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Form **990** 

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public

|                                | r t he           |  | dar vaa          | ır, or tax year beginning 06-               | -01-2009 and ending 05-31-201  | n             |  | Inspection                                       |  |  |
|--------------------------------|------------------|--|------------------|---|--|---------------|--|--|--|--|
|                                |                  |  |                  | C Name of organization                      | -01-2009 and ending 05-31-201  | <u> </u>      | D Employer                                       | identification number                            |  |  |
|                                | ress ch          | nange use                                    | ease<br>e IRS    | Beloit College                              | 39-0808  | 497           |  |  |  |  |
|                                | ne cha           | lab  | el or<br>nt or   | Doing Business As                           | E Telephone  |               |  |  |  |  |
|                                | ıal retu         | typ  | e. See<br>ecific |   | (608) 36   | 3-2205        |  |  |  |  |
|                                | minate           | Ins  | struc-<br>ns.    | Number and street (or P O be 700 College St | ox if mail is not delivered to street addre  | ss) Room/suit | <b>G</b> Gross recei                             | pts \$ 140,217,720                               |  |  |
|                                | ended            |  | 113.             | City or town, state or country              | and ZID + 4  |               |  |  |  |  |
|                                |                  | n pending                                    |                  | Beloit, WI 53511                            | , and zir + 4  |               |  |  |  |  |
| АРР                            | nication         |  |                  |   | -  | 1             | _  |  |  |  |
|                                |                  |  |                  | ne and address of principal<br>cott Bierman | officer  |               | H(a) Is this a group return for affiliates?      |  |  |  |
|                                |                  |  | 700 C            | ollege St                                   |  |               | nutes.   | , 163 p 110                                      |  |  |
|                                |                  |  | Beloit,          | WI 53511                                    |  |               | all affiliates inc                               | ·  |  |  |
| Ta:                            | x-exem           | npt status 🔽                                 | 501(c)           | ) ( 3 ) <b>◀</b> (insert no )               | a)(1) or   |               | No," attach a l<br>oup exemption                 | ıst (see ınstructions)<br>number ►               |  |  |
| J W                            | ebsit e          | <b>:⊩</b> www.be                             | loıt edu         |   |  | (e)           |  |  |  |  |
| <b>K</b> Forn                  | n of or          | ganization 🔽                                 | Corporat         | tion Trust Association C                    | ther 🕨   | L Year of     | formation 1846                                   | M State of legal domicile WI                     |  |  |
| Pa                             | rt I             | Summa  | ry               |   |  |               |  | '  |  |  |
|                                | 1                |  |                  | e organization's mission or                 | most significant activities  |               |  |  |  |  |
| œ.                             |                  | SEE SCHEI                                    | DULEC            | )   |  |               |  |  |  |  |
| Governance                     |                  |  |                  |   |  |               |  |  |  |  |
| Ê                              |                  |  |                  |   |  |               |  |  |  |  |
| ş<br>Q                         | 2                | Check this                                   | box 🛏            | if the organization discon                  | tinued its operations or disposed  | of more tha   | n 25% of its ne                                  |  |  |  |
|                                | 3                |  | _                |   | ody (Part VI, line 1a)   |               |  | 324  |  |  |
| Activities &                   | 4                |  |                  |   | e governing body (Part VI, line 1t   | )             | -  | 424  |  |  |
| 툳                              | 5                |  |                  | nployees (Part V, line 2a)                  |  |               |  | 5 1,785  |  |  |
| ទ្ធ                            | 6                |  |                  | olunteers (estimate if neces                | • •  |               |  | 6 50   |  |  |
| •                              |                  | _  |                  | ted business revenue from                   | •  |               | 7a 135,290                                       |  |  |  |
|                                | ь                | Net unrelat                                  | ea busi          | iness taxable income from                   |  |               | 7b 0   |  |  |  |
|                                |                  | C = m+m.h+.                                  |                  | d   | <b>N</b>   | Pi            | rior Year  | Current Year                                     |  |  |
| ā                              | 8                |  |                  | d grants (Part VIII, line 1h                | )  |               | 13,224,283                                       | +  |  |  |
| ē                              | 10               | <b></b>                                      |                  |   | ,  |               | 48,429,930                                       | <u> </u>   |  |  |
| Raveni                         | 11               |  |                  |   | lines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)                                       |               | 845,240  | <del>                                     </del> |  |  |
|                                | 12               |  |                  |   | t equal Part VIII, column (A), line  | <u> </u>      | 845,240  | 363,376  |  |  |
|                                | 12               |  |                  |   |  |               | 59,395,430                                       | 69,561,040                                       |  |  |
|                                | 13               | Grants an                                    | d sımıla         | ar amounts paid (Part IX, c                 | olumn (A), lines 1-3)  |               | 19,003,386                                       | 21,057,899                                       |  |  |
|                                | 14               |  |                  |   | umn (A), line 4)   |               |  | 0  |  |  |
| Ø                              | 15               | Salaries, o                                  | other co         | ompensation, employee ber                   | nefits (Part IX, column (A), lines 5   | 5-            | 27,375,154                                       | 26,238,861                                       |  |  |
| Expenses                       | 16a              | ,  | nal fund         | Iraising fees (Part IX, colur               |  | 37,961        |  |  |  |  |
| 9                              | ь                |  |                  | penses (Part IX, column (D), line           |  |               | 3,,501   |  |  |  |
| Э                              | 17               |  |                  |   | 11a-11d, 11f-24f)  |               | 22,207,229                                       | 20,491,790                                       |  |  |
|                                | 18               |  |                  |   | ual Part IX, column (A), line 25)  |               | 68,623,730                                       | -  |  |  |
|                                | 19               |  |                  |   | om line 12   |               | -9,228,300                                       | <u> </u>   |  |  |
| <u>የ</u>                       |                  | <u> </u>                                     |                  |   | <u> </u>   | Beginni       | ing of Current                                   |  |  |  |
| Not Assets or<br>Fund Balances |                  |  |                  |   |  |               | Year   | End of Year                                      |  |  |
| 3.45<br>2.45                   | 20               |  |                  | rt X, line 16)                              |  |               | 198,260,113                                      | -  |  |  |
| <u> </u>                       | 21               | Total liabi                                  | lities (F        | Part X, line 26)                            |  |               | 75,306,892                                       | <del> </del>                                     |  |  |
|                                | 22               |  |                  | nd balances Subtract line 2                 | 1 from line 20   |               | 122,953,221                                      | 139,382,322                                      |  |  |
| Par                            | t II             | Signatu                                      |                  |   |  |               |  |  |  |  |
|                                |                  |  |                  |   | nned this return, including accompanying<br>n of preparer (other than officer) is base |               |  |  |  |  |
| Sian                           |                  |  |                  |   |  |               |  |  |  |  |
| Sign<br>Here                   |                  | ****** Signature                             | of office        | <u> </u>                                    |  | 201<br>Dat    | .1-04-13<br>e                                    |  |  |  |
|                                |                  | [,   |                  | VP Administration & Treasurer               |  |               |  |  |  |  |
|                                |                  |  |                  | ne and title                                |  |               |  |  |  |  |
|                                |                  | Preparer's                                   |                  |   | Date   | Check If      | Preparer's ide                                   | entifying number                                 |  |  |
| Paid                           |                  | signature Troy E Marine CPA 2011-04-13 self- |                  |   |  | self-         | Preparer's identifying number (see instructions) |  |  |  |
|                                | arer's           | Firm's name                                  | (or your         | s <b>L</b> BAKER TILLY VIRCHOW KRA          | empolyed 🕨   |               |  |  |  |  |
| Use (                          |                  | if self-employ                               | yed),            | P   | EIN Þ  |               |  |  |  |  |
|                                | - · · · <b>y</b> | address, and                                 | ZIP + 4          | 115 South 84th Street Suite                 | 400  |               | Phono no b                                       | (414) 777-5500                                   |  |  |
|                                |                  |  |                  | Mılwaukee, WI 53214                         |  |               |  |  |  |  |
| Mayt                           | he IR            | S discuss th                                 | nıs retu         | rn with the preparer shown                  | above? (see instructions)  |               |  | ▼ Yes  |  |  |

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

| s | e | e | s | c | h  | e | d | u | ı | e | 0 |
|---|---|---|---|---|----|---|---|---|---|---|---|
| _ | _ | _ | _ | • | ٠. | • | ч | ч | ٠ | _ | _ |

|    | (Expenses \$  Total program serv |                                   | fing grants of \$<br>59,510,585 | ) (Revenue \$  | )                              |
|----|----------------------------------|-----------------------------------|---------------------------------|--|--------------------------------|
| 4d | · -                              | vices (Describe in Scher          |                                 | ) (Pavanua d   | ,                              |
|    |                                  |                                   |                                 |  |                                |
| 4c | (Code                            | ) (Expenses \$                    | ıncludıng grants                | of \$ ) (Revenue \$  | )                              |
|    |                                  |                                   |                                 |  |                                |
|    |                                  |                                   |                                 |  |                                |
| 4b | (Code                            | ) (Expenses \$                    | ıncludıng grants                | of \$ ) (Revenue \$  | )                              |
|    | three separate educate           | onal sessions in the Fall, Spring | and Summer Educational activi   | es, 49 states and the District of Columbia<br>ties occurred domestically both on and of<br>year and approximately 1,250 students | ff the central campus and also |
| 4a | (Code                            | ) (Expenses \$                    | 59,510,585 including grants     | s of \$ 21,057,899 ) (Revenue  | \$ 51,512,305)                 |
| 4  | Section 501(c)(3) a              | ind 501(c)(4) organizatio         |                                 | n's three largest program services<br>trusts are required to report the<br>program service reported                              |                                |
|    | If "Yes," describe th            | iese changes on Schedul           | e O                             |  |                                |
| 3  |                                  |                                   |                                 | now it conducts, any program   | ┌ Yes ┌ No                     |
|    | •                                | iese new services on Sch          |                                 |  |                                |
| 2  |                                  |                                   | nt program services during      | the year which were not listed on  | ┌ Yes ┌ No                     |

| Dart TV | Char | ·blict | Λf  | Dequired         | Schedule          |
|---------|------|--------|-----|------------------|-------------------|
|         | CHEC | -KIISL | UI. | <b>Reuuli eu</b> | <b>Scriedule:</b> |

| 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   | Yes |    |  |  |
|-----|---|-----|-----|----|--|--|
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏  | 2   | Yes |    |  |  |
| 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   |     | No |  |  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 4   |     | No |  |  |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |     |    |  |  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   | Yes |    |  |  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.                                      | 7   |     | No |  |  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   | Yes |    |  |  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9   |     | No |  |  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-<br>endowments? If "Yes," complete Schedule D, Part V   | 10  | Yes |    |  |  |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable   | 11  | Yes |    |  |  |
|     | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.   |     |     |    |  |  |
|     | ◆ 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.  |     |     |    |  |  |
|     | ◆ 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.  |     |     |    |  |  |
|     | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   |     |     |    |  |  |
|     | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  |     |     |    |  |  |
|     | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.             |     |     |    |  |  |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12  | Yes |    |  |  |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No  |     |     |    |  |  |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  |     |     |    |  |  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  | Yes |    |  |  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a | Yes |    |  |  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I                             | 14b | Yes |    |  |  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II   | 15  |     | No |  |  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III  | 16  | Yes |    |  |  |
| 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  |     | No |  |  |
| 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  |     | Νο |  |  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |  |  |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | No |  |  |

|     | Charlist of Danish d Calcadalas (continued)   |     |     | Page |
|-----|---|-----|-----|------|
| Par | t IV Checklist of Required Schedules (continued)  |     |     |      |
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | No   |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes |      |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 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  | Yes |      |
| 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | Yes |      |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | Νo   |
| c   | 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 |     | No   |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | Νo   |
| 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 |     | No   |
| 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 |     | No   |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                    | 26  |     | No   |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III            | 27  |     | No   |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |      |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  |     |     |      |
|     |   | 28a |     | Νo   |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No   |
| c   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV   | 28c |     | No   |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏  | 29  | Yes |      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  | Yes |      |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No   |
| 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  |     | No   |
| 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  |     | No   |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  |     | No   |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35  |     | No   |
| 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  |     | No   |
| 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  |     | No   |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  | 38  | Yes |      |

| art V | Statements | Regarding | Other : | IRS Filings | and Tax | Compliance |
|-------|------------|-----------|---------|-------------|---------|------------|
|-------|------------|-----------|---------|-------------|---------|------------|

|    |   |     | Yes  | No |
|----|---|-----|------|----|
| .a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable  |     |      |    |
| ь  | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  14  14  14  16  16  17  18  19  19  10  10  10  10  10  10  10  10  |     |      |    |
| С  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c  | Yes  |    |
| а  | 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   |     |      |    |
| 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 this return (see instructions)                                 | 2b  | Yes  |    |
| а  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  | 3a  | Yes  |    |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b  | Yes  |    |
| a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                            | 4a  | , 55 | Νο |
| Ь  | If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   |     |      |    |
| 1  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |      | Νo |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |      | Νo |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   | 5c  |      |    |
|    | 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?   | 6a  |      | No |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b  |      |    |
|    | Organizations that may receive deductible contributions under section 170(c).   |     |      |    |
|    | 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?   | 7a  | Yes  |    |
|    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  | Yes  |    |
|    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c  |      | Νo |
|    | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal   |     |      |    |
|    | benefit contract?   | 7e  |      | Νo |
| F  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |      | Νo |
| J  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |      |    |
| h  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h  |      |    |
|    | 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? | 8   |      |    |
|    | Sponsoring organizations maintaining donor advised funds.   |     |      |    |
| а  | Did the organization make any taxable distributions under section 4966?   | 9a  |      |    |
| b  | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b  |      |    |
|    | Section 501(c)(7) organizations. Enter  |     |      |    |
| а  | Initiation fees and capital contributions included on Part VIII, line 12 10a  |     |      |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |     |      |    |
|    | Section 501(c)(12) organizations. Enter   |     |      |    |
| а  | 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 )  |     |      |    |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |      |    |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |     |      |    |

