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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)

2009

OMB No 1545-0047

Open to Public

	Revenue	l	<b></b>		07.01.2000		.10		Inspection
				r, or tax year beginning ( C Name of organization	<u> </u>	and ending 06-30-20	10	D Employer i	dentification number
_	ress ch		ease e IRS	RIPON COLLEGE				39-08260	149
_	ne char	lab	el or int or	Doing Business As				E Telephone	
_	ial retur	typ	oe. See ecific					(920) 748	-8108
_	mınated	Ins	struc- ons.	Number and street (or P O PO BOX 248	box if mail is	s not delivered to street add	ress) Room/suite	<b>G</b> Gross receipt	ts \$ 56,057,968
- Am	ended r	return		City or town, state or coun RIPON, WI 54971	itry, and ZIP +	- 4			
App	olication	pending		RIFON, WI 549/I					
		I		ne and address of princip	oal officer		<b>H(a)</b> Is th	■ ıs a group retu	ırn for
				C JOYCE WARD STREET			affilia	ites?	⊤Yes 🔽 No
		I		, WI 54971			H(b) Are a	II affiliates inclu	ıded?
							1		st (see instructions)
Та	x-exem	pt status 🗸	501(c)	(3) <b>◄</b> (insert no )	47(a)(1) or	527	H(c) Grou	ıp exemption r	number 🟲
W	ebsit e	∷ <b>►</b> WWW F	RIPONE	∃DU					
<b>(</b> Forr	n of org	janization 🔽	Corporat	ion Trust Association	Other 🟲		<b>L</b> Year of fo	rmation 1851	M State of legal domicile W
Pa	rt I	Summa	ry				<b>I</b>		-
	1	•		e organization's mission	_				
11		PROVIDE	EDUCA	TION TO STUDENTS A	S A PRIVA	TE ORGANIZATION			
₹									
5									
sovemance.	_	<u> </u>					1.6	250/ 61	
Ę			•	if the organization disc					
			_	nembers of the governing					33
ACIIVIIA 9	4	Number of	ındepen	dent voting members of	the govern	ng body (Part VI, line 1	1b)	•	42
	5	Total numb	erofen	nployees (Part V , line 2 a	1)				<b>5</b> 95
3	6	Total numb	erofvo	lunteers (estimate if nec	essary) .				<b>6</b> 59
Į.	7a	Total gross	unrelat	ted business revenue fro	m Part VII	I, column (C), line 12			<b>7a</b> 162,65
	ь	Net unrelat	ed busı	ness taxable income froi	m Form 990	O-T, line 34			7b
							Pric	r Year	Current Year
	8	Contributi	ons and	d grants (Part VIII, line :	1h)			4,405,820	3,814,730
횰	9	Program service revenue (Part VIII, line 2g)						30,897,363	32,336,200
Rayent	10			ne (Part VIII, column (A				-861,368	979,488
æ	11			art VIII, column (A), line				507,380	1,381,207
	12			dd lines 8 through 11 (m			ne	,	
								34,949,195	38,511,625
	13	Grants an	d sımıla	er amounts paid (Part IX,	, column (A	), lines 1-3 )		12,877,023	13,484,557
	14	Benefits p	aid to o	r for members (Part IX,	column (A),	line 4)		0	(
ø	15	•	other co	ompensation, employee b	enefits (Pa	rt IX, column (A), lines	5-	12,953,122	13,362,703
Expenses	16a	10)	nal fund	raising fees (Part IX, col	lumn (A.) lu		0	13,302,703	
क ≘	b							0	
Ď				enses (Part IX, column (D), lin				14 122 504	14 974 104
	17			Part IX, column (A), line				14,122,504	14,874,194
	18 19			Add lines 13-17 (must e penses Subtract line 18				39,952,649 -5,003,454	41,721,454
. g	13	Nevellue I	езэ ехр	enses Subtract line 18	nom me 1.	<u> </u>	Beginnin	g of Current	, ,
net Assets of Fund Balances							_	ear	End of Year
98.E	20	Total asse	ets (Par	t X, line 16)				101,217,122	102,721,634
Z Z	21	Total liabi	lities (P	Part X, line 26)				39,402,883	39,543,340
žĒ	22	Net asset	s or fun	d balances Subtract line	e 21 from lı	ne 20		61,814,239	63,178,294
Pai	rt II	Signatu	ire Blo	ock					
				rjury, I declare that I have ex					
		and belief, it	t is true, d	correct, and complete Declara	ition of prepai	rer (other than officer) is bas	sed on all informat	ion of which prep	arer has any knowledge
Sign	1	*****					2011	-02-11	
Here		Signature	e of office	<u>.</u> :r			Date	VZ 11	
		Many def	Regnier W	'P Finance					
				e and title					
		] F				Date	Check If	Prenarer's iden	ntıfyıng number
<b>.</b>		Preparer's signature	i			Date	self-	(see instruction	
Paid		, , , , , , , , , , , , , , , , , , ,					empolyed 🕨 🔽		
-	arer's	Firm's name if self-emplo		Grant Thornton LLP				EIN Þ	
Jse (	nly	address, and		100 E Wisconsin Ave					
				Mılwaukee, WI 53202				Phone no 🕨	(414) 289-8200
/lav 1	ha ID	s diechec +	hic ratio	rn with the preparer show	wn above? /	saa instructions \		1	Vas ENO

