |                 |                                       |                                       |  |  |
| 5   | The value of services or facilities  |                   |                    |                                       |                 |                                       |                                       |  |  |
| Ū   | furnished by a governmental unit to  |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | the organization without charge  | 71,205.           | 71,205.            | 71,205.                               | 71,205.         |                                       | 284,820.                              |  |  |
| 6   | Total. Add lines 1 through 5   | 7714765.          | 8609339.           | 8923255.                              | 9414628.        | 7383929.                              | 42045916.                             |  |  |
|     | Amounts included on lines 1, 2, and  |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | 3 received from disqualified persons   |                   |                    |                                       |                 |                                       | 0.                                    |  |  |
| 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  | 3352134.          | 4217134.           | 2915094.                              | 4967580.        | 3402028.                              | 18853970.                             |  |  |
|     | Add lines 7a and 7b  | 3352134.          | 4217134.           | 2915094.                              | 4967580.        |                                       | 18853970.                             |  |  |
|     | Public support (Subtract line 7c from line 6.)   |                   |                    |                                       |                 |                                       | 23191946.                             |  |  |
|     | ction B. Total Support   |                   |                    |                                       |                 |                                       |                                       |  |  |
| _   | endar year (or fiscal year beginning in)   | (a) 2009          | <b>(b)</b> 2010    | (c) 2011                              | (d) 2012        | (e) 2013                              | (f) Total                             |  |  |
|     | Amounts from line 6  | 7714765.          | 8609339.           | 8923255.                              | 9414628.        | 7383929.                              | 42045916.                             |  |  |
|     | Gross income from interest,  |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | dividends, payments received on  |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | securities loans, rents, royalties and income from similar sources   | 68,727.           | 68,574.            | 103,507.                              | 128,519.        | 61,326.                               | 430,653.                              |  |  |
| b   | Unrelated business taxable income  | ,                 | ,                  | · · · · · · · · · · · · · · · · · · · | •               | · · · · · · · · · · · · · · · · · · · | , , , , , , , , , , , , , , , , , , , |  |  |
|     | (less section 511 taxes) from businesses   |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | acquired after June 30, 1975   |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | Add lines 10a and 10b  | 68,727.           | 68,574.            | 103,507.                              | 128,519.        | 61,326.                               | 430,653.                              |  |  |
|     | Net income from unrelated business   | <u> </u>          | ,                  | <u> </u>                              | •               | · · · · · · · · · · · · · · · · · · · | , , , , , , , , , , , , , , , , , , , |  |  |
|     | 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   |                   |                    |                                       |                 |                                       |                                       |  |  |
| 13  | assets (Explain in Part IV.)   | 7783492.          | 8677913.           | 9026762.                              | 9543147.        | 7445255.                              | 42476569.                             |  |  |
|     | First five years. If the Form 990 is for   |                   |                    |                                       |                 |                                       |                                       |  |  |
| •   | check this box and <b>stop here</b>  |                   |                    |                                       |                 |                                       |                                       |  |  |
| Sec | ction C. Computation of Publ   |                   |                    |                                       |                 |                                       | ··············                        |  |  |
|     | Public support percentage for 2013 (I  |                   |                    | olumn (f))                            |                 | 15                                    | 54.60 %                               |  |  |
|     | Public support percentage from 2012  |                   |                    |                                       |                 | 16                                    | 57.88 %                               |  |  |
|     | ction D. Computation of Inves  |                   |                    |                                       |                 |                                       | ,,                                    |  |  |
|     | •  |                   |                    | e 13. column (f))                     |                 | 17                                    | 1.01 %                                |  |  |
|     | , and the personage is a post with the second containing the secon |                   |                    |                                       |                 |                                       | •89 %                                 |  |  |
|     | 33 1/3% support tests - 2013. If the   | •                 |                    |                                       |                 |                                       |                                       |  |  |
| .56 | more than 33 1/3%, check this box a  | -                 |                    |                                       |                 |                                       |                                       |  |  |
| ŀ   |  |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |                   |                    |                                       |                 |                                       |                                       |  |  |
| 20  | <b>Private foundation.</b> If the organization   |                   |                    |                                       |                 |                                       |                                       |  |  |
|     | ato roamaationi ii ano organizatio   | ala not oncon a   | 23/ 3/ mio 17, 130 | ., 5. 155, GIOOR II                   | 20% and 300 III |                                       | ············ 🚩 🖳                      |  |  |

| Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. |
|---|
| Also complete this part for any additional information. (See instructions).   |
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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