700 College Street Beloit, WI 53511 (608) 363-2205

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se  | ction A. Governing Body and Management   |         |           |            |
|-----|--|---------|-----------|------------|
|     |  |         | Yes       | No         |
|     |  |         |           |            |
|     |  |         |           |            |
| 1a  | Enter the number of voting members of the governing body 1a 24   |         |           |            |
| ь   | Enter the number of voting members that are independent 1b 24  |         |           |            |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2       |           | Νο         |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?            | 3       |           | Νo         |
| 4   | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4       |           | Νο         |
| 5   | Did the organization become aware during the year of a material diversion of the organization's assets?  | 5       |           | Νο         |
| 6   | Does the organization have members or stockholders?  | 6       |           | Νo         |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  | 7a      |           | Νο         |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b      |           | Νο         |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |         |           |            |
| а   | The governing body?  | 8a      | Yes       |            |
| Ь   | Each committee with authority to act on behalf of the governing body?  | 8b      | Yes       |            |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |         |           |            |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |           | Νo         |
|     | ection B. Policies (This Section B requests information about policies not required by the Internal  |         |           |            |
| ке  | evenue Code.)  |         | V         | NI-        |
| 10- | December our mention have local charters burnels and file to 2   | 10a     | Yes       | No         |
|     | Does the organization have local chapters, branches, or affiliates?  | IUa     |           | Νο         |
|     | affiliates, and branches to ensure their operations are consistent with those of the organization?   | 10b     |           |            |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11      | Yes       |            |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990  |         |           |            |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | Yes       |            |
| Ь   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise  |         |           |            |
|     | to conflicts?  | 12b     | Yes       |            |
| •   | describe in Schedule O how this is done  | 12c     | Yes       |            |
| 13  | Does the organization have a written whistleblower policy?   | 13      | Yes       |            |
| 14  | Does the organization have a written document retention and destruction policy?  | 14      |           | Νo         |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?           |         |           |            |
| а   | The organization's CEO, Executive Director, or top management official   | 15a     | Yes       |            |
| b   | Other officers or key employees of the organization  | 15b     | Yes       |            |
|     | If "Yes" to line a or b, describe the process in Schedule O (See instructions)   |         |           |            |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a     |           | Νo         |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the |         |           |            |
|     | organization's exempt status with respect to such arrangements?  | 16b     |           |            |
| Se  | ction C. Disclosure  |         |           |            |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶  |         |           |            |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available. Check all that apply             |         |           |            |
| 4.0 | Own website Another's website Vpon request   |         |           |            |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table                      |         |           |            |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the  | ie orga | ınızatıor | ı <b>►</b> |

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did i | not compen              | officer, director, trustee or key employee    |                       |   |  |                              |        |  |   |  |
|--|-------------------------|---|-----------------------|---|--|------------------------------|--------|--|---|--|
| <b>(A)</b><br>Name and Title             | (B)<br>Average<br>hours | Average Position (check all hours that apply) |                       |   |  |                              |        | ( <b>D)</b><br>Reportable<br>compensation    | <b>(E)</b><br>Reportable<br>compensation              | <b>(F)</b><br>Estimated<br>amount of other                               |
|  | per<br>week             | Individual trustee<br>or director             | Institutional Trustee | Highest compensated employee  Key employee  Officer |  | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| See add'l data                           |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |
|  |                         |   |                       |   |  |                              |        |  |   |  |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►11

|   |   |   | Yes | No |
|---|---|---|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                             | 3 | Yes |    |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such |   | 103 |    |
|   | ındıvıdual  | 4 | Yes |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                          | 5 |     | Νο |

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address  | (B) Description of services | (C)<br>Compensation |
|--|-----------------------------|---------------------|
| Humana Inc<br>1100 Employers Blvd<br>Green Bay, WI 54344   | Insurance Admin             | 526,126             |
| Bank of New York Mellon<br>One Wall Street<br>New York, NY 10286   | Financial Services          | 254,244             |
| Associated Colleges of the Midwest<br>205 W Wacker Drive Suite 200<br>Chicago, IL 60606  | Educational Services        | 209,340             |
| Corporate Contractors<br>655 Third St Suite 300<br>Beloit, WI 53511  | Construction                | 198,689             |
| Klobucar Construction 3140 East County Road S Beloit, WI 53511   | Construction                | 139,665             |
| 2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►7 | ) who received more than    |                     |

| Form 99   |              |   |  |                                 |                      |  |   | Page <b>9</b>  |
|---|--------------|---|--|---------------------------------|----------------------|--|---|--|
| Part V  | <b>/!!!!</b> | Statement o   | of Revenue                                 |                                 | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| nts<br>ots  | 1a           | Federated cam   | paigns 1a                                  |                                 |                      |  |   |  |
| g<br>E E  | ь            | Membership du   |  |                                 |                      |  |   |  |
| ts,   | С            | Fundraising eve   |  | 7,055                           |                      |  |   |  |
| <u> </u>  | d            |   | zations 1d                                 | 1 790 715                       |                      |  |   |  |
| Sins,   | e            | Government grants   |  | 1,789,715                       | ļ                    | ļ  |   |  |
| Contributions, gifts, grants<br>and other similar amounts | f<br>g       | sımılar amounts no  | ot included above                          | 13,291,171                      |                      |  |   |  |
| a Co  | h            | Total. Add lines  | s 1a-1f                                    | ▶                               | 17,087,941           |  |   |  |
|   |              |   |  | Business Code                   |                      |  |   |  |
| Program Service Revenue                                   | 2a           | TUITION & FEES  |  | 812,900                         | 43,374,449           | 43,374,449   |   |  |
| æ<br>≅  | ь            | ROOM, BOARD & C   | OTHER                                      | 812,900                         | 8,137,856            | 8,137,856  |   |  |
| 92  | С            |   |  |                                 |                      |  |   |  |
| Serv  | d            |   |  |                                 |                      |  |   |  |
| Ē   | е            |   |  |                                 |                      |  |   |  |
| 200   | f            | All other progra  | am service revenue                         |                                 |                      |  |   |  |
| <u>~</u>  | g            | Total. Add lines  | s 2a-2f                                    |                                 | 51,512,305           |  |   |  |
|   | 3            |   | ome (including dividen                     |                                 | 4 467 227            |  |   | 4 467 227  |
|   | ١.           |   | ar amounts)<br>stment of tax-exempt bond   | <b>⊢</b>                        | 1,467,327<br>4,810   |  |   | 1,467,327<br>4,810   |
|   | 4<br>5       |   |  | · · · · · · · · · · · · · · · · | 3,991                |  |   | 3,991  |
|   |              | Noyunties   | (ı) Real                                   | (II) Personal                   |                      |  |   |  |
|   | 6a           | Gross Rents   | 20,637                                     | , ,                             |                      |  |   |  |
|   | ь            | Less rental expenses  |  |                                 |                      |  |   |  |
|   | С            | Rental income or (loss)   | 20,637                                     |                                 |                      |  |   |  |
|   | d            |   | me or (loss)                               |                                 | 20,637               |  | 20,637                                  |  |
|   |              |   | (ı) Securities                             | (II) O ther                     |                      |  |   |  |
|   | 7a           | Gross amount<br>from sales of<br>assets other<br>than inventory | 69,195,306                                 | 356,531                         |                      |  |   |  |
|   | Ь            | Less cost or other basis and                                    | 70,141,310                                 | 505,248                         |                      |  |   |  |
|   | c            | sales expenses<br>Gain or (loss)                                | -946,004                                   | -148,717                        |                      |  |   |  |
|   | d            |   | (ss)                                       |                                 | -1,094,721           |  |   | -1,094,721   |
|   | 8a           |   | rom fundraising                            |                                 |                      |  |   |  |
| Other Revenue   |              | Ψ   | ,055<br>s reported on line 1c)             | 7,758                           |                      |  |   |  |
| je r  | ь            | Less direct ex  | penses <b>b</b>                            | 10,122                          |                      |  |   |  |
| ŏ   | С            | Net income or (   | (loss) from fundraising                    | events 🕨                        | -2,364               |  |   | -2,364   |
|   | 9a           | Gross income f<br>See Part IV, lin                              | rom gaming activities<br>ne 19<br>a        |                                 |                      |  |   |  |
|   | b<br>c       |   | penses <b>b</b><br>(loss) from gaming acti | vities                          |                      |  |   |  |
|   | 10a          | Gross sales of<br>returns and allo                              | • •  |                                 |                      |  |   |  |
|   | ь            |   | oods sold <b>b</b>                         |                                 |                      |  |   |  |
|   | С            |   | (loss) from sales of inve                  |                                 |                      |  |   |  |
|   | 11a          | Miscellaneous   |  | Business Code<br>900,099        | 446,461              |  |   | 446,461  |
|   | ь            | MISCELLANEC   |  | 721,000                         | 114,653              |  | 114,653                                 |  |
|   | c            | CONFERENCE  | <u> </u>                                   |                                 | ,                    |  |   |  |
|   | d            | All other reven   | ue   |                                 |                      |  |   |  |
|   | e            | Total. Add lines  |  |                                 |                      |  |   |  |
|   |              |   |  | ▶                               | 561,114              |  |   |  |
|   | 12           | lotal revenue.  | See Instructions .                         | · · • •                         | 69,561,040           | 51,512,305   | 135,290                                 | 825,504  |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|    | Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |                       |                             |                                 |                         |  |  |  |  |  |
|----|--|-----------------------|-----------------------------|---------------------------------|-------------------------|--|--|--|--|--|
|    |  |                       | (B), (C), and               | (D).                            | (D)                     |  |  |  |  |  |
|    | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |  |  |  |  |  |
| 1  | Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$  |                       |                             |                                 |                         |  |  |  |  |  |
| 2  | Grants and other assistance to individuals in the U.S. See Part IV, line 22  | 19,970,875            | 19,970,875                  |                                 |                         |  |  |  |  |  |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  | 1,087,024             | 1,087,024                   |                                 |                         |  |  |  |  |  |
| 4  | Benefits paid to or for members  |                       |                             |                                 |                         |  |  |  |  |  |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 1,063,305             | 380,013                     | 536,888                         | 146,404                 |  |  |  |  |  |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$                                     |                       |                             |                                 |                         |  |  |  |  |  |
| 7  | Other salaries and wages   | 18,879,550            | 15,655,576                  | 2,459,303                       | 764,671                 |  |  |  |  |  |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 1,412,746             | 1,122,647                   | 225,295                         | 64,804                  |  |  |  |  |  |
| 9  | Other employee benefits  | 3,545,602             | 2,848,218                   | 620,808                         | 76,576                  |  |  |  |  |  |
| 10 | Payroll taxes  | 1,337,658             | 1,075,083                   | 201,715                         | 60,860                  |  |  |  |  |  |
| 11 | Fees for services (non-employees)  |                       |                             |                                 |                         |  |  |  |  |  |
| а  | Management   |                       |                             |                                 |                         |  |  |  |  |  |
| b  | Legal  | 111,583               | 26,865                      | 81,028                          | 3,690                   |  |  |  |  |  |
| c  | Accounting   | 133,400               |                             | 133,400                         |                         |  |  |  |  |  |
| d  | Lobbying   |                       |                             |                                 |                         |  |  |  |  |  |
| e  | Professional fundraising See Part IV, line 17  |                       |                             |                                 |                         |  |  |  |  |  |
| f  | Investment management fees   | 502,289               |                             | 502,289                         |                         |  |  |  |  |  |
| g  | Other  | 7,389,153             | 6,118,476                   | 1,018,951                       | 251,726                 |  |  |  |  |  |
| 12 | Advertising and promotion  | 24,633                | 11,823                      | 12,810                          |                         |  |  |  |  |  |
| 13 | Office expenses  | 1,547,567             | 1,291,581                   | 229,044                         | 26,942                  |  |  |  |  |  |
| 14 | Information technology   |                       |                             |                                 |                         |  |  |  |  |  |
| 15 | Royalties  | 12,270                | 12,270                      |                                 |                         |  |  |  |  |  |
| 16 | Occupancy  | 1,478,823             | 1,406,068                   | 72,755                          |                         |  |  |  |  |  |
| 17 | Travel   | 1,028,162             | 896,858                     | 80,914                          | 50,390                  |  |  |  |  |  |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                             |                                 |                         |  |  |  |  |  |
| 19 | Conferences, conventions, and meetings   | 328,688               | 296,384                     | 24,038                          | 8,266                   |  |  |  |  |  |
| 20 | Interest   | 2,800,440             | 2,800,440                   |                                 |                         |  |  |  |  |  |
| 21 | Payments to affiliates   |                       |                             |                                 |                         |  |  |  |  |  |
| 22 | Depreciation, depletion, and amortization  | 3,284,074             | 2,988,686                   | 295,388                         |                         |  |  |  |  |  |
| 23 | Insurance  | 313,777               | 11,334                      | 269,100                         | 33,343                  |  |  |  |  |  |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)                     |                       |                             |                                 |                         |  |  |  |  |  |
| а  | Student Meal Costs   | 1,027,090             | 1,027,090                   |                                 |                         |  |  |  |  |  |
| b  | Library Collections  | 442,836               | 442,836                     |                                 |                         |  |  |  |  |  |
| c  | Miscellaneous Other  | 67,005                | 40,438                      | 26,567                          |                         |  |  |  |  |  |
| d  |  |                       |                             |                                 |                         |  |  |  |  |  |
| e  |  |                       |                             |                                 |                         |  |  |  |  |  |
| f  | All other expenses   |                       |                             |                                 |                         |  |  |  |  |  |
| 25 | Total functional expenses. Add lines 1 through 24f   | 67,788,550            | 59,510,585                  | 6,790,293                       | 1,487,672               |  |  |  |  |  |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational                          |                       |                             |                                 |                         |  |  |  |  |  |
|    | campaign and fundraising solicitation  |                       |                             |                                 |                         |  |  |  |  |  |