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

RIPON COLLEGE PREPARES STUDENTS OF DIVERSE INTERESTS FOR LIVES OF PRODUCTIVE, SOCIALLY RESPONSIBLE CITIZENSHIP OUR LIBERAL ARTS CURRICULUM AND RESIDENTIAL CAMPUS CREATE AN INTIMATE LEARNING COMMUNITY IN WHICH STUDENTS EXPERIENCE A RICHLY PERSONALIZED EDUCATION

2	Did the organization under the prior Form 990 or 99				which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on Sc	:hedule O			
3	Did the organization ceasservices?			=	nducts, any program	「Yes ▼ No
	If "Yes," describe these o	changes on Schedu	ule O			
4		01(c)(4) organızat	ions and secti	on 4947(a)(1) trusts a	largest program services by re required to report the am ervice reported	•
4a	(Code	) (Expenses \$	34,441,519	ıncludıng grants of \$	13,484,557 ) (Revenue \$	32,336,200 )
	RIPON COLLEGE, AN ACCRED BENEFITS MORE THAN 1,025	DITED PRIVATE INSTITU FULL TIME EQUIVALEN	JTION, PROVIDES IT STUDENTS		GRAM IN THE LIBERAL ARTS THIS	E EDUCATIONAL PROGRAM
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
_						
4d	Other program services (Expenses \$	•	edule O ) udıng grants o	f ¢	) (Revenue \$	1
4e	Total program service e		34,441,51	<u> </u>	/ (Nevende p	
	Total program service e.	лренасат ф	57,771,51	<u> </u>		

	· · · · · · · · · · · · · · · · · · ·		
Part IV	Checklist	of Required	Schedules

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		N o
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	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- endowments? <i>If "Yes," complete Schedule D, Part V</i>	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	ĺ	ļ	
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		Νο
Ь	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		No
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? <i>If "Yes," complete Schedule F, Part II</i>	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 ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
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		Νo
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	Yes	
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	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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		Νο
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
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
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		Νo
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		Νο
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	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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		No
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		Νο
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		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

•	•
Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 1,413			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
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	
3a	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	
<del>l</del> 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	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νο
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		
ā	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		
3	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.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	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			
L1	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 )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

RIPON COLLEGE 300 SEWARD STREET

RIPON, WI 54971 (920) 748-8108

**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.

Sa	ction A. Governing Body and Management				
36	ction A. Governing body and Management			Yes	N-
				res	No
1a	Enter the number of voting members of the governing body	33			
b	Enter the number of voting members that are independent 1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a busines other officer, director, trustee, or key employee?	ss relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compa		3		No
4	Did the organization make any significant changes to its organizational documents since	·			110
_	filed?		4	Yes	
5	Did the organization become aware during the year of a material diversion of the organiz		5		No
6	Does the organization have members or stockholders?		6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, $\frac{1}{2}$	or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions year by the following	undertaken during the			
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				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		Νo
	ction B. Policies (This Section B requests information about policies not req	uired by the Internal			
Re	venue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activ affiliates, and branches to ensure their operations are consistent with those of the organ		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing b	ody 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	
b	Are officers, directors or trustees, and key employees required to disclose annually inte to conflicts?	rests that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done	ne policy? If "Yes,"	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	Yes	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the de	and approval by			
	The organization's CEO, Executive Director, or top management official		15a	Yes	
	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 )		130	163	
	The second of by describe the process in senedale of (see instructions )				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or si taxable entity during the year?		16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organiz participation in joint venture arrangements under applicable federal tax law, and taken s				
	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►WI				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 9	90. and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check Own website. Another's website. Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing d interest policy, and financial statements available to the public See Additional Data Ta	•			
20	State the name, physical address, and telephone number of the person who possesses t		ne oras	ınızatıor	ı <b>▶</b> -
-0	MARY M DEREGNIER	ne books and records of th	.c orga	201101	

## 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	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Key employee Officei		Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related 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 ►4

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
4	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						
	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	_		No			