2013
Open to Public Inspection

WISCONSIN LIBRARY SERVICES, INC. Employer identification number \*\*-\*\*2270

| Paı |  |  | s or Accounts. Complete if the               |          |
|-----|--|--|--|----------|
|     | organization answered "Yes" to Form 990, Part IV, line               | (a) Donor advised funds                          | (b) Funds and other accounts                 | _        |
| 1   | Total number at end of year  | (a) Deriver davies a rainas                      | (2), and and one account                     | —        |
| 2   | Aggregate contributions to (during year)                             |  |  | —        |
| 3   | Aggregate grants from (during year)                                  |  |  | _        |
| 4   | Aggregate value at end of year                                       |  |  | _        |
| 5   | Did the organization inform all donors and donor advisors in w       | I<br>writing that the assets held in donor advis | sed funds                                    | —        |
| •   | are the organization's property, subject to the organization's e     | _  |  | 0        |
| 6   | Did the organization inform all grantees, donors, and donor ad       |  |  | •        |
| Ü   | for charitable purposes and not for the benefit of the donor or      |  |  |          |
|     | • •  |  |  | lo       |
| Pai | t II Conservation Easements. Complete if the organic                 |  |  | <u> </u> |
| 1   | Purpose(s) of conservation easements held by the organization        |  |  | _        |
|     | Preservation of land for public use (e.g., recreation or ed          |  | storically important land area               |          |
|     | Protection of natural habitat  | ·  | tified historic structure                    |          |
|     | Preservation of open space   | reconvalion or a con-                            | tilled fileteric curdetale                   |          |
| 2   | Complete lines 2a through 2d if the organization held a qualifie     | ed conservation contribution in the form         | of a conservation easement on the last       |          |
| _   | day of the tax year.   |  | Total concervation bacomonic on the last     |          |
|     | day of the tax year.   |  | Held at the End of the Tax Ye                | —<br>ar  |
| а   | Total number of conservation easements                               |  |  | _        |
|     | Total acreage restricted by conservation easements                   |  |  | _        |
| С   | Number of conservation easements on a certified historic stru        |  |  | _        |
|     | Number of conservation easements included in (c) acquired a          |  |  | _        |
| _   | listed in the National Register                                      | •  |  |          |
| 3   | Number of conservation easements modified, transferred, rele         |  | · · · · · · · · ·                            | _        |
|     | year <b>&gt;</b>   | , 3 ,  | 3  |          |
| 4   | Number of states where property subject to conservation ease         | ement is located                                 |  |          |
| 5   | Does the organization have a written policy regarding the period     |  |  |          |
|     | violations, and enforcement of the conservation easements it         |  |  | 0        |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, a       |  |  |          |
| 7   | Amount of expenses incurred in monitoring, inspecting, and e         |  |  |          |
| 8   | Does each conservation easement reported on line 2(d) above          |  |  |          |
|     | and section 170(h)(4)(B)(ii)?  |  | Yes N  | 0        |
| 9   | In Part XIII, describe how the organization reports conservation     |  |  |          |
|     | include, if applicable, the text of the footnote to the organization | ion's financial statements that describes        | the organization's accounting for            |          |
|     | conservation easements.  |  |  |          |
| Paı | t III Organizations Maintaining Collections of                       | Art, Historical Treasures, or C                  | Other Similar Assets.                        |          |
|     | Complete if the organization answered "Yes" to Form 9                | 990, Part IV, line 8.                            |  | _        |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC        | C 958), not to report in its revenue state       | ment and balance sheet works of art,         |          |
|     | historical treasures, or other similar assets held for public exhi   | ibition, education, or research in furthera      | ance of public service, provide, in Part XII | I,       |
|     | the text of the footnote to its financial statements that describ    | oes these items.                                 |  |          |
| b   | If the organization elected, as permitted under SFAS 116 (ASC        | C 958), to report in its revenue statemen        | nt and balance sheet works of art, historic  | al       |
|     | treasures, or other similar assets held for public exhibition, ed    | ucation, or research in furtherance of pu        | ublic service, provide the following amoun   | ts       |
|     | relating to these items:   |  |  |          |
|     | (i) Revenues included in Form 990, Part VIII, line 1                 |  |  |          |
|     |  |  | \$   | _        |
| 2   | If the organization received or held works of art, historical trea   | sures, or other similar assets for financia      | al gain, provide                             |          |
|     | the following amounts required to be reported under SFAS 11          |  |  |          |
| а   | Revenues included in Form 990, Part VIII, line 1                     |  | <b>&gt;</b> \$                               | _        |
|     | Assets included in Form 990, Part X                                  |  |  | _        |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