| Pa           | rt X | Balance Sheet  |  |                   |                   |            |             |  |  |  |  |
|--------------|------|--|--|-------------------|-------------------|------------|-------------|--|--|--|--|
|              |      |  |  |                   | (A)               |            | (B)         |  |  |  |  |
|              | ı    |  |  |                   | Beginning of year |            | End of year |  |  |  |  |
|              | 1    | Cash—non-interest-bearing  |  |                   | 489,788           |            | 477,511     |  |  |  |  |
|              | 2    | Savings and temporary cash investments   | •  |                   | 23,476,937        | 2          | 21,345,839  |  |  |  |  |
|              | 3    | Pledges and grants receivable, net   | •  |                   | 11,740,197        | 3          | 14,695,298  |  |  |  |  |
|              | 4    | Accounts receivable, net   |  |                   | 2,770,495         | 4          | 26,561,349  |  |  |  |  |
|              | 5    | Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of             | s, key   | employees, and    |                   |            |             |  |  |  |  |
|              |      | Schedule L   |  |                   |                   | 5          |             |  |  |  |  |
|              | 6    | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II ( |  | n 4958(f)(1)) and |                   |            |             |  |  |  |  |
|              |      | Schedule L   |  |                   |                   | 6          |             |  |  |  |  |
| ssets        | 7    | Notes and loans receivable, net  | es and loans receivable, net                                 |                   |                   |            |             |  |  |  |  |
|              | 8    | Inventories for sale or use  | forsale or use   |                   |                   |            |             |  |  |  |  |
| ⋖            | 9    | Prepaid expenses and deferred charges  |  |                   | 293,759           | 9          | 131,929     |  |  |  |  |
|              | 10a  | Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D                                       | 10a  | 120,176,600       |                   |            |             |  |  |  |  |
|              | ь    | Less accumulated depreciation  | 10b  | 47,036,988        | 74,382,898        | 10c        | 73,139,612  |  |  |  |  |
|              | 11   | Investments—publicly traded securities   |  |                   | 72,063,168        | 11         | 65,756,235  |  |  |  |  |
|              | 12   | Investments—other securities See Part IV, line 11  |  |                   |                   | 12         |             |  |  |  |  |
|              | 13   | Investments—program-related See Part IV, line 11   |  |                   | 776,089           | 13         | 800,952     |  |  |  |  |
|              | 14   | Intangible assets  |  | 14                |                   |            |             |  |  |  |  |
|              | 15   | Other assets See Part IV, line 11  |  | 4,276,780         | 15                | 4,348,334  |             |  |  |  |  |
|              | 16   | Total assets. Add lines 1 through 15 (must equal line 34) .  |  |                   | 198,260,113       | 16         | 215,529,799 |  |  |  |  |
|              | 17   | Accounts payable and accrued expenses .  |  |                   | 6,027,025         | 17         | 4,711,943   |  |  |  |  |
|              | 18   | Grants payable   |  | 18                |                   |            |             |  |  |  |  |
|              | 19   | Deferred revenue   |  |                   | 154,268           | 19         | 453,276     |  |  |  |  |
|              | 20   | Tax-exempt bond liabilities  |  |                   | 56,005,000        | 20         | 58,640,000  |  |  |  |  |
| es<br>G      | 21   | Escrow or custodial account liability Complete Part IV of Schedu.  | le D   |                   |                   | 21         |             |  |  |  |  |
| Liabilities  | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified   | •  |                   |                   |            |             |  |  |  |  |
| <u>-</u> =   |      | persons Complete Part II of Schedule L   |  |                   |                   | 22         |             |  |  |  |  |
|              | 23   | Secured mortgages and notes payable to unrelated third parties   |  |                   | 200,000           | 23         |             |  |  |  |  |
|              | 24   | Unsecured notes and loans payable to unrelated third parties   |  |                   |                   | 24         |             |  |  |  |  |
|              | 25   | Other liabilities Complete Part X of Schedule D  |  |                   | 12,920,599        | 25         | 12,342,258  |  |  |  |  |
|              | 26   | Total liabilities. Add lines 17 through 25   |  |                   | 75,306,892        | 26         | 76,147,477  |  |  |  |  |
| -S           |      | Organizations that follow SFAS 117, check here ▶ 🔽 and comp  | olet e l   | ines 27           |                   |            |             |  |  |  |  |
| Ф            |      | through 29, and lines 33 and 34.   |  |                   |                   |            |             |  |  |  |  |
| <u>a</u>     | 27   | Unrestricted net assets  |  |                   | 39,180,746        | 27         | 41,856,372  |  |  |  |  |
| Fund Balance | 28   | Temporarily restricted net assets  |  |                   | 13,956,702        | 28         | 26,263,299  |  |  |  |  |
| Ξ            | 29   | Permanently restricted net assets  |  | 69,815,773        | 29                | 71,262,651 |             |  |  |  |  |
| 3            |      | Organizations that do not follow SFAS 117, check here $ ightharpoonup$ and   | nd con   | nplete            |                   |            |             |  |  |  |  |
| 9            | _    | lines 30 through 34.   |  |                   |                   |            |             |  |  |  |  |
|              | 30   | Capital stock or trust principal, or current funds   |  |                   | 30<br>31          |            |             |  |  |  |  |
| Assets       | 31   |  | d-in or capital surplus, or land, building or equipment fund |                   |                   |            |             |  |  |  |  |
|              | 32   | Retained earnings, endowment, accumulated income, or other for   | ınds   |                   |                   | 32         |             |  |  |  |  |
| Š            | 33   | Total net assets or fund balances  |  |                   | 122,953,221       | 33         | 139,382,322 |  |  |  |  |
|              | 34   | Total liabilities and net assets/fund balances   |  |                   | 198,260,113       | 34         | 215,529,799 |  |  |  |  |

| Part XI | Financial    | Statements | and I | Reporting |
|---------|--------------|------------|-------|-----------|
|         | i illaliciai | Statements | unu i |           |

|    |   |    | Yes | No |
|----|---|----|-----|----|
| 1  | Accounting method used to prepare the Form 990  |    |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a |     | Νo |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b | Yes |    |
| c  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both   |    |     |    |
|    | ▼ Separate basis  |    |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | 3a | Yes |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | 3b | Yes |    |

Form **990** (2009)

**Employer identification number** 

# SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

| Deloit | concyc      | -   |                    |                             |  |                       |                              | 39-0808497                     |              |         |        |
|--------|-------------|---|--------------------|-----------------------------|--|-----------------------|------------------------------|--------------------------------|--------------|---------|--------|
| Pa     | rt I        | Reasor  | for Pul            | olic Charity Stat           | <b>us</b> (All organizatio   | ns must               | complete this par            |                                | ctions       |         |        |
|        |             |   |                    |                             | titis (For lines 1 thr   |                       |                              |                                |              |         |        |
| 1      |             |   |                    |                             | sociation of churches  |                       |                              | •                              |              |         |        |
| 2      | 굣           | A school  | described          | in section 170(b)(1)        | ( <b>A</b> )(ii). (Attach Sche   | dule E )              |                              |                                |              |         |        |
| 3      |             |   |                    |                             | vice organization des  |                       | section 170(b)(1)(A          | )(iii).                        |              |         |        |
| 4      | Γ           | A medica  | l research         |                             | ed in conjunction with   |                       |                              |                                | )(iii). Ente | r the   |        |
| 5      | Γ           | An organ  | zatıon ope         | rated for the benefit       | of a college or univer   | sity owne             | ed or operated by a g        | overnmental un                 | ıt describe  | d ın    |        |
|        |             | section 1   | 70(b)(1)( <i>i</i> | <b>A)(iv).</b> (Complete Pa | rt II )  |                       |                              |                                |              |         |        |
| 6      | Г           | A federal   | state, or          | local government or         | governmental unıt de   | scribed ii            | n <b>section 170(b)(1)(</b>  | A)(v).                         |              |         |        |
| 7      | Γ           | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) |                    |                             |  |                       |                              |                                |              |         |        |
| 8      | Г           |   |                    |                             | 170(b)(1)(A)(vi) (C  | omplete               | Part II)                     |                                |              |         |        |
| 9      | Ė           |   |                    |                             | (1) more than 331/3%   |                       |                              | tions, members                 | hip fees, ar | nd aros | SS     |
|        | ,           |   |                    |                             | empt functions—subj  |                       |                              |                                |              |         |        |
|        |             |   |                    |                             | ne and unrelated busi  |                       |                              |                                |              |         |        |
|        |             | acquired  | by the org         | anızatıon after June 3      | 30, 1975 See <b>sectio</b>   | n 509(a)(             | <b>2).</b> (Complete Part I  | II)                            |              |         |        |
| 10     | Γ           | Anorgan   | zatıon org         | anızed and operated         | exclusively to test fo   | r public s            | afety See <b>section 5</b> ( | 9(a)(4).                       |              |         |        |
| 11     | Γ           | one or mo   | re publicl         | y supported organiza        | exclusively for the be<br>tions described in se<br>orting organization an<br><b>c</b> Type 1 | ction 509<br>d comple | (a)(1) or section 50         | 9(a)(2) See <b>se</b> e<br>11h |              | a)(3).  | Check  |
| e      | Γ           |   | foundation         |                             | organization is not col<br>er than one or more p   |                       |                              |                                |              |         |        |
| f      |             |   |                    | eceived a written de        | termination from the :   | RS that               | ıt ıs a Type I, Type I       | I or Type III su               | ipporting o  | rganız  | atıon, |
|        |             | check thi   |                    |                             |  |                       |                              |                                |              |         | Г      |
| g      |             | Since Aug<br>following  |                    | 006, has the organiz        | ation accepted any g   | ıft or con            | tribution from any of        | the                            |              |         |        |
|        |             | _   |                    | ectly or indirectly co      | ntrols, either alone o   | r togethe             | r with persons descr         | ıbed ın (ıı)                   |              | Yes     | No     |
|        |             | and (III) b   | elow, the g        | overning body of the        | the supported organ  | ızatıon?              | ·                            |                                | 11g(i)       |         |        |
|        |             |   |                    | r of a person describ       |  |                       |                              |                                | 11g(ii)      |         |        |
|        |             | (iii) a 35  | % controll         | ed entity of a person       | described in (i) or (ii  | ) above?              |                              |                                | 11g(iii)     |         |        |
| h      |             | Provide t   | ne followin        | g information about t       | he supported organiz   | atıon(s)              |                              |                                |              |         |        |
|        | <b>/:</b> : |   |                    | (iii)<br>Type of            | (iv)<br>Is the   | Diq                   | (v)                          | (vi)                           |              |         |        |

| (i)<br>Name of<br>supported<br>organization | (ii)<br>EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | Is the organization in col (i) listed in your governing document? |    | organization in<br>col (i) listed in<br>your governing |    | Is the nization in i) listed in governing  (V)  (VI)  Is the organization in col (i) of your support?  (VI)  Is the organization in col (i) organized un the U.S.? |    | notify the Is the cation in col (i) organized |  | (vii)<br>A mount of<br>support? |
|---|-------------|---|---|----|--|----|--|----|---|--|---------------------------------|
|   |             | instructions))  | Yes   | No | Yes  | No | Yes  | No |   |  |                                 |
|   |             |   |   |    |  |    |  |    |   |  |                                 |
|   |             |   |   |    |  |    |  |    |   |  |                                 |
|   |             |   |   |    |  |    |  |    |   |  |                                 |
|   |             |   |   |    |  |    |  |    |   |  |                                 |
|   |             |   |   |    |  |    |  |    |   |  |                                 |
| Total                                       |             |   |   |    |  |    |  |    |   |  |                                 |