#### **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)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO PO BOX 70060 CHICAGO, IL 60673	FOOD & HOUSEKEEPING	3,537,905
THE BOLDT COMPANY 2525 NORTH ROEMER ROAD APPLETON, WI 54912	CONSTRUCTION	821,777
MARSH USA INC 96460 COLLECTION CENTER DR CHICAGO, IL 60693	INSURANCE	170,953
RIPON MEDICAL CENTER PO BOX 390 RIPON, WI 54971	MEDICAL COVERAGE	124,402
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►4	who received more than	

Form 99								Page <b>9</b>
Part \	<u>/+++</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ £	1a	Federated cam	paigns 1a					
필드	ь	Membership du	es					
s, g	С	Fundraising eve	ents 1c					
<u>₩</u>	d	Related organiz	ations 1d					
ž.	e	Government grants	s (contributions) <b>1e</b>		ļ			ļ
ributio	f g	sımılar amounts no Noncash contri	butions included in	2,786,084				
Program Service Revenue and other similar amounts	h	lines 1a-1f \$ _	33,074 3 1a-1f	▶	3,814,730			
	-"-	Total. Add filles			3,011,730			
E E	2a	TUITION & FEES		Business Code 812,900	25,788,556	25,788,556		
ce Revenue	ь	AUXIL ENTERPRIS	FS	812,900	6,547,644	6,547,644		
	c	AOXIL ENTERNIS		612,900	0,347,044	0,547,044		
r S	d		_					
R	e							
<u> </u>	f	All other progra	ım service revenue					
Ş <b>X</b>								
	g 3		2a-2f		32,336,200			
			ome (including dividendar ar amounts)	. F	970,392			977,382
	4		tment of tax-exempt bond	-	0			
	5			▶ ↑	0			
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	17,538,703					
	ь	Less cost or other basis and sales expenses	17,529,607					
	c   .	Gain or (loss)	9,096		9,096			9,096
	d 8a	Gross income f	s)		9,090			9,090
Other Revenue		events (not inc \$4 of contributions	luding ,575 reported on line 1c)					
Ä		See Part IV, lin	e 18 a	35,332				
her	ь	Less direct ex	penses <b>b</b>	11,096				
ᅙ	c		loss) from fundraising		24,236			24,236
	9a	Gross income f See Part IV , lin	rom gaming activities e 19 a	42.020				
	ь		penses <b>b</b> loss) from gaming acti	42,838 5,640 vities	37,198			37,198
		Gross sales of returns and allo	inventory, less					
	b c		oods sold <b>b</b> loss) from sales of inve	entory	0			
		Miscellaneous		Business Code				
	11a	MISCELLANEC		812,900	1,157,114	1,157,114		
	ь	SUMMER CAM	P/CONF	721,000	155,669		155,669	
	С	PARTNERSHIP	INCOME	900,099	6,990		6,990	
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d		1,319,773			
	12	Total revenue.	See Instructions .	·	38,511,625	33,493,314	162,659	1,047,912

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).										
			ns (B), (C), and (B)	(D). C)	(D)						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,484,557	13,484,557								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	13,101,337								
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	424,280		356,461	67,819						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0									
7	Other salaries and wages	9,175,668	7,861,365	688,151	626,152						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0									
9	Other employee benefits	3,762,755	2,859,238	675,684	227,833						
10	Payroll taxes	0									
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	61,782	14,794	46,988							
с	Accounting	106,828		106,828	_						
d	Lobbying	0			_						
e	Professional fundraising See Part IV, line 17	0									
f	Investment management fees	0									
g	Other	1,896,037	1,600,881	220,149	75,007						
12	Advertising and promotion	38,062	20,937	17,125							
13	Office expenses	1,165,043	821,887	240,578	102,578						
14	Information technology	343,125	338,242	2,298	2,585						
15	Royalties	0	330,212	2,233							
16	Occupancy	1,495,479	1,385,477	110,002	_						
17	Travel	631,393	573,463	34,497	23,433						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	373,403	34,437	23,433						
19	Conferences, conventions, and meetings	186,371	89,284	89,477	7,610						
20	Interest	2,281,345	,	2,281,345							
21	Payments to affiliates	0		_,,							
22	Depreciation, depletion, and amortization	1,480,737	1,192,461	288,276							
23	Insurance	198,128	189,084	8,576	468						
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)	253,223	203,001	2,273							
а	STUDENT ACTIVITIES	722,804	722,804		_						
b	PROMOTIONS & AWARDS	632,262	67,130	562,100	3,032						
С	CONSULTING	300,540	144,482	83,059	72,999						
d	REPAIRS & MAINTENANCE	336,148	271,930	64,061	157						
е	FOOD SERVICE CONTRACT	1,961,000	1,961,000	<u> </u>							
f	All other expenses	1,037,110	842,503	182,621	11,986						
25	Total functional expenses. Add lines 1 through 24f	41,721,454	34,441,519	6,058,276	1,221,659						
26	Joint costs. Check here ► ☐ If following SOP 98-2	11,721,737	31,141,319	5,555,275	1,221,033						
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 1,283,615 2 3.213.232 3 1,472,596 2,162,878 3 4 1.016.033 1.168.180 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 2,711,368 7 2,702,461 8.625 8 7.966 144,942 372,669 9 Land, buildings, and equipment cost or other basis Complete 62.849.967 10a 10a Part VI of Schedule D 10b 22,778,423 40.071.544 b Less accumulated depreciation . . . . 41,367,420 **10c** 45.285.392 11 49.997.969 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 5.307.232 15 5.644.634 15 16 101,217,122 16 102,721,634 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1.531.958 17 1.770.308 17 Accounts payable and accrued expenses . 2,467,057 18 2,490,373 18 79,342 19 67,273 19 23,201,772 23,165,000 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 3,582,043 3,755,613 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 1,500,000 705,100 7.040.711 25 7.589.673 25 Other liabilities Complete Part X of Schedule D . . . . . 26 **Total liabilities.** Add lines 17 through 25 . . . . . 39,402,883 39,543,340 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 5.375.708 5,152,073 27 Unrestricted net assets . . . . 27 28 5.562.018 28 6.134.413 Temporarily restricted net assets . . . . . Fund 50.876.513 29 51.891.808 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 61,814,239 33 Total net assets or fund balances . . . . . 33 63,178,294 34 Total liabilities and net assets/fund balances . . . . . 101,217,122 34 102,721,634