|        | t III Organizations Maintaining C                 | IN LIBRARY                 |                  |           |                 | r Oth    |              | ar Assa     |             |           | age 2    |
|--------|---|----------------------------|------------------|-----------|-----------------|----------|--------------|-------------|-------------|-----------|----------|
| 3      | Using the organization's acquisition, accessi     |                            |                  |           |                 |          |              |             |             |           | 10       |
| 3      | (check all that apply):                           | on, and other record       | is, check any    | OI LITE   | Tollowing that  | areas    | igrillicarit | use or its  | Collectio   | II ILEIII | 15       |
| а      | Public exhibition                                 | d                          | Loan             | or ove    | hange prograi   | me       |              |             |             |           |          |
|        | Scholarly research                                | u<br>e                     |                  |           | riarige prograi |          |              |             |             |           |          |
| b      | Preservation for future generations               | е                          |                  | '         |                 |          |              |             |             |           |          |
| C<br>1 | Provide a description of the organization's co    | alloctions and synlai      | n how thou f     | uthor t   | ha arganizatio  | n'o ovo  | mot puro     | oco in Dor  | · VIII      |           |          |
| 4<br>5 | During the year, did the organization solicit of  | •                          | •                |           | •               |          |              | use III Fai | L AIII.     |           |          |
| 3      | to be sold to raise funds rather than to be m     |                            |                  |           |                 |          |              |             | Yes         |           | No       |
| Pai    | t IV Escrow and Custodial Arran                   |                            |                  |           |                 |          |              |             |             |           | <u> </u> |
|        | reported an amount on Form 990, Pa                |                            | ste ii tile orga | ııızatıo  | ii answered     | 163 10   | 1 01111 330  | , raitiv, i | irie 3, 0i  |           |          |
|        | Is the organization an agent, trustee, custod     |                            | diany for cont   | ribution  | ns or other ass | ets not  | included     |             |             |           |          |
| ıu     | on Form 990, Part X?                              |                            |                  |           |                 |          |              |             | Yes         | X         | No       |
| h      | If "Yes," explain the arrangement in Part XIII    |                            |                  |           |                 |          |              |             | J 103       |           | _ 110    |
|        | Too, explain the arrangement in rate xiii         | and complete the re        | mowning table    | •         |                 |          |              |             | Amoun       | t         |          |
| c      | Beginning balance                                 |                            |                  |           |                 |          | 1c           |             | 7 11110 411 | •         |          |
|        | Additions during the year                         |                            |                  |           |                 |          |              |             |             |           |          |
|        | Distributions during the year                     |                            |                  |           |                 |          |              |             |             |           |          |
| f      | Ending balance                                    |                            |                  |           |                 |          |              |             |             |           |          |
|        | Did the organization include an amount on F       |                            |                  |           |                 |          |              | X           | Yes         |           | No       |
|        | If "Yes," explain the arrangement in Part XIII.   |                            |                  |           |                 |          |              |             |             | X         |          |
| Pai    |   |                            |                  |           |                 |          |              |             |             |           |          |
|        | ·   | (a) Current year           | (b) Prior        | ear       | (c) Two years   | s back   | (d) Three y  | ears back   | (e) Fou     | r 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 cur       | rent year end baland       | e (line 1g, co   | lumn (a   | a)) held as:    |          |              |             |             |           |          |
| а      | Board designated or quasi-endowment               |                            | _%               |           |                 |          |              |             |             |           |          |
| b      | Permanent endowment >                             | %                          | _                |           |                 |          |              |             |             |           |          |
| С      | Temporarily restricted endowment ▶                | %                          |                  |           |                 |          |              |             |             |           |          |
|        | The percentages in lines 2a, 2b, and 2c show      | uld equal 100%.            |                  |           |                 |          |              |             |             |           |          |
| За     | Are there endowment funds not in the posse        | ession of the organization | ation that are   | held a    | nd administer   | ed for t | he organiz   | zation      |             |           |          |
|        | by:   |                            |                  |           |                 |          |              |             |             | Yes       | No       |
|        | (i) unrelated organizations                       |                            |                  |           |                 |          |              |             | 3a(i)       |           |          |
|        | (ii) related organizations                        |                            |                  |           |                 |          |              |             | 3a(ii)      |           |          |
| b      | If "Yes" to 3a(ii), are the related organization: | s listed as required o     | n Schedule       | ₹?        |                 |          |              |             | 3b          |           |          |
| 4      | Describe in Part XIII the intended uses of the    |                            | wment fund       | 3.        |                 |          |              |             |             |           |          |
| Pai    | t VI Land, Buildings, and Equipm                  |                            |                  |           |                 |          |              |             |             |           |          |
|        | Complete if the organization answere              | d "Yes" to Form 990        | , Part IV, line  | 11a. S    | ee Form 990,    | Part X,  | line 10.     |             |             |           |          |
|        | Description of property                           | (a) Cost or o              |                  | -         | or other        | . ,      | ccumulate    |             | (d) Boo     | k valu    | е        |
|        |   | basis (investr             | nent)            | basis     | (other)         | de       | preciation   |             |             |           |          |
|        | Land  |                            |                  |           |                 |          |              |             |             |           |          |
|        | Buildings   |                            |                  |           |                 |          |              |             |             |           |          |
|        | Leasehold improvements                            |                            |                  |           |                 |          |              |             |             |           |          |
| d      | Equipment   |                            |                  |           |                 |          |              |             |             |           |          |
|        | Other   |                            |                  |           |                 |          |              |             |             |           |          |
| Total  | . Add lines 1a through 1e. (Column (d) must e     | qual Form 990, Part        | X, column (E     | ), line 1 | (O(c).)         |          |              |             |             |           | 0.       |