ınstructions

| P        | Support Schedule (Complete only if yo                                    |                          |                    |                     |                     | and 170(b)      | (1)(A)(vi)       |
|----------|--|--------------------------|--------------------|---------------------|---------------------|-----------------|------------------|
| S        | ection A. Public Support   | a checked tile           | DOX OII IIIC 3,    | ,, or o or rare.    | ֥ <i>)</i>          |                 |                  |
|          | endar year (or fiscal year beginning                                     | (a) 2005                 | <b>(b)</b> 2006    | (c) 2007            | (d) 2008            | (e) 2009        | (f) Total        |
|          | ın)  | (a) 2005                 | ( <b>b)</b> 2006   | (6) 2007            | (d) 2008            | (e) 2009        | (I) Total        |
| 1        | Gifts, grants, contributions, and  |                          |                    |                     |                     |                 |                  |
|          | membership fees received (Do not   |                          |                    |                     |                     |                 |                  |
|          | include any "unusual   |                          |                    |                     |                     |                 |                  |
| _        | grants ") Tax revenues levied for the                                    |                          |                    |                     |                     |                 |                  |
| 2        | organization's benefit and either  |                          |                    |                     |                     |                 |                  |
|          | paid to or expended on its   |                          |                    |                     |                     |                 |                  |
|          | behalf   |                          |                    |                     |                     |                 |                  |
| 3        | The value of services or facilities                                      |                          |                    |                     |                     |                 |                  |
| _        | furnished by a governmental unit to                                      |                          |                    |                     |                     |                 |                  |
|          | the organization without charge  |                          |                    |                     |                     |                 |                  |
| 4        | Total. Add lines 1 through 3   |                          |                    |                     |                     |                 |                  |
| 5        | The portion of total contributions by                                    |                          |                    |                     |                     |                 |                  |
|          | each person (other than a  |                          |                    |                     |                     |                 |                  |
|          | governmental unit or publicly  |                          |                    |                     |                     |                 |                  |
|          | supported organization) included on                                      |                          |                    |                     |                     |                 |                  |
|          | line 1 that exceeds 2% of the  |                          |                    |                     |                     |                 |                  |
|          | amount shown on line 11, column  |                          |                    |                     |                     |                 |                  |
| _        | (f) <b>Dublic Support</b> Subtract line F from                           |                          |                    |                     |                     |                 |                  |
| 6        | <b>Public Support.</b> Subtract line 5 from line 4                       |                          |                    |                     |                     |                 |                  |
| S        | ection B. Total Support  | 1                        |                    | -                   |                     |                 |                  |
|          | endar year (or fiscal year beginning                                     | (a) 2005                 | <b>(b)</b> 2006    | (c) 2007            | (d) 2008            | (e) 2009        | (f) Total        |
|          | ın)  | (a) 2005                 | ( <b>b</b> ) 2000  | (6) 2007            | (d) 2008            | (e) 2009        | (1) Total        |
| 7        | A mounts from line 4   |                          |                    |                     |                     |                 |                  |
| 8        | Gross income from interest,  |                          |                    |                     |                     |                 |                  |
|          | dividends, payments received on  |                          |                    |                     |                     |                 |                  |
|          | securities loans, rents, royalties                                       |                          |                    |                     |                     |                 |                  |
|          | and income from similar  |                          |                    |                     |                     |                 |                  |
| 9        | sources<br>Net income from unrelated                                     |                          |                    |                     |                     |                 |                  |
| 9        | business activities, whether or  |                          |                    |                     |                     |                 |                  |
|          | not the business is regularly  |                          |                    |                     |                     |                 |                  |
|          | carried on   |                          |                    |                     |                     |                 |                  |
| 10       | Other income (Explain in Part  |                          |                    |                     |                     |                 |                  |
|          | IV ) Do not include gain or loss   |                          |                    |                     |                     |                 |                  |
|          | from the sale of capital assets  |                          |                    |                     |                     |                 |                  |
| 11       | Total support (Add lines 7   |                          |                    |                     |                     |                 |                  |
| 4.5      | through 10)  | /5                       |                    |                     |                     |                 |                  |
| 12       | Gross receipts from related activities                                   | ,                        | •                  |                     |                     | 12              |                  |
| 13       | First Five Years If the Form 990 is f                                    | or the organizati        | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga  | inization,<br>▶□ |
|          | check this box and <b>stop here</b>                                      |                          |                    |                     |                     |                 | -1               |
| S        | ection C. Computation of Pub   | lic Support P            | ercentage          |                     |                     |                 |                  |
| 14       | Public Support Percentage for 2009                                       |                          |                    | 11 column (f))      |                     | 14              |                  |
| 15       | Public Support Percentage for 2008                                       | Schedule A . Pa          | rt II. line 14     |                     |                     | 15              |                  |
|          | 33 1/3% support test—2009. If the  | •                        | ,                  | v on line 13 and    | line 14 is 33 1/30  |                 | k this hox       |
| <b>_</b> | and <b>stop here.</b> The organization qua                               | -                        |                    | ·                   | IIIIC 14 13 33 1/3/ | o or more, ence | <b>▶</b> □       |
| ь        | 33 1/3% support test—2008. If the  |                          |                    |                     | 5a, and line 15 is  | 33 1/3% or moi  |                  |
|          | box and <b>stop here.</b> The organization                               |                          |                    |                     | ,                   |                 | ▶                |
| 17a      | 10%-facts-and-circumstances test-  | <b>-2009.</b> If the org | anızatıon dıd not  | check a box on lı   | ne 13, 16a, or 16   | b and line 14   |                  |
|          | ıs 10% or more, and ıf the organizat                                     |                          |                    |                     |                     |                 |                  |
|          | in Part IV how the organization mee                                      | ts the "facts and        | l cırcumstances"   | test The organiz    | ration qualifies as | a publicly supp |                  |
| L        | organization   | _2009 Ifthe c==          | onization did net  | chack a bay as li   | no 12 165 164       | or 17a and line | ▶□               |
| D        | 10%-facts-and-circumstances test-<br>15 is 10% or more, and if the organ | _                        |                    |                     |                     |                 |                  |
|          | Explain in Part IV how the organizat                                     |                          |                    |                     |                     |                 | clv              |
|          | supported organization   |                          |                    |                     |                     |                 | <b>▶</b> ┌       |
| 10       | Deiveta Farmdation Ifthe averagest                                       | on did not obselv        | a hay an line 12   | 16- 16- 17-         | 17                  | hay and cas     | •                |

**▶**□

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

|      | (Complete only if you   | cnecked the       | box on line 9 o     | r Part I.)           |                     |                    |                   |
|------|---|-------------------|---------------------|----------------------|---------------------|--------------------|-------------------|
|      | ction A. Public Support   | T                 |                     |                      | 1                   | T                  | I                 |
| cale | ndar year (or fiscal year beginning in)                             | (a) 2005          | <b>(b)</b> 2006     | (c) 2007             | ( <b>d)</b> 2008    | (e) 2009           | (f) Total         |
| 1    | Gifts, grants, contributions, and                                   |                   |                     |                      |                     |                    |                   |
|      | membership fees received (Do not                                    |                   |                     |                      |                     |                    |                   |
|      | include any "unusual grants ")                                      |                   |                     |                      |                     |                    |                   |
| 2    | Gross receipts from admissions,<br>merchandise sold or services     |                   |                     |                      |                     |                    |                   |
|      | performed, or facilities furnished in                               |                   |                     |                      |                     |                    |                   |
|      | any activity that is related to the                                 |                   |                     |                      |                     |                    |                   |
|      | organization's tax-exempt   |                   |                     |                      |                     |                    |                   |
| _    | purpose<br>Gross receipts from activities that                      |                   |                     |                      |                     |                    |                   |
| 3    | are not an unrelated trade or                                       |                   |                     |                      |                     |                    |                   |
|      | business under section 513  |                   |                     |                      |                     |                    |                   |
| 4    | Tax revenues levied for the   |                   |                     |                      |                     |                    |                   |
|      | organization's benefit and either                                   |                   |                     |                      |                     |                    |                   |
|      | paid to or expended on its<br>behalf                                |                   |                     |                      |                     |                    |                   |
| 5    | The value of services or facilities                                 |                   |                     |                      |                     |                    |                   |
|      | furnished by a governmental unit to                                 |                   |                     |                      |                     |                    |                   |
| _    | the organization without charge                                     |                   |                     |                      |                     |                    |                   |
| 6    | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, |                   |                     |                      |                     |                    |                   |
| /a   | and 3 received from disqualified                                    |                   |                     |                      | 1                   |                    |                   |
|      | persons   |                   |                     |                      |                     |                    |                   |
| b    | A mounts included on lines 2 and 3                                  |                   |                     |                      |                     |                    |                   |
|      | received from other than disqualified persons that exceed           |                   |                     |                      |                     |                    |                   |
|      | the greater of \$5,000 or 1% of the                                 |                   |                     |                      |                     |                    |                   |
|      | amount on line 13 for the year                                      |                   |                     |                      |                     |                    |                   |
| c    | Add lines 7a and 7b   |                   |                     |                      |                     |                    |                   |
| 8    | Public Support (Subtract line 7c                                    |                   |                     |                      |                     |                    |                   |
|      | rom line 6 ) ction B. Total Support                                 |                   |                     |                      |                     |                    |                   |
|      | ndar year (or fiscal year beginning                                 |                   |                     |                      |                     |                    |                   |
| cuic | in)   | (a) 2005          | <b>(b)</b> 2006     | (c) 2007             | ( <b>d)</b> 2008    | (e) 2009           | (f) Total         |
| 9    | A mounts from line 6  |                   |                     |                      |                     |                    |                   |
| 10a  | Gross income from interest,   |                   |                     |                      |                     |                    |                   |
|      | dividends, payments received on                                     |                   |                     |                      |                     |                    |                   |
|      | securities loans, rents, royalties and income from similar          |                   |                     |                      |                     |                    |                   |
|      | sources   |                   |                     |                      |                     |                    |                   |
| ь    | Unrelated business taxable  |                   |                     |                      |                     |                    |                   |
|      | income (less section 511 taxes) from businesses acquired after      |                   |                     |                      |                     |                    |                   |
|      | June 30, 1975   |                   |                     |                      |                     |                    |                   |
| С    | Add lines 10a and 10b   |                   |                     |                      |                     |                    |                   |
| 11   | Net income from unrelated   |                   |                     |                      |                     |                    |                   |
|      | business activities not included                                    |                   |                     |                      |                     |                    |                   |
|      | in line 10b, whether or not the business is regularly carried on    |                   |                     |                      |                     |                    |                   |
| 12   | Other income Do not include   |                   |                     |                      |                     |                    |                   |
|      | gain or loss from the sale of                                       |                   |                     |                      |                     |                    |                   |
|      | capital assets (Explain in Part                                     |                   |                     |                      |                     |                    |                   |
| 13   | IV ) Total support (Add lines 9, 10c,                               |                   |                     |                      |                     |                    |                   |
| 13   | 11 and 12 )   |                   |                     |                      |                     |                    |                   |
| 14   | First Five Years If the Form 990 is for                             | or the organizat  | ion's first, second | l, thırd, fourth, or | fifth tax year as a | a 501(c)(3) orgar  |                   |
|      | check this box and <b>stop here</b>                                 |                   |                     |                      |                     |                    | <b>►</b> □        |
| Se   | ction C. Computation of Publ  | ic Support P      | ercentage           |                      |                     |                    |                   |
| 15   | Public Support Percentage for 2009                                  |                   |                     | 13 column (f))       |                     | 15                 |                   |
| 16   | Public support percentage from 200                                  | -                 |                     | .,,                  |                     | 16                 |                   |
|      | Table support personage nom 200                                     | o o o modulo m, n | arc 111, mrs 15     |                      |                     | 10                 |                   |
| Se   | ction D. Computation of Inve  | stment Inco       | ome Percenta        | ae                   |                     |                    |                   |
| 17   | Investment income percentage for 2                                  |                   |                     |                      | n (f))              | 17                 |                   |
| 18   | Investment income percentage from                                   | •                 |                     | •                    |                     | 18                 |                   |
|      | 33 1/3% support tests—2009. If the                                  |                   | •                   |                      | d line 15 is more   |                    | line 17 is not    |
| 1.7a | more than 33 1/3%, check this box a                                 |                   |                     |                      |                     | u.ii 23 1/3/0 dill | . IIIC 17 13 110t |
|      | organization  | •厂                |                     | •                    |                     |                    |                   |
| ь    | 33 1/3% support tests—2008. If the                                  | organization di   | d not check a box   | on line 14 or line   | e 19a, and line 16  | 5 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104001281