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)

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Employer identification number

RIPON COLLEGE Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	(vii) A mount of 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 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, ▶□
	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- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	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, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose 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 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

# Software ID: Software Version:

**EIN:** 39-0826049 **Name:** RIPON COLLEGE

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion ( hat a	che	')			( <b>D</b> ) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
THOMAS WABENDROTH TRUSTEE	1 0	X						0	0	0
VICTORIA L BLEISE TRUSTEE	1 0	Х						0	0	0
DOREEN CONFORTI CHEMEROW TRUSTEE	1 0	X		Χ				0	0	0
JAMES R CLARK TRUSTEE	1 0	X						0	0	0
JAMES CONNELLY TRUSTEE	1 0	X						0	0	0
DORIAN DES LAURIERS TRUSTEE	1 0	X						0	0	0
SCOTT L DICKS TRUSTEE	1 0	X						0	0	0
DENNIS G FRAHMANN TRUSTEE	1 0	X						0	0	0
JANE RUNKEL FREDERICK TRUSTEE	1 0	X						0	0	0
STEPHANIE GREENE TRUSTEE	1 0	X						0	0	0
CLAIRE SANTERALLI GREGOIRE TRUSTEE	1 0	X						0	0	0
HELEN HANSEN TRUSTEE	1 0	X						0	0	0
DAVID G HARTMAN TRUSTEE	1 0	X						0	0	0
GUY R HENSHAW TRUSTEE	1 0	X						0	0	0
MARCUS D HOFFMAN TRUSTEE	1 0	X						0	0	0
DAVID JANSSEN TRUSTEE	1 0	X						0	0	0
WILLIAM CHESTER JORDAN PH D TRUSTEE	1 0	X						0	0	0
DAVID C JOYCE PRESIDENT	40 0	Χ		Χ				201,422	0	66,639
ROBERT J KIRKLAND TRUSTEE	1 0	Χ		Χ				0	0	0
WILLIAM C MACLEOD TRUSTEE	1 0	Χ						0	0	0
PHILIP K MCCULLOUGH MD TRUSTEE	1 0	X						0	0	0
GARY PAGE TRUSTEE	1 0	X						0	0	0
RONALD R PETERSON TRUSTEE	1 0	X		Χ				0	0	0
MICHAEL R REESE TRUSTEE	1 0	X						0	0	0
CHERYL K ROFER TRUSTEE	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours	Average Position (check all			(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JOANN SELLECK TRUSTEE	1 0	Х		•				0	0	0
PAMELA PRICE SMITH TRUSTEE	1 0	X						0	0	0
RICHARD J SREDNICKI TRUSTEE	1 0	Х						0	0	0
KATHY STEWART TRUSTEE	1 0	Х						0	0	0
ANGELA TWAROSKI TRUSTEE	1 0	X						0	0	0
DENA G WILLMORE TRUSTEE	1 0	X		Х				0	0	0
MARK J WRIGHT TRUSTEE	1 0	X		х				0	0	0
ROBERT ZIMMERMAN TRUSTEE	1 0	X						0	0	0
mary deregnier vp for finance	40 0			Х				118,432	0	29,407
gerald seaman vp and dean of faculty	40 0					X		121,513	0	32,937
lında corder vp for advancement	40 0					X		115,738	0	18,814