Schedule D (Form 990) 2013

| Schedule D (Form 990) 2013 WISCONSIN L Part VII Investments - Other Securities.          | IBRARY SERVIC              | CES, INC.                    | **-***2270 Page                      |
|--|----------------------------|------------------------------|--------------------------------------|
| Complete if the organization answered "Yes"  | to Form 990, Part IV, line | 11b. See Form 990, Part X    | x, line 12.                          |
| (a) Description of security or category (including name of security)                     | (b) Book value             | (c) Method of valuation      | on: Cost or end-of-year market value |
| (1) Financial derivatives  |                            |                              |                                      |
| (2) Closely-held equity interests  |                            |                              |                                      |
| (3) Other  |                            |                              |                                      |
| (A)  |                            |                              |                                      |
| (B)  |                            |                              |                                      |
| (C)  |                            |                              |                                      |
| (D)  |                            |                              |                                      |
| (E)<br>(F)   |                            |                              |                                      |
| (G)  |                            |                              |                                      |
| (H)  |                            |                              |                                      |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                         |                            |                              |                                      |
| Part VIII Investments - Program Related.   |                            | •                            |                                      |
| Complete if the organization answered "Yes"  | to Form 990, Part IV, line | 11c. See Form 990, Part X    | , line 13.                           |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation      | on: Cost or end-of-year market value |
| (1)  |                            |                              |                                      |
| (2)  |                            |                              |                                      |
| (3)  |                            |                              |                                      |
| (4)  |                            |                              |                                      |
| (5)  |                            |                              |                                      |
| (6)  |                            |                              |                                      |
| (7)  |                            |                              |                                      |
| (8)  |                            |                              |                                      |
| (9) Tatal (Col. (b) must equal Form 000. Part V. col. (P) line 13.)                      |                            |                              |                                      |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. |                            |                              |                                      |
| Complete if the organization answered "Yes"  | to Form 990 Part IV line   | 11d See Form 990 Part X      | line 15                              |
|  | Description                | 114. 000 1 0111 000, 1 411 7 | (b) Book value                       |
| (1)  |                            |                              | , ,                                  |
| (2)  |                            |                              |                                      |
| (3)  |                            |                              |                                      |
| (4)  |                            |                              |                                      |
| (5)  |                            |                              |                                      |
| (6)  |                            |                              |                                      |
| (7)  |                            |                              |                                      |
| (8)  |                            |                              |                                      |
| (9)  |                            |                              |                                      |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                            | e 15.)                     |                              | <b>&gt;</b>                          |
| Part X Other Liabilities.  | . 5                        |                              | 5                                    |
| Complete if the organization answered "Yes"  (a) Description of liability                |                            |                              | Part X, line 25.                     |
|  |                            | (b) Book value               |                                      |
| (1) Federal income taxes   |                            |                              |                                      |
| (2)  |                            |                              |                                      |
| (3)  |                            |                              |                                      |
| <u>(4)</u> (5)   |                            |                              |                                      |
| (6)  |                            |                              |                                      |