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

|     | · · · · · · · · · · · · · · · · · · ·   | offin 330. F See separate histractions.       | 1        |                        | Inspec     |           |
|-----|---|---|----------|------------------------|------------|-----------|
|     | ume of the organization<br>out College  |   | Empl     | oyer identificat       | ion numb   | er        |
|     |   |   | _        | 808497                 |            |           |
| Pa  | ort I Organizations Maintaining Donor Ac<br>organization answered "Yes" to Form 99  |   | unds d   | or Accounts.           | Comple     | te if the |
|     | organization answered Tes to Form 55  | (a) Donor advised funds                       | (1       | <b>b)</b> Funds and ot | her accou  | <br>ints  |
| 1   | Total number at end of year   |   |          |                        |            | 1         |
| 2   | Aggregate contributions to (during year)  |   |          |                        |            | 500,000   |
| 3   | Aggregate grants from (during year)   |   |          |                        |            | 29        |
| 4   | Aggregate value at end of year  |   |          |                        |            | 508,440   |
| 5   | Did the organization inform all donors and donor advi-<br>funds are the organization's property, subject to the o   |   | or advis | s e d                  | ┌ Yes      | ✓ No      |
| 6   | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit  | efit of the donor or donor advisor, or for ar | ny other | r purpose              | ┌ Yes      | √ No      |
| Pa  | rt II Conservation Easements. Complete  | <u>if the organization answered "Yes" to</u>  | o Form   | <u> 990, Part IV</u>   | , lıne 7.  |           |
| 2   | Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year | Preservation of a c                           | ertıfıed | l historic struct      | •          | a         |
|     |   |   |          | Held at the            | End of the | : Year    |
| а   | Total number of conservation easements  |   | 2a       |                        |            |           |
| b   | Total acreage restricted by conservation easements  |   | 2b       |                        |            |           |
| c   | Number of conservation easements on a certified his   | toric structure included in (a)               | 2c       |                        |            |           |
| d   | Number of conservation easements included in (c) ac   | equired after 8/17/06                         | 2d       |                        |            |           |
| 3   | Number of conservation easements modified, transfe the taxable year 🕨   | rred, released, extinguished, or terminate    | d by the | e organization d       | uring      |           |
| 4   | Number of states where property subject to conserva   | ation easement is located ►                   |          |                        |            |           |
| 5   | Does the organization have a written policy regarding enforcement of the conservation easements it holds?   |   | dling of | violations, and        | ┌ Yes      | Г No      |
| 6   | Staff and volunteer hours devoted to monitoring, insp   | ecting and enforcing conservation easem       | ents du  | ırıng the year 🕨       |            |           |
| 7   | A mount of expenses incurred in monitoring, inspecting  | ng, and enforcing conservation easements      | during   | the year 🟲 🕏 _         |            |           |
| 8   | Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?   | (d) above satisfy the requirements of sec     | tion     |                        | ┌ Yes      | ┌ No      |
| 9   | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem  | he footnote to the organization's financial   |          |                        |            |           |
| Pai | rt III Organizations Maintaining Collectio<br>Complete If the organization answered "   |   | or Oth   | er Similar <i>A</i>    | ssets.     |           |
| 1a  | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin  | for public exhibition, education or research  | h ın fur |                        |            | е,        |
| b   | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items   | oublic exhibition, education, or research ii  |          |                        | •          |           |
|     | (i) Revenues included in Form 990, Part VIII, line 1  |   |          | <b>►</b> \$            |            |           |
|     | (ii) Assets included in Form 990, Part X  |   |          | <b>-</b> \$            | 7          | 22,579    |
| 2   | If the organization received or held works of art, histofollowing amounts required to be reported under SFAS  |   | r financ |                        |            |           |
| а   | Revenues included in Form 990. Part VIII. line 1  |   |          | <b>⊳</b> -\$           |            |           |

**b** Assets included in Form 990, Part X

| Sch | edule D (Form 990) 2009  |                        |             |                                   |               |                                    |        |                         |                 |                  | Page 2    |
|-----|--|------------------------|-------------|-----------------------------------|---------------|------------------------------------|--------|-------------------------|-----------------|------------------|-----------|
| Par | t IIII Organizations Maintaining Co  | llections of Art       | , Histo     | orical Tre                        | asur          | es, or C                           | the    | r Simila                | r Asse          | ets (co          | ontinued) |
| 3   | Using the organization's accession and othe items (check all that apply)                   | r records, check any   | ofthe       | _                                 |               | _                                  |        |                         | ollectio        | n                |           |
| а   | ▼ Public exhibition  |                        | d           | Loan or                           | excha         | inge prog                          | rams   |                         |                 |                  |           |
| b   | ✓ Scholarly research   |                        | e           | Other                             |               |                                    |        |                         |                 |                  |           |
| С   | ✓ Preservation for future generations  |                        |             |                                   |               |                                    |        |                         |                 |                  |           |
| 4   | Provide a description of the organization's c<br>Part XIV                                  | ollections and explai  | ın how t    | hey further                       | the or        | ganızatıor                         | n's ex | cempt purp              | ose in          |                  |           |
| 5   | During the year, did the organization solicit assets to be sold to raise funds rather than |                        |             |                                   |               |                                    |        | nılar                   | Г               | Yes              | √ No      |
| Pa  | rt IV Escrow and Custodial Arrang  |                        |             |                                   |               | answere                            | d "Y   | 'es" to Foi             | rm 99           | 0,               |           |
|     | Part IV, line 9, or reported an ar   |                        | •           | •                                 |               |                                    |        |                         |                 |                  |           |
| 1a  | Is the organization an agent, trustee, custod<br>included on Form 990, Part X?             |                        |             |                                   | ons or        | other ass                          | sets   | not                     | Γ               | Yes              | ┌ No      |
| b   | If "Yes," explain the arrangement in Part XI   | V and complete the f   | followin    | g table                           |               | г                                  |        | 1                       |                 |                  |           |
|     |  |                        |             |                                   |               |                                    |        |                         | A mo            | unt              |           |
| С   | Beginning balance  |                        |             |                                   |               |                                    | 1c     |                         |                 |                  |           |
| d   | Additions during the year  |                        |             |                                   |               | -                                  | 1d     |                         |                 |                  |           |
| е   | Distributions during the year  |                        |             |                                   |               | L                                  | 1e     |                         |                 |                  |           |
| f   | Ending balance   |                        |             |                                   |               |                                    | 1f     |                         |                 |                  |           |
| 2a  | Did the organization include an amount on F  | orm 990, Part X, line  | 21?         |                                   |               |                                    |        |                         | Γ               | Yes              | ☐ No      |
| b   | If "Yes," explain the arrangement in Part XIV  | /                      |             |                                   |               |                                    |        |                         |                 |                  |           |
| Pā  | rt V Endowment Funds. Complete   |                        |             |                                   |               |                                    |        |                         |                 |                  |           |
|     |  | (a)Current Year        | (b)         | Prior Year                        | <b>(c)</b> Tw | o Years Bac                        | k (d   | )Three Years            | Back (          | <b>e)</b> Four Y | ears Back |
| 1a  | Beginning of year balance  | 89,083,136             |             | 124,956,518                       |               |                                    |        |                         |                 |                  |           |
| Ь   | Contributions  | 6,038,079              |             | 7,156,062                         |               |                                    |        |                         |                 |                  |           |
| с   | Investment earnings or losses  | 12,660,647             |             | -33,237,676                       |               |                                    |        |                         |                 |                  |           |
| d   | Grants or scholarships   | 1,345,392<br>3,493,964 |             | 1,471,230                         |               |                                    |        |                         |                 |                  |           |
| e   | Other expenditures for facilities and programs   | 3,493,964              |             | 8,320,538                         |               |                                    |        |                         |                 |                  |           |
| f   | Administrative expenses  | 100 040 505            |             |                                   |               |                                    |        |                         |                 |                  |           |
| g   | End of year balance  | 102,942,506            |             | 89,083,136                        |               |                                    |        |                         |                 |                  |           |
| 2   | Provide the estimated percentage of the year   |                        | ıs          |                                   |               |                                    |        |                         |                 |                  |           |
| а   | Board designated or quasi-endowment 🕨  | 34 7 30 % %            |             |                                   |               |                                    |        |                         |                 |                  |           |
| b   | Permanent endowment 🕨 65 160 % 🥠   | )                      |             |                                   |               |                                    |        |                         |                 |                  |           |
| С   | Term endowment 🕨 0 110 % %   |                        |             |                                   |               |                                    |        |                         |                 |                  |           |
| 3а  | Are there endowment funds not in the posse   | ssion of the organiza  | ation th    | at are held a                     | and ad        | mınıstere                          | d for  | the                     |                 |                  |           |
|     | organization by  |                        |             |                                   |               |                                    |        |                         | 2-7:            | Yes              | No        |
|     | (i) unrelated organizations  |                        |             |                                   |               |                                    | •      |                         | 3a(i)<br>3a(ii) | 1                | No<br>No  |
| ь   | (ii) related organizations   |                        | <br>Ion Scl | nedule R2                         |               |                                    | •      |                         | 3b              | <u> </u><br>     | NO        |
| 4   | Describe in Part XIV the intended uses of the  | •                      |             |                                   | •             |                                    | •      |                         |                 | <u> </u>         | <u> </u>  |
| Pa  | rt VI Investments—Land, Building   |                        |             |                                   | 0. Par        | t X. line                          | 10.    |                         |                 |                  |           |
|     | Description of investment  |                        |             | (a) Cost or ot<br>basis (investme | her (         | <b>b)</b> Cost or o<br>basis (othe | ther   | (c) Accumi<br>depreciat |                 | ( <b>d</b> ) Bo  | ok value  |
| 1a  | Land   |                        |             |                                   |               | 1.397                              | 7,634  |                         |                 |                  | 1,397,634 |
|     | Buildings  |                        | .           |                                   |               | 99,892                             |        | 36.6                    | 44,352          |                  | 3,248,124 |
|     | Leasehold improvements   |                        | Ĭ.          |                                   |               | <u>_</u>                           | 5,744  |                         | 75,744          |                  | 5,240,12  |
|     | Equipment  |                        | ·           |                                   | -+            |                                    | 7,036  |                         | 67,232          |                  | 1,819,804 |
|     | Other  |                        | . ·         |                                   |               |                                    | 3,710  | ,                       | 49,660          |                  | 6,674,050 |
|     | al. Add lines 1a-1e (Column (d) should equal F   |                        |             | ine 10(c).)                       |               | <u>_</u>                           | •      |                         | . 5,000         | 7                | 3,139,612 |
|     | - ((-)   | , ,                    | 1-//        | - 1 - 1 - 1                       |               |                                    |        |                         | ule D (         |                  | 90) 200   |

| Part VII Investments—Other Securities. See   | Form 990, Part X, line 12 | 1   |                                       |
|--|---------------------------|-----|---------------------------------------|
| (a) Description of security or category (including name of security)   | (b)Book value             |     | d of valuation<br>f-year market value |
| Financial derivatives  |                           |     |                                       |
| Closely-held equity interests Other  |                           |     |                                       |
|  |                           |     |                                       |
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|  |                           |     |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)   |                           | 1.2 |                                       |
| Part VIII Investments—Program Related. See   |                           |     | d of valuation                        |
| (a) Description of investment type   | (b) Book value            |     | f-year market value                   |
|  |                           |     |                                       |
|  |                           |     |                                       |
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|  |                           |     |                                       |
| Part IX Other Assets. See Form 990, Part X, col (B) line 13 )  | <u> </u><br>e 15.         |     |                                       |
| (a) Descrip  |                           |     | ( <b>b)</b> Book value                |
|  |                           |     |                                       |
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|  |                           |     |                                       |
|  |                           |     |                                       |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X |                           |     |                                       |
| 1 (a) Description of Liability   | ( <b>b</b> ) A mount      |     |                                       |
| Federal Income Taxes   |                           |     |                                       |
| STUDENT DEPOSITS   | 443,181                   |     |                                       |
| FUNDS HELD FOR OTHERS  | 728,294                   |     |                                       |
| REFUNDABLE LOAN FUNDS  | 2,554,424                 |     |                                       |
| ANNUITIES PAYABLE DERIVATIVE LIABILITY   | 3,033,890<br>5,582,469    |     |                                       |
|  | 5,552,405                 |     |                                       |
|  |                           |     |                                       |
|  |                           |     |                                       |
|  |                           |     |                                       |
|  |                           |     |                                       |
|  |                           |     |                                       |
|  |                           |     |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25)   | 12,342,258                |     |                                       |