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
STUDENT ACTIVITIES	722,804	722,804		
PROMOTIONS & AWARDS	632,262	67,130	562,100	3,032
CONSULTING	300,540	144,482	83,059	72,999
REPAIRS & MAINTENANCE	336,148	271,930	64,061	157
FOOD SERVICE CONTRACT	1,961,000	1,961,000		

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DLN: 93493040010121

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Rev

**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

ınaı kevenu	E Service   F Attach to Fo	orm 990. F See separate instructions.		Tushection	
Name of RIPON COL	t he organizat ion LEGE		Employer identific	ation number	
			39-0826049		
Part I	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unds or Account	<b>s.</b> Complete if	f the
		(a) Donor advised funds	(b) Funds and	other accounts	
Tota	I number at end of year				
Aggr	egate contributions to (during year)				
Aggr	egate grants from (durıng year)				
Aggr	egate value at end of year				
	the organization inform all donors and donor advi s are the organization's property, subject to the		nor advised	┌ Yes ┌	No
used	the organization inform all grantees, donors, and I only for charitable purposes and not for the ben erring impermissible private benefit		•	┌ Yes ┌	No
art II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part I	V, line 7.	
Г Сот	Preservation of land for public use (e g , recreating Protection of natural habitat  Preservation of open space  In plete lines 2a-2d if the organization held a qualing ement on the last day of the tax year	Preservation of a	n historically importai certified historic stru n of a conservation	·	
cusc	the last day of the tax year		Held at th	e End of the Yea	 ar
a Tota	I number of conservation easements		2a		
<b>b</b> Tota	l acreage restricted by conservation easements		2b		
	ber of conservation easements on a certified his		2c		
	ber of conservation easements included in (c) a	equired after 8/17/06	2d		
the t	ber of conservation easements modified, transfe		ed by the organization	n during	
Does	ber of states where property subject to conserva s the organization have a written policy regarding rcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of violations, an	d <b>Yes</b> F	No
Staff	fand volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year	<b>-</b>	
A mo	unt of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during the year 🟲 \$		
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction	┌ Yes ┌	No
bala	art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of the text of the conservation easen	he footnote to the organization's financia	-		
art III	Organizations Maintaining Collectio Complete if the organization answered '		or Other Similar	Assets.	
art, l	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of p		
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for j ide the following amounts relating to these items	oublic exhibition, education, or research i			
(i) <sub>R</sub>	evenues included in Form 990, Part VIII, line 1		<b>►</b> \$		0
(ii)	Assets included in Form 990, Part X			1,072,6	
Ifth	e organization received or held works of art, histo wing amounts required to be reported under SFA:				
a Reve	enues included in Form 990, Part VIII, line 1		<b>►</b> \$		
			· · · ·		

Par	<b>TITLE</b> Organizations Maintaining Co	llections of Art	, His	torical Ti	<u>eas</u>	ures, or (	<u> </u>	<u>r Similar A</u>	sset	<b>S</b> (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne following	that a	ire a signific	ant ι	ise of its colle	ction		
а	Public exhibition		d	┌ Loan	orex	change prog	rams	i			
b	Scholarly research		e	Othe	-						
c	▼ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they furthe	er the	organizatio	n's e	xempt purpose	ın.		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	<b>┌ Y</b>	es	√ No
Pai	Part IV, line 9, or reported an an					n answere	ed "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for contribu	itions	or other as:	sets	not	<b>┌ Y</b>	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	V and complete the	follow	ıng table		[		A	moun		
c	Beginning balance					-	1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance					-	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			-				es	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
Pa	rt V Endowment Funds. Complete										
_		(a)Current Year	(I	Prior Year	<del></del>	Two Years Bac	:k (d	I)Three Years Bac	k <b>(e)</b> F	our Ye	ears Back
1a	Beginning of year balance	46,828,587		56,406,98	_		-				
Ь	Contributions	818,348 5,991,667		450,53 -9,023,22	_		+				
C _ı	Investment earnings or losses	1,558,730		1,005,70	_		-				
d	Grants or scholarships Other expenditures for facilities	9,863			0		+				
е	and programs	5,005									
f	Administrative expenses	0			0						
g	End of year balance	52,070,009		46,828,58	17						
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	2822% %									
b	Permanent endowment 🕨 97 178 % %										
c	Term endowment ► %										
3а	Are there endowment funds not in the posse	ssion of the organiza	ation	that are held	dand	admınıstere	d for	the	_		
	organization by  (i) unrelated organizations							3-		<b>Yes</b> Yes	No
					•		•		1(ii)	165	N o
ь	(ii) related organizations						٠.	· · · -	зь	$\dashv$	
4	Describe in Part XIV the intended uses of th								I		
Pai	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Form 9	90, F	Part X, line	10.				
	Description of investment			(a) Cost or basis (invest		(b)Cost or o		(c) Accumulate depreciation	ed (	<b>d)</b> Boc	k value
1a	Land		ı			560	0,766				560,766
b	Buildings					53,56	7,687	18,427,2	233	35	,140,454
c	Leasehold improvements										
d	Equipment					8,72	1,514	4,351,1	.90	4	,370,324
e	Other									·	