| (7)  |                            |                              |                                      |
| (8)  |                            |                              |                                      |
| \=/  |                            |                              |                                      |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. 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) 2013

| Pai     | rt XI Reconciliation of Revenue per Audited Financial S  | Statements With Revenue        | e per Return.                     |         |
|---------|--|--------------------------------|-----------------------------------|---------|
|         | Complete if the organization answered "Yes" to Form 990, Part IV,  | , line 12a.                    |                                   |         |
| 1       | Total revenue, gains, and other support per audited financial statements   |                                | 1                                 |         |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                                |                                   |         |
| а       | Net unrealized gains on investments  | 2a                             |                                   |         |
| b       | Donated services and use of facilities   | 2b                             |                                   |         |
| С       | Recoveries of prior year grants  | 2c                             |                                   |         |
| d       | Other (Describe in Part XIII.)   | 2d                             |                                   |         |
| е       | Add lines <b>2a</b> through <b>2d</b>  |                                | 2e                                |         |
| 3       | Subtract line 2e from line 1   |                                | 3                                 |         |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | 1 1                            |                                   |         |
|         | Investment expenses not included on Form 990, Part VIII, line 7b   |                                |                                   |         |
| b       | Other (Describe in Part XIII.)   | 4b                             |                                   |         |
| С       | Add lines 4a and 4b  |                                |                                   |         |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line   |                                |                                   |         |
| Pa      | rt XII Reconciliation of Expenses per Audited Financial  | -                              | ses per Return.                   |         |
|         | Complete if the organization answered "Yes" to Form 990, Part IV   |                                |                                   |         |
| 1       | Total expenses and losses per audited financial statements   |                                | 1                                 |         |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 1                            |                                   |         |
|         | Donated services and use of facilities   |                                |                                   |         |
| b       | Prior year adjustments   |                                |                                   |         |
| С       |  |                                |                                   |         |
|         | Other (Describe in Part XIII.)   | ·                              |                                   |         |
| е       | Add lines 2a through 2d  |                                |                                   |         |
| 3       | Subtract line 2e from line 1   |                                | 3                                 |         |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 1                            |                                   |         |
|         | Investment expenses not included on Form 990, Part VIII, line 7b   |                                |                                   |         |
|         | Other (Describe in Part XIII.)   | 4b                             |                                   |         |
|         | Add lines 4a and 4b  |                                |                                   |         |
| 5       |  | e 18.)                         | 5                                 |         |
|         | rt XIII Supplemental Information.  |                                | 45 65                             |         |
|         | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b, and 4b, and Part VIII, lines 2d, and 4b, Alac complete this part to provide |                                | irt V, line 4; Part X, line 2; Pa | art XI, |
| ines    | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  | le any additional information. |                                   |         |
|         |  |                                |                                   |         |
| PΔI     | RT IV, LINE 2B:  |                                |                                   |         |
| 1 7 3 1 | TIV, LINE 2D.  |                                |                                   |         |
| ΕXΙ     | PLANATION: WISCONSIN LIBRARY SERVICES  | SERVES AS A FISC               | TAI, AGENT FOR                    |         |
|         | - HIMITION: WIDCOMPIN BIDIUMI PHAVIOLD   |                                | SHE HOLIVE FOR                    |         |
| MEI     | MBER LIBRARIES WHO MAINTAIN FUNDS WIT  | H WILS FOR PURCHA              | ASES OF SERVIC                    | 'ES     |
|         |  |                                |                                   |         |
| THI     | ROUGH WILS.  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |
|         |  |                                |                                   |         |