| Pai    | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen                                   | ts      |                  |
|--------|--|---------|------------------|
| 1      | Total revenue (Form 990, Part VIII, column (A), line 12)   | 1       | 69,561,040       |
| 2      | Total expenses (Form 990, Part IX, column (A), line 25)  | 2       | 67,788,550       |
| 3      | Excess or (deficit) for the year Subtract line 2 from line 1   | 3       | 1,772,490        |
| 4      | Net unrealized gains (losses) on investments   | 4       | 13,022,015       |
| 5      | Donated services and use of facilities   | 5       |                  |
| 6      | Investment expenses  | 6       |                  |
| 7      | Prior period adjustments   | 7       | -27,338          |
| 8      | Other (Describe in Part XIV)   | 8       | 1,661,934        |
| 9      | Total adjustments (net) Add lines 4 - 8  | 9       | 14,656,611       |
| 10     | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9                                   | 10      | 16,429,101       |
| Par    | t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p                                   | er R    | L                |
| 1      | Total revenue, gains, and other support per audited financial statements   | 1       | 60,802,262       |
| 2      | A mounts included on line 1 but not on Form 990, Part VIII, line 12  |         |                  |
| а      | Net unrealized gains on investments  |         |                  |
| ь      | Donated services and use of facilities   |         |                  |
| c      | Recoveries of prior year grants  |         |                  |
| d      | Other (Describe in Part XIV) 2d -21,288,626  |         |                  |
| е      | Add lines 2a through 2d  | 2e      | -8,266,611       |
| 3      | Subtract line <b>2e</b> from line <b>1</b>   | 3       | 69,068,873       |
| 4      | A mounts included on Form 990, Part VIII, line 12, but not on line 1   |         |                  |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 502,289                                      |         |                  |
| b      | Other (Describe in Part XIV) 4b -10,122  |         |                  |
| c      | Add lines 4a and 4b  | 4c      | 492,167          |
| 5      | Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)                      | 5       | 69,561,040       |
| Par    | Reconciliation of Expenses per Audited Financial Statements With Expenses  | per     |                  |
| 1      | Total expenses and losses per audited financial statements   | 1       | 46,238,483       |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25   |         |                  |
| _<br>a | Donated services and use of facilities   |         |                  |
| ь      | Prior year adjustments   |         |                  |
| c      | Other losses   |         |                  |
| d      | Other (Describe in Part XIV)   |         |                  |
| e      | Add lines 2a through 2d  | 2e      | 10,122           |
| 3      | Subtract line <b>2e</b> from line <b>1</b>   | 3       | 46,228,361       |
| 4      | A mounts included on Form 990, Part IX, line 25, but not on line 1:  |         |                  |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b 4a 502,289  |         |                  |
| b      | Other (Describe in Part XIV) 4b 21,057,900   |         |                  |
| c      | Add lines <b>4a</b> and <b>4b</b>  | 4c      | 21,560,189       |
| 5      | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)                     | 5       | 67,788,550       |
| Pai    | rt XIV Supplemental Information  |         |                  |
| Cor    | uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | rt IV . | lines 1b and 2b. |

| Ident if ier                              | Return Reference                                  | Explanation  |
|---|---|--|
| Part III, Line 4                          |   | The college maintains an anthropological museum and an art museum. The collections are displayed for public viewing. However, space limitations require that only portions of the collection are displayed at a given time. The collections and their preservation are used in the classroom setting for instructional purposes in areas of study such as anthropology, art and museum studies.  |
| Part V, Line 4                            | Description of Intended Use of<br>Endowment Funds | The purpose of the college's endowment fund is to provide a continuous source of funding to support the mission of the institution. Endowment fund expenditures provide funding for scholarships, faculty salaries, library resources, and other program activities.   |
| Part XI, Line 8 - Other Adjustments       |   | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 513264 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 207451 Other Adjustments due to Bad Debts 951441 SPECIAL EVENTS EXPENSE -10222  |
| Part XII, Line 2d - Other<br>Adjustments  |   | STUDENT FINANCIAL AID -21057900 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 513264 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 207451 Other Adjustments due to Bad Debts -951441   |
| Part XII, Line 4b - Other<br>Adjustments  |   | SPECIAL EVENTS EXPENSE -10122  |
| Part XIII, Line 2d - Other<br>Adjustments |   | SPECIAL EVENTS EXPENSE 10122   |
| Part XIII, Line 4b - Other<br>Adjustments |   | STUDENT FINANCIAL AID 21057900   |
|   |   | SCHEDULE D, PART X ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 IN ACCORDANCE WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE COLLEGE ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE COLLEGE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERIT OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE COLLEGE AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME THERE WERE NOT SIGNIFICANT UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES DURING FISCAL YEAR 2010 OPEN TAX YEARS SUBJECT TO EXAMINATION BY THE US TAXING AUTHORITIES ARE FOR THE YEARS 2007 TO 2010, WHICH STATUTES EXPIRE IN 2010 TO 2012, RESPECTIVELY OPEN TAX YEARS SUBJECT TO EXAMINATION BY THE STATE TAXING AUTHORITIES ARE FOR THE YEARS 2006 TO 2010, WHICH STATUTES EXPIRE IN 2010 TO 2013, RESPECTIVELY |

**Employer identification number** 

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Beloit College

Name of the organization

### **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public
Inspection

|   | 39-0808497   |          |     |     |
|---|--|----------|-----|-----|
|   |  |          | YES | NO  |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,  |          |     |     |
|   | other governing instrument, or in a resolution of its governing body?  | 1        | Yes |     |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   | 2        | Yes |     |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"   |          |     |     |
|   | please explain   | 3        | Yes |     |
|   | Beloit college is a four year private liberal arts institution that draws students not only nation wide but world wide Materials used in promotional activities and recruiting efforts include statements that Beloit college does not discriminate against students, applicants for admission, applicants for financial assistance, applicants for employment, or employees on the basis of sex, race, color, religion, national origin, ancestry, age, sexual orientation, or physical or mental disabilities unrelated to institutional jobs, programs, or activities |          | 103 |     |
| 4 | Does the organization maintain the following?  |          |     |     |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff?  | 4a       | Yes |     |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 4b       | Yes |     |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  | 4c       | Yes |     |
| d | Copies of all material used by the organization or on its behalf to solicit contributions?   | 4d       | Yes |     |
|   | If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)   |          |     |     |
|   | Does the organization discriminate by race in any way with respect to  |          |     |     |
| а | Students' rights or privileges?  | 5a       |     | No  |
| b | Admissions policies?   | 5b       |     | No  |
| c | Employment of faculty or administrative staff?   | 5с       |     | Νo  |
| d | Scholarships or other financial assistance?  | 5d       |     | No  |
| е | Educational policies?  | 5e       |     | No  |
| f | Use of facilities?   | 5f       |     | No  |
| g | Athletic programs?   | 5g       |     | No  |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)  | 5h       |     | No  |
| _ |  | _        |     |     |
|   | Does the organization receive any financial aid or assistance from a governmental agency?<br>Has the organization's right to such aid ever been revoked or suspended?  | 6a<br>6b | Yes | No  |
|   | If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) .  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05  |          |     | .,, |
|   | of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form   | 7        | Yes |     |

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As Filed Data -

DLN: 93493104001281

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

| Internal Revenue Service | Inspection                     |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| Beloit College           |                                |
|                          | 39-0808497                     |

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) South America O Abroad Student Support Program Services South America 2 Student Research Program Services 15,522 0 Educational Services Europe Program Services 125,534 Russia/Independent States 1 Abroad Student Support Program Services 3,000 Sub-Saharan Africa 0 Educational Services Program Services 34,460 Middle East and North Africa 0 Educational Services Program Services East Asia and the Pacific 0 Educational Services 53,265 Program Services

Totals . . . .

231,781

| Part IV                       | Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 |  |   |  |  |   |  |  |  |  |  |
|-------------------------------|---|--|---|--|--|---|--|--|--|--|--|
| 1 (a) Name of organization    | (b) IRS code<br>section<br>and EIN (if<br>applicable)   | (c) Region                                   | (d) Purpose of<br>grant                   | (e) A mount of<br>cash grant               | (f) Manner of<br>cash<br>disbursement        | (g) A mount of<br>of non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |  |  |  |
|                               |   |  |   |  |  |   |  |  |  |  |  |
|                               |   |  |   |  |  |   |  |  |  |  |  |
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|                               |   |  |   |  |  |   |  |  |  |  |  |
|                               |   |  |   |  |  |   |  |  |  |  |  |
| 2 Enter total n<br>tax-exempt | number of recipions<br>by the IRS, or f   | ent organizations lis<br>or which the grante | ted above that are<br>e or counsel has pr | recognized as chari<br>ovided a section 50 | ties by the foreign o<br>1(c)(3) equivalency | country, recognized<br>letter               | as<br>. ►                                    |  |  |  |  |
| 3 Enter total n               | umber of other  | organizations or en                          | tities                                    |  |  |   |  | : (Earm 990) 2009  |  |  |  |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

|                                    | 0 1 ± (101111 330) 11 ac       |                          |                                      |                                    | 1  | •  |  |
|------------------------------------|--------------------------------|--------------------------|--------------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or<br>assistance | ( <b>b</b> ) Region            | (c) Number of recipients | ( <b>d)</b> A mount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) A mount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | ( <b>h)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|                                    | South America                  | 17                       | 140,655                              | SEE PART VI                        |  |  |  |
|                                    | Europe/Iceland/<br>Greenland   | 57                       | 507,359                              | SEE PART VI                        |  |  |  |
|                                    | Russia                         | 3                        | 18,650                               | SEE PART VI                        |  |  |  |
|                                    | Sub-Saharan Africa             | 7                        |                                      | SEE PART VI                        |  |  |  |
|                                    | Middle East / North<br>A frica | 2                        |                                      | SEE PART VI                        |  |  |  |
|                                    | East Asia / Pacific            | 28                       | 264,454                              | SEE PART VI                        |  |  |  |
|                                    | South Asia                     | 5                        |                                      | SEE PART VI                        |  |  |  |
|                                    | Cent America/<br>Caribbean     | 5                        | 36,737                               | SEE PART VI                        |  |  |  |
|                                    |                                |                          |                                      |                                    |  |  |  |
|                                    |                                |                          |                                      |                                    |  |  |  |
|                                    |                                |                          |                                      |                                    |  |  |  |
|                                    |                                |                          |                                      |                                    |  |  |  |
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|                                    |                                |                          |                                      |                                    |  |  |  |
|                                    |                                |                          |                                      |                                    |  |  |  |

Schedule F (Form 990) 2009

|                                | Supplemental Infor     | mation                           | r age 🕶   |
|--------------------------------|------------------------|----------------------------------|---|
|                                | Complete this part to  | provide the information required | ın Part I, line 2, and any addıtıonal information.  |
|                                | Identifier             | ReturnReference                  | Explanation   |
| Procedure for<br>Outside the U | Monitoring Grants<br>S |                                  | Schedule F, Part I, Line 2 Grant funds awarded in the form of student financial assistance is credited to their tuition account to assist in covering the cost of tuition. In cases where funds are spent away from campus, appropriate documentation is required to be submitted and approved to substantiate the expense. |
|                                |                        |                                  |   |
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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493104001281 OMB No 1545-0047

### **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public **Inspection** 

| Name of the organization                              | Employer identifica                           | Employer identification number   |                                      |   |   |                     |                                       |
|---|---|--|--------------------------------------|---|---|---------------------|---------------------------------------|
| Beloit College  |   |  |                                      |   |   | 39-0808497          |                                       |
| Part I General Infor                                  | mation on Gra                                 | nts and Assistance   |                                      |   |   |                     |                                       |
| the selection criteria use  Describe in Part IV the c | ed to award the grain<br>organization's proce | substantiate the amount of t<br>nts or assistance?<br>edures for monitoring the us | e of grant funds in the              | United States                             |   |                     | √ Yes                                 |
| Form 990, Part  | IV, line 21 for ar                            | e to Governments and<br>ny recipient that receive<br>990) if additional space      | d more than \$5,000                  | . Check this box if n                     | o one recipient receiv                                      | ed more than \$5,00 | 0. Use                                |
| (a) Name and address of organization or government    | <b>(b)</b> EIN                                | (c) IRC Code section if applicable   | ( <b>d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) |                     | (h) Purpose of grant<br>or assistance |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   |  |                                      |   |   |                     |                                       |
|   |   | d government organizations   |                                      |   |   |                     |                                       |
| 3 Enter total number of oth                           | iei organizations .                           |  | · · · · · · ·                        | · · · · · ·                               | · · · · · · ·   | <u> </u>            |                                       |

| Part III | Grants and Other Assistance to Individuals in the United States. | Complete if the organization | answered "Yes" | ' to Form 990, | Part IV, line 22. |
|----------|--|------------------------------|----------------|----------------|-------------------|
|          | Use Schedule I-1 (Form 990) if additional space is needed.       |                              |                |                |                   |

|                                  |                             |                                      | 1  |   |
|----------------------------------|-----------------------------|--------------------------------------|--|---|
| ( <b>b</b> )Number of recipients | (c)A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance                                   |
| 1250                             | 19,970,875                  |                                      |  |   |
|                                  |                             |                                      |  |   |
|                                  |                             |                                      |  |   |
|                                  |                             |                                      |  |   |
|                                  |                             |                                      |  |   |
|                                  |                             |                                      |  |   |
|                                  |                             |                                      |  |   |
|                                  |                             |                                      |  |   |
|                                  | recipients                  | recipients cash grant                | recipients cash grant non-cash assistance                  | recipients cash grant non-cash assistance (book, FMV, appraisal, other) |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Ident if ier                                  | Return Reference | Explanation  |
|---|------------------|--|
| Procedure for Monitoring<br>Grants in the U S |                  | Schedule I, Part I, Line 2 Grants are awarded in the form financial assistance towards the payment of tuition and fees in which case the grant amounts are applied directly to the student's account. Other grants are awarded for various reasons to students, faculty and staff for educational or work related activities. In these cases expense verification is required in the form of receipts and other appropriate documentation. |
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DLN: 93493104001281