40,071,544

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	( <b>b)</b> Book value	d of valuation -year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		d of valuation
(a) Description of investment type	(b) Book value	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		 0
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25. (b) A mount	
Federal Income Taxes	( <b>b)</b> Amount	
ANNUITIES PAYABLE	319,439	
DEFERRED SUPPORT/SPLIT INT	261,900	
ACCRUED POSTRETIREMENT BENEFIT	4,115,630	
CONDTNL ASSET RETIREMENT OBLIG	654,677	
OTHER LONG-TERM LIABILITIES	2,238,027	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	7,589,673	

Schea	ule D (Form 990) 2009		Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	38,511,625
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	41,721,454
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,209,829
4	Net unrealized gains (losses) on investments	4	4,021,450
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	552,434
9	Total adjustments (net) Add lines 4 - 8	9	4,573,884
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,364,055
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	29,706,906
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	4,183,169
3	Subtract line <b>2e</b> from line <b>1</b>	3	25,523,737
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		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	12,987,888
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	38,511,625
Part		s per	
1	Total expenses and losses per audited financial statements	1	28,342,851
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	105,954
3	Subtract line <b>2e</b> from line <b>1</b>	3	28,236,897
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		
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4с	13,484,557
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	41,721,454

Ident if ier	Return Reference	Explanation
ART COLLECTION - FURTHERANCE OF EXEMPT PURPOSE	SCHEDULE D, PART III, LINE 4	STUDENTS AND COMMUNITY MEMBERS TO LEARN ABOUT AND EXPERIENCE DIFFERENT ART FORMS
INTENDED USES OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS, ACADEMIC PROGRAMS AND FACILITIES TO ASSIST IN FURTHERING THE MISSION OF THE COLLEGE
organization's liability for uncertainty in income taxes under fin 48	schedule d, part x	As required by the uncertain tax position guidance in ASC 740 Income Taxes, the College recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would more-likely-than-not sustain the position following an audit. For tax positions meeting the more-likely-than-not threshold, the amount recognized in the financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement with the relevant tax authority. The College applied the uncertain tax position guidance in ASC 740 to all tax positions for which the statute of limitations remained open and determined there were no material unrecognized tax benefits as of that date. As of June 30, 2010, the statute of limitations is no longer open for years before 2007 for federal income tax purposes. For state income tax purposes, the statute of limitations is no longer open for years before 2006. As of June 30, 2010, the College believes the guidance to have no effect on its financial statements. Additionally, the guidance provides for the recognition of interest and penalties related to income taxes. There were no interest or penalties related to income taxes that have been accrued or recognized as of and for the years ended June 30, 2010 and 2009.
RECONCILIATION OF CHANGES IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$147,164 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS HELD BY OTHERS 349,505 INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES 55,765 TOTAL \$552,434 ========
OTHER REVENUE ON FINANCIAL STMTS NOT ON FORM 990	SCHEDULE D, PART XII, LINE 2D	INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES 55,765 INTERDEPARTMENTAL CHARGES FOR VEHICLES & PHOTOCOPYING 89,218 SPECIAL EVENT EXPENSES PRESENTED NET OF REVENUE 16,736 TOTAL \$ 161,719 =========
OTHER REVENUES ON FORM 990 NOT ON FINANCIAL STMTS	SCHEDULE D, PART XII, LINE 4b	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$ (147,164) CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS HELD BY OTHERS (349,505) TUITION AND FEES REVENUE PRESENTED NET OF SCHOLARSHIPS AND GRANTS 13,484,557 TOTAL \$ 12,987,888 ==========
OTHER EXPENSES ON FINANCIAL STMTS NOT ON FORM 990	SCHEDULE D, PART XIII, LINE 2D	INTERDEPARTMENTAL CHARGES FOR VEHICLES & \$89,218 PHOTOCOPYING SPECIAL EVENT EXPENSES PRESENTED NET OF REVENUE 16,736 TOTAL \$105,954 ========
OTHER EXPENSES ON FORM 990 NOT ON FINANCIAL STMTS	SCHEDULE D, PART XIII, LINE 4b	TUITION AND FEES REVENUE PRESENTED NET OF SCHOLARSHIPS AND GRANTS \$13,484,557 =========