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

# 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.

OMB No. 1545-0047 **2013**Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Name of the organization

WISCONSIN LIBRARY SERVICES, INC.

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

Employer identification number \*\*-\*\*\*2270

COLLABORATIVE PROJECTS AND SERVICES TO SAVE OUR MEMBERS TIME AND MONEY

AND TO ADVANCE LIBRARY SERVICE, PRIMARILY IN WISCONSIN. MOST OF OUR

MEMBERS ARE LIBRARIES, BUT WE ALSO WORK WITH CULTURAL INSTITUTIONS,

GOVERNMENT AGENCIES, AND OTHER NON-PROFITS TO DEVELOP PARTNERSHIPS AND PROJECTS.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: WISCONSIN LIBRARY SERVICES HAS A SINGLE CLASS OF MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: CERTAIN BOARD MEMBERS ARE ELECTED BY WISCONSIN LIBRARY
SERVICES MEMBERS AND THE REMAINING BOARD MEMBERS ARE APPOINTED.

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

EXPLANATION: 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 ELECTRONICALLY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: WISCONSIN LIBRARY SERVICES HAS POSTED ITS GOVERNING DOCUMENTS
ON ITS WEBSITE. ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

| Ca 0                                 | 000 (Dec. 1 0014)   |                          |  |                    |             | Dans                  |  |  |
|--------------------------------------|---|--------------------------|--|--------------------|-------------|-----------------------|--|--|
|                                      | 868 (Rev. 1-2014)   | tonoion o                | semplete only Dowt II and about this                                   | hov                |             | Page 2                |  |  |
|                                      | u are filing for an Additional (Not Automatic) 3-Month Ex   |                          |  |                    |             | <b>-</b> A            |  |  |
|                                      | Only complete Part II if you have already been granted an a<br>u are filing for an <b>Automatic 3-Month Extension, comple</b>   |                          |  | ieu Form           | 0000.       |                       |  |  |
| Part                                 |   |                          | ` ,  | al (no co          | nnies ne    | eded)                 |  |  |
|                                      | / tautional (iter/tatematic) c month  |                          |  |                    | •           | , see instructions    |  |  |
| Type o                               | r Name of exempt organization or other filer, see instru  | ıctions                  | Enter mer s  |                    |             | tion number (EIN) o   |  |  |
| print                                | Traine of exempt organization of earlier mer, ede micha   | .0.10110.                |  | Linploye           | idominou.   | non mannoon (Entry of |  |  |
| File by th                           | WIGGONGIN LIDDADY GEDYLGEG ING  |                          |  |                    | **-***2270  |                       |  |  |
| due date<br>filing you<br>return. Se | Number, street, and room or suite no. If a P.O. box, see instructions.  |                          |  | Social se          | curity num  | ber (SSN)             |  |  |
| instructio                           | ns. City, town or post office, state, and ZIP code. For a for MADISON, WI 53715-1255  | oreign add               | lress, see instructions.   |                    |             |                       |  |  |
| Enter t                              | he Return code for the return that this application is for (file  | e a separa               | te application for each return)  |                    |             | 0 1                   |  |  |
|                                      |   |                          |  |                    |             |                       |  |  |
| Applic                               | ation   | Return                   | Application  |                    |             | Return                |  |  |
| Is For                               |   | Code                     | Is For   |                    |             | Code                  |  |  |
|                                      | 90 or Form 990-EZ   | 01                       |  |                    |             |                       |  |  |
| Form 9                               |   | 02                       | Form 1041-A  |                    | 08          |                       |  |  |