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Belo | ut College   |          |  | • •                   |    |     |    |
|------|--|----------|--|-----------------------|----|-----|----|
| 20.0 |  |          |  | 39-0808497            |    |     |    |
| Pa   | rt I Questions Regarding Compensation  |          |  |                       |    |     |    |
|      |  |          |  |                       |    | Yes | Νo |
| 1a   | Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p         | prov     | ide any relevant information regarding   | g these items         |    |     |    |
|      | <u> </u>   | <u> </u> | Housing allowance or residence for p     |                       |    |     |    |
|      | Travel for companions  | <u> </u> | Payments for business use of persor      |                       |    |     |    |
|      | <u></u>  | <u> </u> |  |                       |    |     |    |
|      | ✓ Discretionary spending account   | ⊽        | Personal services (e g , maid, chauff    | eur, cner)            |    |     |    |
| b    | If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe           |          |  |                       | 1b | Yes |    |
| 2    | Did the organization require substantiation prior to reimofficers, directors, trustees, and the CEO/Executive Dir          |          |  |                       | 2  | Yes |    |
| 3    | Indicate which, if any, of the following the organization u organization's CEO/Executive Director Check all that a         | appl     | y  |                       |    |     |    |
|      | · <u>-</u>   | <u> </u> | ' '                                      |                       |    |     |    |
|      |  |          | Compensation survey or study             |                       |    |     |    |
|      | Form 990 of other organizations  | ٧        | Approval by the board or compensat       | ion committee         |    |     |    |
| 4    | During the year, did any person listed in Form 990, Part or a related organization   | t V I I  | , Section A , line 1a with respect to th | e filing organization |    |     |    |
| а    | Receive a severance payment or change-of-control pay   | men      | t?                                       |                       | 4a |     | Νo |
| b    | Participate in, or receive payment from, a supplemental  | non      | qualified retirement plan?               |                       | 4b |     | Νo |
| c    | Participate in, or receive payment from, an equity-based   | d co     | mpensation arrangement?                  |                       | 4с |     | Νo |
|      | If "Yes" to any of lines 4a-c, list the persons and provid   | de th    | e applicable amounts for each item in    | Part III              |    |     |    |
|      | Only 501(c)(3) and 501(c)(4) organizations only must c   | comr     | plate lines 5-0                          |                       |    |     |    |
| 5    | For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of                       |          |  | у                     |    |     |    |
| а    | The organization?  |          |  |                       | 5a |     | Νo |
| b    | Any related organization?  |          |  |                       | 5b |     | Νo |
|      | If "Yes," to line 5a or 5b, describe in Part III   |          |  |                       |    |     |    |
| 6    | For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of                   | 1a,      | did the organization pay or accrue an    | У                     |    |     |    |
| а    | The organization?  |          |  |                       | 6a |     | Νo |
| b    | Any related organization?  |          |  |                       | 6b |     | Νo |
|      | If "Yes," to line 6a or 6b, describe in Part III   |          |  |                       |    |     |    |
| 7    | For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc          |          |  | -fixed                | 7  |     | No |
| 8    | Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Rein Part III |          |  |                       | 8  |     | No |
| 9    | If "Yes" to line 8, did the organization also follow the reb   | butt     | able presumption procedure described     | i ın Regulatıons      |    |     |    |

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name           | ,           | (B) Breakdown of         | f W-2 and/or 1099-MIS                            | SC compensation                           | (C) Retirement and                               | (D) Nontaxable | (E) Total of columns | <b>(F)</b> Compensation                         |
|--------------------|-------------|--------------------------|--|---|--|----------------|----------------------|---|
|                    |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation        | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation                   | benefits       | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
| Dr H Scott Bierman | (ı)<br>(ıı) | 266,250<br>0             | 0  | 0 0                                       | 26,125   | 23,461         | 315,836<br>0 0       | ,   |
| Dr Ann Davies      | (ı)<br>(ıı) | 135,311                  | 0  | 0 0                                       | 13,469   | 4,913          | 3 153,693<br>0 0     | ,   |
| Ms Nancy Benedict  | (ı)<br>(ıı) | 140,862                  | 0 0  | , o                                       | 14,086   |                | 9 155,517<br>0 0     | ı   |
| Mr John Nicholas   | (ı)<br>(ıı) | 156,492<br>0             | 0  | 15,200                                    | 15,649   | 10,594         | 4 197,935<br>0 0     | ,   |
| Mr Dick Niemiec    | (I)<br>(II) | 24,333<br>0              | 0 0  | 0   | 0 0  | 1,279          | 9 25,612<br>0 0      | J   |
| Mr Frank McGovern  | (ı)<br>(ıı) | 106,287                  | 0 0  | 0 0                                       | 5,061  | 4,323          | 3 115,671<br>0 0     | ,   |
|                    |             |                          |  |   |  |                |                      |   |
|                    |             |                          | <del>                                     </del> | <u> </u>                                  |  |                |                      |   |
|                    |             |                          |  |   |  |                |                      |   |
|                    |             |                          |  |   |  |                |                      |   |
|                    |             | <u> </u>                 | <u></u>  | <u> </u>                                  |  |                |                      |   |
|                    |             | 1                        | <del>                                     </del> | <del> </del>                              | <del>                                     </del> |                |                      |   |
|                    |             |                          |  |   |  |                |                      |   |
|                    | +           |                          |  |   |  |                |                      |   |

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Return<br>Reference | Explanation   |
|--------------|---------------------|---|
|              |                     | Travel for Companions Spousal travel is paid for by the College when the spouse assists the Beloit College employee with the College business activities in performing specific duties. The only such spousal travel paid for by the College was that of the President's spouse. All expenditures made by the College for travel of the spouse were attributable to specific duties in the furtherance of the mission of the College. Housing Allowance or Residence for Personal Use As a condition of employment, the President of Beloit College is required to reside in the President's house. The President's house serves both as a personal residence as well as a venue for the carrying on of College business regularly. The College has determined that the value of the use of this personal-residence is not considered taxable income to the President as provided for in Internal Revenue Code Section 119. For the fiscal year 2009-10, the residence was used for 1 month by former interim president Niemiec. The residence was then used by president Bierman for 11-months. Health or Social Club Dues or Initiation Fees. The college pays dues to a country club for the President of the College and its Vice Presidents. These persons use the country club solely for College business and do not use the club for personal entertainment purposes. Examples of customary use of the country club include business lunches, the President's inauguration dinner, and trustee luncheons and dinners from time to time. Personal Services (e.g. Maid, Chauffer, Chef) The College pays for housekeeping services up to 5-hours per day at the College President's residence, the Presidents' house. The housekeeping services are paid for primarily in the interest of maintaining the College's facilities in presentable condition to facilitate the carrying on of College business at the residence. Personal benefits to the College President are incidental to the primary purpose of stewardship of the exempt organization's assets. Former Officer Compensation Richard Niemiec's position |

DLN: 93493104001281

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds** 

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

Beloit College

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** Employer identification number

39-0808497

| Pa    | art I Bond Issues   | T                       | Г                     | _        |          |           |            |              |                 |         |                 |         | I       |                     |
|-------|---|-------------------------|-----------------------|----------|----------|-----------|------------|--------------|-----------------|---------|-----------------|---------|---------|---------------------|
|       | (a) Issuer Name   | (b) Issuer EIN          | (c) CUSIP #           | (d) Date | Issued   | (e) Issue | Price      | (f) Des      | cription of F   | Purpose | ( <b>g</b> ) De | feased  | Beh     | On<br>alf of<br>uer |
|       |   |                         |                       |          |          |           |            |              |                 |         | Yes             | No      | Yes     | No                  |
| A     | Wisc Health & Educational Facilities Authority  | 39-1337855              | 97710BTF9             | 04-28-   | 2010     | 28,3      | 394,743    | Refinance of | :               |         | х               |         | х       |                     |
| В     | Wisc Health & Educational<br>Facilities Authority   | 39-1337855              | 97710BTF9             | 04-28-   | 2010     | 28,3      | 394,743    | 2007 Series  | 007 Series Bond |         | х               |         | Х       |                     |
| Pa    | rt II Proceeds  |                         |                       | •        |          |           | •          |              |                 |         | •               | •       |         | •                   |
|       |   |                         |                       |          | ١        |           | В          |              | С               | ı       | D               |         | E       |                     |
| 1     | 1 Total proceeds of issue   |                         |                       | 2        | 8,394,74 | 2 3       | 30,000,00  | 0            |                 |         |                 |         |         |                     |
| 2     | 2 Gross proceeds in reserve funds   |                         |                       |          |          |           |            |              |                 |         |                 |         |         |                     |
| 3     | 3 Proceeds in refunding or defeasance escrows   |                         |                       | 2        | 6,203,04 | 8 2       | 29,475,000 |              | 00              |         |                 |         |         |                     |
| 4     | 4 Other unspent proceeds  |                         |                       |          |          |           |            |              |                 |         |                 |         |         |                     |
| 5     | 5 Issuance costs from proceeds  |                         |                       |          | 400,96   | 0         | 525,000    |              | 00              |         |                 |         |         |                     |
| 6     | Working capital expenditures from   | n proceeds              |                       |          |          |           |            |              |                 |         |                 |         |         |                     |
| 7     | Capital expenditures from procee  | ds                      |                       |          | 1,790,73 | 5         |            |              |                 |         |                 |         |         |                     |
| 8     | Year of substantial completion  |                         |                       | 20       | 10       | 20        | 10         |              |                 | •       |                 |         |         |                     |
|       |   |                         |                       | Yes      | No       | Yes       | No         | Yes          | No              | Yes     | No              | Ye      | s       | No                  |
| 9     | Were the bonds issued as part of  | a current refunding is  | sue?                  | Х        |          | Х         |            |              |                 |         |                 |         |         |                     |
| 10    | Were the bonds issued as part of  | an advance refunding    | ı ıssue?              |          | Х        |           | Х          |              |                 |         |                 |         |         |                     |
| 11    | Has the final allocation of proceed   | ds been made?           |                       | Х        |          | Х         |            |              |                 |         |                 |         |         |                     |
| 12    | <del></del>   |                         |                       | Х        |          | х         |            |              |                 |         |                 |         |         |                     |
| Pai   | t IIII Private Business Use   |                         |                       | <u></u>  |          |           |            | 1            |                 |         |                 |         |         |                     |
|       |   |                         |                       |          | A<br>    | _         | 3          |              |                 | D       |                 |         | E       |                     |
|       | Was the suspendence a party suspendence   |                         |                       | Yes      | No       | Yes       | No         | Yes          | No              | Yes     | No              | Ye      | s       | No                  |
| 1     | Was the organization a partner in which owned property financed by  |                         | emper or an LLC,      |          | Х        |           | Х          |              |                 |         |                 |         |         |                     |
| 2     | A re there any lease arrangements with respect to the financed property which may result in private business use? |                         |                       |          | х        |           | х          |              |                 |         |                 |         |         |                     |
| For F | Privacy Act and Paperwork Reduction A   | ct Notice, see the Inst | ructions for Form 990 |          |          | Cat No 50 | 0193E      |              |                 |         | Schedule        | K (Form | 990) 20 | 09                  |

| Par  | Private Business Use (Continued)   |     |    |     |    |     |    |     |    |     |    |
|--|--|-----|----|-----|----|-----|----|-----|----|-----|----|
|  |  |     | A  |     | В  |     | С  |     | D  |     | E  |
|  |  | Yes | No |
| 3a   | Are there any management or service contracts with respect to the financed property which may result in private business use?  |     | Х  |     | х  |     |    |     |    |     |    |
| 3b   | A re there any research agreements with respect to the financed property which may result in private business use?   |     | Х  |     | х  |     |    |     |    |     |    |
| 3с   | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? |     | x  |     | x  |     |    |     |    |     |    |
| 4  | 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                    |     |    |     |    |     |    |     |    |     |    |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |  |     |    |     |    |     |    |     |    |     |    |
| 6 Total of lines 4 and 5   |  |     |    |     |    |     |    |     |    |     |    |
| 7  | 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  |     |    | х   |    |     |    |     |    |     |    |
| Par  | t IV Arbitrage   |     |    |     |    |     |    |     |    |     |    |
|  |  | A   |    | В   |    | С   |    | D   |    | F   |    |

|    |  | A          |          |     | В  |     | С  | D   |         |               | E       |
|----|--|------------|----------|-----|----|-----|----|-----|---------|---------------|---------|
|    |  | Yes        | No       | Yes | No | Yes | No | Yes | No      | Yes           | No      |
| 1  | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? |            | х        |     |    |     |    |     |         |               |         |
| 2  | Is the bond issue a variable rate issue?   | Х          |          |     |    |     |    |     |         |               |         |
| 3a | Has the organization or the governmental issuer identified a<br>hedge with respect to the bond issue on its books and<br>records?        | x          |          |     |    |     |    |     |         |               |         |
| ь  | Name of provider   | Chase Bank | •        |     |    |     |    |     |         |               |         |
| С  | Term of hedge  | 30 0000    | 00000000 |     |    |     |    |     |         |               |         |
| 4a | Were gross proceeds invested in a GIC?   |            | Х        |     |    |     |    |     |         |               |         |
| ь  | Name of provider   |            |          |     |    |     |    |     |         |               |         |
| С  | Term of GIC  |            |          |     |    |     |    |     |         |               |         |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |            |          |     |    |     |    |     |         |               |         |
| 5  | Were any gross proceeds invested beyond an available temporary period?   |            | х        |     |    |     |    |     |         |               |         |
| 6  | 6 Did the bond issue qualify for an exception to rebate?   |            | х        |     |    |     |    |     |         |               |         |
|    |  |            |          |     |    |     |    |     | Cahadul | o V /Earm 00/ | 33 2000 |