Employer identification number

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

RIPON 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

	39-0826049			
			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	
	RIPON COLLEGE DRAWS STUDENTS NATION WIDE MATERIALS USED IN PROMOTIONAL ACTIVITIES AND RECRUITING EFFORTS INCLUDE A STATEMENT THAT RIPON COLLEGE ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN			
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 Students' rights or privileges?	5a	I	Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
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		Νo
		-		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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DLN: 93493040010121

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number RIPON COLLEGE Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt I	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1  JARREAU SCHOLA.	<b>(b)</b> Event #2	(c) O ther Events	( <b>d)</b> To (A dd col		
			(event type)	(event type)	(total number)		. (-//	
ΞĒ	1	Gross receipts	39,907	7			3	9,907
Revenue	2	Less Charitable contributions	4,57!	5				4,575
_	3	Gross income (line 1 minus line 2)	35,332	2			3	5,332
	4	Cash prizes						
မွ	5	Non-cash prizes	2,796	5				2,796
euse	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
₽ E	8	Entertainment						
Δ	9	Other direct expenses .	8,300					8,300
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)	•		1	1,096
	11	Net income summary Combine li	ines 3, column d, and line	10			2.	4,236
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col		
~	1	Gross revenue			42,838		4.	2,838
—sə	2	Cash prizes			5,200			5,200
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses			440			440
	6	Volunteer labor	Yes	Г Yes	Yes 88 000 %			
		D	7 100		_			5,640
	7	Direct expense summary Add line	-	•			3	7,198
	8	Net gaming income summary Con	nbine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9		ter the state(s) in which the organiz						
a b		the organization licensed to operate "No," Explain	gaming activities in eac	h of these states?		· 9a	Yes	
_	_					_		
10a	— We	ere any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a		No
b	If"	"Yes," Explain						
11 12		es the organization operate gaming the organization a grantor, beneficia				11		No_
		med to administer charitable gaming				. 12		No
					Schedule G (Form 9	990 or 990	-EZ) 20	09

								Yes	No
13	Indicate the	percentage of gam	ing activity operated in						
а					-	70 000 %	]		
b	An outside f	acılıty			13b	30 000 %	1		
14	Enter the na	me and address of t	he person who prepares the or	ganızatıon's gamıng/sped	ial event	s books and records			
	Name 🟲	LORI SCHULZE							
	Address 🟲	300 SEWARD ST	REET						
		RIPON, WI 549	71				1		
15a			ontract with a third party from v				l		
b			ming revenue received by the				15a		No
_			ned by the third party 🟲 \$			and the			
c		er name and addres		_					
	Name 🟲						1		
	Address 🟲								
							4		
16	Gaming man	ager information							
	_								
	Name 🟲	BOB GILLESPIE					-		
	Gaming man	ager compensation	<b>&gt;</b> \$	0_					
	Description	of services provide	d CONDUCTS THE ATHLE	TICS RAFFLE			-		
	T Director,	officer	F Employee	┌ Independer	nt contrac	tor			
17	Mandatory d	istrihiitions							
а			ler state law to make charitable	a distributions from the a	aming pro	caads to			
a							17a		No
b	Enter the am	nount of distribution	s required under state law dist	ributed to other exempt o	rganızatı	ons or spent	1,4		10

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DLN: 93493040010121

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

**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

Internal Revenue Service								Inspection	
Name of the organization						Employe	Employer identification number		
RIPON COLLEGE						39-082	26049		
Part I General Infor	mation on Grants	and Assistance							
<ul><li>Does the organization m the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	ed to award the grants	or assistance?						▽Yes ┌ N	
Form 990, Part	IV, line 21 for any i	recipient that receive	d more than \$5,000	. Check this box if no	Complete if the organic one recipient receives	ed more th	an \$5,000	0. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Descri non-cash as		(h) Purpose of grant or assistance	

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.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
VARIOUS	960	11,103,976			
ENDOWED SCHOLARSHIPS	130	2,380,581			
See Additional Data Table					

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PART I, LINE 2	Ripon College tracks all grants issued, by grant, dollar amount, student and term. Financial Aid awards grants based on the grantees eligibility for any grant. Eligibility may be based on need, grades, majors, etc. If need based, the FAFSA will be utilized. Each grant may have unique selection criteria which is documented by the Financial Aid department.