|                                      | 720 (individual)  | 03                       | Form 4720 (other than individual)                                      |                    |             |                       |  |  |
| Form 9                               |   | 04                       | Form 5227  |                    |             | 10                    |  |  |
|                                      | 90-T (sec. 401(a) or 408(a) trust)<br>90-T (trust other than above)   | 05<br>06                 | Form 6069<br>Form 8870   |                    |             | 11                    |  |  |
|                                      | Do not complete Part II if you were not already granted   |                          |  | iously file        | d Form 9    |                       |  |  |
| Tele                                 | books are in the care of  care 1360 REGENT ST  complete or place of business  care is is for a Group Return, enter the organization's four digit  care in the care of  care in the care of | s in the Ur<br>Group Exe | Fax No. $\blacktriangleright$ 608-262-60 inited States, check this box | 67<br>f this is fo | r the whole | group, check this     |  |  |
|                                      | request an additional 3-month extension of time until   |                          | 15, 2015   | <u> </u>           | 0.0 1.10 0. |                       |  |  |
| 5 F                                  | or calendar year , or other tax year beginning  | JUL 1                    | , 2013 , and ending  | g JUN              | 30,         | 2014 .                |  |  |
| 6 I                                  | the tax year entered in line 5 is for less than 12 months, c  | heck reas                | on: Initial return   | Final r            | eturn       |                       |  |  |
|                                      | Change in accounting period   |                          |  |                    |             |                       |  |  |
| _                                    | State in detail why you need the extension  |                          |  |                    | ~~          |                       |  |  |
| _                                    | ADDITIONAL TIME IS NEEDED TO V  |                          |  | NT AC              | COUNT       | ANT IN                |  |  |
| _                                    | ORDER TO FILE A COMPLETE AND A  | ACCURA                   | ATE RETURN.  |                    |             |                       |  |  |
|                                      |   |                          |  |                    |             |                       |  |  |
|                                      | f this application is for Forms 990-BL, 990-PF, 990-T, 4720,  | , or 6069,               | enter the tentative tax, less any                                      | ۰                  | •           | 0.                    |  |  |
| _                                    | nonrefundable credits. See instructions.  | ) ontor on               | v refundable aredite and estimated                                     | 8a                 | \$          |                       |  |  |
|                                      | ······································  |                          |  |                    |             |                       |  |  |
|                                      | tax payments made. Include any prior year overpayment allowed as a credit and any amount paid   |                          |  |                    |             | 0.                    |  |  |
| _                                    | previously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using  |                          |  |                    |             |                       |  |  |
|                                      | EFTPS (Electronic Federal Tax Payment System). See instructions.  |                          |  | 8c                 | \$          | 0.                    |  |  |
|                                      |   |                          | st be completed for Part II o  |                    |             |                       |  |  |
|                                      | enalties of perjury, I declare that I have examined this form, includ<br>, correct, and complete, and that I am authorized to prepare this fo   | ing accomp               | -  | -                  | f my knowle | dge and belief,       |  |  |
| Signatu                              | re 🕨 Title 🕨 I  | EXECU                    | TIVE DIRECTOR  | Date               | <b>&gt;</b> |                       |  |  |
|                                      | · ·   |                          |  |                    |             | 8868 (Rev. 1-2014     |  |  |