# **NonCash Contributions**

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

Name of the organization **Employer identification number** Beloit College

| Da       | rt I Types of Property   |                                  |                                |  | 39-0808497                           |        |      |    |
|----------|--|----------------------------------|--------------------------------|--|--------------------------------------|--------|------|----|
| Pa       | rypes of Property  | (a)<br>Check<br>If<br>applicable | (b)<br>Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line | <b>(d</b> )<br>Method of de<br>reven | etermi | nıng |    |
| 1        | Art—Works of art   | аррпсавіе                        |                                |  |                                      |        |      |    |
|          | Art—Historical treasures                                       |                                  |                                |  |                                      |        |      |    |
|          | Art—Fractional interests                                       |                                  |                                |  |                                      |        |      |    |
| <i>3</i> | Books and publications   |                                  |                                |  |                                      |        |      |    |
| 5        | Clothing and household   |                                  |                                |  |                                      |        |      |    |
| •        | goods  |                                  |                                |  |                                      |        |      |    |
| 6        | Cars and other vehicles  |                                  |                                |  |                                      |        |      |    |
| 7        | Boats and planes   |                                  |                                |  |                                      |        |      |    |
|          | Intellectual property  |                                  |                                |  |                                      |        |      |    |
| 9        | Securities—Publicly traded .                                   |                                  |                                |  |                                      |        |      |    |
| 10       | Securities—Closely held stock .                                |                                  |                                |  |                                      |        |      |    |
| 11       | Securities—Partnership, LLC, or trust interests                | Х                                | 47                             | 1,202,117  | COST OR MARKET                       |        |      |    |
|          | Securities—Miscellaneous                                       |                                  |                                |  |                                      |        |      |    |
| 13       | Qualified conservation contribution—Historic structures        |                                  |                                |  |                                      |        |      |    |
| 14       | Qualified conservation contribution—Other                      |                                  |                                |  |                                      |        |      |    |
| 15       | Real estate—Residential .                                      |                                  |                                |  |                                      |        |      |    |
| 16       | Real estate—Commercial   |                                  |                                |  |                                      |        |      |    |
| 17       | Real estate—Other  |                                  |                                |  |                                      |        |      |    |
| 18       | Collectibles   |                                  |                                |  |                                      |        |      |    |
| 19       | Food inventory   |                                  |                                |  |                                      |        |      |    |
| 20       | Drugs and medical supplies .                                   |                                  |                                |  |                                      |        |      |    |
| 21       | Taxidermy  |                                  |                                |  |                                      |        |      |    |
| 22       | Historical artifacts   |                                  |                                |  |                                      |        |      |    |
| 23       | Scientific specimens   |                                  |                                |  |                                      |        |      |    |
| 24       | Archeological artifacts  |                                  |                                |  |                                      |        |      |    |
|          | MATCHING<br>GIFT<br>EQUIPMENT                                  |                                  |                                |  |                                      |        |      |    |
| 25       | Other ► ( CREDITS )  | x                                | 1                              | 48,113   | OTHER                                |        |      |    |
|          | O ther ▶()   |                                  |                                |  |                                      |        |      |    |
| 27       | O ther ►()   |                                  |                                |  |                                      |        |      |    |
| 28       | O ther ▶ ()  |                                  |                                |  |                                      |        |      |    |
| 29       | Number of Forms 8283 received for which the organization compl |                                  |                                |  | 29                                   |        |      |    |
|          |  |                                  |                                |  |                                      |        | Yes  | No |
| 30a      | During the year, did the organiza                              |                                  |                                |  |                                      |        |      |    |
|          | must hold for at least three year                              |                                  |                                | •  | d to be used                         |        |      |    |
|          | for exempt purposes for the enti                               | re holdıng p                     | eriod?                         |  |                                      | 30a    |      | No |
| b        | If "Yes," describe the arrangeme                               | ent in Part I                    | I                              |  |                                      |        |      |    |
| 31       | Does the organization have a gif                               | tacceptand                       | e policy that requires the i   | review of any non-standard                         | contributions?                       | 31     | Yes  |    |
| 32a      | Does the organization hire or us contributions?                |                                  | es or related organizations    | to solicit, process, or sell i                     | non-cash                             | 32a    | Yes  |    |
| b        | If "Yes," describe in Part II                                  |                                  |                                |  |                                      |        |      |    |
| 33       | If the organization did not report<br>describe in Part II      | revenues i                       | n column (c) for a type of p   | roperty for which column (a                        | ) is checked,                        |        |      |    |

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Ident if ier             | Return Reference | Explanation   |
|--------------------------|------------------|---|
| Non Reporting of Revenue |                  | The College, as a matter of accounting policy, does not record revenue for works of art added to its collections, as allowed under SFAS 116 Furthermore, items used as props in the College's theater program and used book donated to the College's library are not reported as revenue for financial statement purposes |

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

> **EIN:** 39-0808497 Name: Beloit College

DLN: 93493104001281

OMB No 1545-0047

2009

Inspection

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** 

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

Name of the organization

Beloit College

Employer identification number

39-0808497

| ldentifier                                     | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990,<br>Part VI,<br>Section B,<br>Iine 11 |                     | Beloit College's form 990 was prepared by an independent certified public accounting firm. A draft of the form 990 was provided electronically to the Board of Trustees audit committee for review at the April Audit Committee meeting. The April meeting agenda included discussion of questions or concerns regarding the information contained in the form 990. Once all issues and questions regarding the return were resolved, the form 990 was finalized to incorporate any necessary changes. An updated version was provided electronically to the controller to distribute to the Audit Committee for additional matters to be addressed and resolved. The finalized version of Form 990 was filed with the IRS on or before the April 15th filing deadline. |

| ldentifier                             | Return<br>Reference | Explanation  |
|--|---------------------|--|
| Form 990, Part VI, Section B, line 12c |                     | Trustees and officers are required to complete conflict of interest documents annually |

| ldentifier                                  | Return<br>Reference | Explanation   |
|---|---------------------|---|
| Form 990, Part<br>VI, Section B,<br>line 15 |                     | The college participates annually in an officer compensation survey conducted by the Wisconsin Association of Independent Colleges and Universities (WAICU), as well as an annual administrative salary survery conducted by the Associated Colleges of the Midwest (ACM). In 2009, independent comparability data from the WAICU and ACM salary surverys were utilized as part of the process undertaken to determine the total compensation of the college president and its academic dean. |

| ldentifier                            | Return Reference | Explanation                      |
|---------------------------------------|------------------|----------------------------------|
| Form 990, Part VI, Section C, line 19 |                  | No documents available to public |

| ldentifier                     | Return<br>Reference | Explanation  |
|--------------------------------|---------------------|--|
| Form 990,<br>Part I, Line<br>1 |                     | The primary aim of Beloit College is to provide a learning and living environment dedicated to the cultivation of liberally educated persons. For more than 150 years, the college's goals have remained constant to provide students with a broad grounding in fact, the experience of mastering an area of know ledge, the ability and inclination to integrate, assimilate, and evaluate, a continuing concern for values, enthusiasm for personal creativity, an aesthetic sensibility, a global perspective, and most importantly, the desire to continue learning. Related to these goals are several major commitments that have long helped to guide the operation of Beloit College, a dedication to the pursuit of excellence, a dedication to free inquiry and commitment as exemplified by the college's own traditions, an integrity of purpose and performance steadfast against expediency or exploitation, a spirit of tolerance that will perpetuate freedom, whether of work, worship, speech, press, or academic research, the concept of government by consent of the governed, constitutionally expressed, the ideal of a progressive social order based upon equal opportunity and equal justice under the law |

| ldentifier                       | Return<br>Reference | Explanation  |
|----------------------------------|---------------------|--|
| Form 990,<br>Part III, Line<br>1 |                     | The primary aim of Beloit College is to provide a learning and living environment dedicated to the cultivation of liberally educated persons. For more than 150 years, the college's goals have remained constant to provide students with a broad grounding in fact, the experience of mastering an area of know ledge, the ability and inclination to integrate, assimilate, and evaluate, a continuing concern for values, enthusiasm for personal creativity, an aesthetic sensibility, a global perspective, and most importantly, the desire to continue learning. Related to these goals are several major commitments that have long helped to guide the operation of Beloit College, a dedication to the pursuit of excellence, a dedication to free inquiry and commitment as exemplified by the college's own traditions, an integrity of purpose and performance steadfast against expediency or exploitation, a spirit of tolerance that will perpetuate freedom, whether of work, worship, speech, press, or academic research, the concept of government by consent of the governed, constitutionally expressed, the ideal of a progressive social order based upon equal opportunity and equal justice under the law |

Software ID: Software Version:

EIN: 39-0808497 Name: Beloit College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors |   |  |                                    |   |                            |        |  |  |  |  |  |
|--|---|--|------------------------------------|---|----------------------------|--------|--|--|--|--|--|
| (B)<br>Average<br>hours<br>per<br>week             |   | tion (   | che                                | )   |                            |        | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related | <b>(F)</b> Estimated amount of other compensation        |  |  |
|  | Individual trustee<br>or director                                 | Institutional Trustee  | Officei                            | Key employee  | Highest compensated        | Former |  | organizations<br>(W- 2/1099-<br>MISC)    | from the<br>organization and<br>related<br>organizations |  |  |
| 40 00  | х   |  | ×                                  |   |                            |        | 266,250  | 0  | 49,586   |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | Х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
| 1 00   | х   |  |                                    |   |                            |        | 0  | 0  | 0  |  |  |
|  | (B) Average hours per week  40 00 1 00 1 00 1 00 1 00 1 00 1 00 1 | (B)         Average hours per week         Postor           40 00         X           1 00         X <t< td=""><td>(B) A verage hours per week  40 00</td><td>(B) Average hours per week         CC) Position (cher that apply)           40 00 X         X           1 00 X         X</td><td>(B) Average hours per week</td><td>  C</td><td>  C</td><td>  CD</td><td>  Column</td></t<> | (B) A verage hours per week  40 00 | (B) Average hours per week         CC) Position (cher that apply)           40 00 X         X           1 00 X         X | (B) Average hours per week | C      | C  | CD                                       | Column   |  |  |

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                               | (B)<br>A verage<br>hours |                                   | ((<br>tion (<br>hat a | che)    |              | II                           |        | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
|   | per<br>week              | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former |  |  |  |
| Dr Ann Davies<br>VP Academic Affairs                | 40 00                    |                                   |                       | х       |              |                              |        | 135,311  | 0  | 18,382   |
| Ms Nancy Benedict<br>VP Enrollment                  | 40 00                    |                                   |                       | х       |              |                              |        | 140,862  | 0  | 14,655   |
| Mr John Nicholas<br>VP Administration               | 40 00                    |                                   |                       | х       |              |                              |        | 171,692  | 0  | 26,243   |
| Mr Bill Flanagan<br>VP Student Sevices              | 40 00                    |                                   |                       | х       |              |                              |        | 112,055  | 0  | 11,536   |
| Ms Connie Truesdale<br>Secretary of the College     | 40 00                    |                                   |                       | х       |              |                              |        | 63,945   | 0  | 15,193   |
| Mr John B Spencer<br>Professor                      | 40 00                    |                                   |                       |         |              | х                            |        | 114,295  | 0  | 16,333   |
| Mr Jerry Gustafson<br>Professor                     | 40 00                    |                                   |                       |         |              | х                            |        | 120,826  | 0  | 19,253   |
| Mr John Jungck<br>Professor                         | 40 00                    |                                   |                       |         |              | х                            |        | 112,775  | 0  | 19,888   |
| Ms Susan Cleverson<br>Exce Dir of Planned Giving    | 40 00                    |                                   |                       |         |              | Х                            |        | 103,500  | 0  | 19,220   |
| Dr Lynn Franken<br>Professor                        | 40 00                    |                                   |                       |         |              | х                            |        | 112,550  | 0  | 14,572   |
| Mr Dick Niemiec<br>Trustee/Former Interim President | 40 00                    |                                   |                       |         |              |                              | х      | 24,333   | 0  | 1,279  |
| Mr Frank McGovern<br>VP External Affairs            | 40 00                    |                                   |                       |         |              |                              | х      | 106,287  | 0  | 9,384  |