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DLN: 93493040010121

**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

KIP	ON COLLEGE		39-0826049			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III i					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive l			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha	at appl	у			
	Compensation committee	_	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?	4a		No
ь	Participate in, or receive payment from, a supplement	tal non	iqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro					
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ıne 1a,	, did the organization pay or accrue any			
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, li compensation contingent on the net earnings of	ıne 1a,	, did the organization pay or accrue any			
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, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III					
				8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

#### 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F)</b> Compensation reported in prior Form 990 or Form 990-EZ				
DAVID C JOYCE	(ı) (ıı)	177,464 0	0	23,958 0	14,412 0	52,227 0	268,061 0	o 0				
	(1) (11)	113,486 0	0 0	8,027 0	9,054 0	23,883 0	154,450 0	0 0				

#### 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 Reference	Explanation
ALLOWANCE	PART I, LINE 1A & 1b	IRS instructions to Form 990 require that the fair market value of housing provided to employees by their employer be reported on Form 990, Part VII, Section A and Schedule J, Part II (whether or not the value is deemed taxable) As a condition of employment, the President of Ripon College is required to reside in One Merriman Lane, a residence on the campus premises. One Merriman Lane serves both as a personal residence as well as a venue for the regular carrying on of College business. 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 tax year 2009, the value of the President's use of the residence is conservatively estimated to be \$31,500. This estimated value is based on an estimated monthly rental value of the residence of \$2,000/month including utilities totaling \$7,500. annually

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493040010121 Schedule K OMB No 1545-0047 (Form 990) Supplemental Information on Tax Exempt Bonds ▶ 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). Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number RIPON COLLEGE 39-0826049 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes WHEFA ADJ RATE PUT OPTION CONTR, RENNOV, REFUND **REV BOND SERIES 2006** 39-1337855 97710vh35 06-29-2006 23.165.000 Χ Х '93/'94 BOND Part II **Proceeds** A В C D Ε Total proceeds of issue 24,211,695 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 351,001 Working capital expenditures from proceeds Capital expenditures from proceeds 20,684,175 Year of substantial completion 2009 Yes No Yes Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part III **Private Business Use** 

Α

No

Х

Х

Yes

A re there any lease arrangements with respect to the financed property which may result in private business use?

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

which owned property financed by tax-exempt bonds?

1

Was the organization a partner in a partnership, or a member of an LLC,

Cat No 50193E

В

No

Yes

С

Yes

No

Schedule K (Form 990) 2009

Yes

D

No

Yes

Ε

No

Did the bond issue qualify for an exception to rebate?

6

Sche	dule K (Form 990) 2009											Page <b>2</b>
Par	Private Business Use (Continued)											
			Yes	A No	B Yes	No	Yes	C No	Yes	D No	Yes	E No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	o the	X	NO	ies	140	163	140	163	140	res	NO
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		X								
3с	Does the organization routinely engage bond counsel or other of counsel to review any management or service contracts or reseasonable agreements relating to the financed property?			X								
4	Enter the percentage of financed property used in a private bus by entities other than a section 501(c)(3) organization or a sta government			0 800 %								
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your										
6	Total of lines 4 and 5			0 800 %								
7	Has the organization adopted management practices and proce ensure the post-issuance compliance of its tax-exempt bond li		Х									
Par	rt IV Arbitrage											
			A No	<b>V</b>	В	<b>V</b>	С	N	D	A1 -		E No.
Pen	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No	Yes	No	Yes		No	Yes	No	Yes	No
			Х									
2	Is the bond issue a variable rate issue?	Х										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and											
	records?	Х										
ь	Name of provider	M&I Bank										
С	Term of hedge			7								
4a	Were gross proceeds invested in a GIC?		X									
b	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?		x									

Χ

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DLN: 93493040010121

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of RIPON CO	t he organization LLEGE					E	mployer id	ent if icat io	n number	
Part I	Excess Benefit Tran					organı		nly).		
	Complete if the organizat			Part IV, line 25a o	or 25b, o	r Form	990-EZ, P	'art V , line	<u>40b</u> (c) Cor	rootod?
1	(a) Name of disqu	ualified person		<b>(b)</b> Desc	ription o	ftrans	action		Yes	No No
sect	er the amount of tax impostion 4958 er the amount of tax, if any					ng the y	∕ear under ►	\$ 		
Part II	Loans to and/or F			0, Part IV, line 26	, or Form	990-1	EZ, Part V ,	line 38a		
<b>(a)</b> Name	e of Interested person and purpose	<b>(b)</b> Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	<b>(e)</b> I r default		(f) Approve by board committe	or a	( <b>g)</b> Writte greement	
		To From			Yes	No	Yes	No	Yes	No
Total .					 	<b></b>	L			
(a	a) Name of interested pers	- 1	<b>b)</b> Relationship betw				nount of gr	ant or type	ofassist	ance
NA		N/A	Δ							19,269
Part IV	Business Transact Complete If the orga	nızatıon ans	wered "Yes" on Fo		/, line 2	8a, 28	b, or 28c		(e) Sh	aring of
(a)	Name of interested persor	bety pe	i) Relationship ween interested erson and the organization	(c) A mount of transaction	(d	<b>)</b> Desc	rıptıon of t	ransaction	organiz	zation's nues? <b>No</b>

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DLN: 93493040010121

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

Name of the organization RIPON COLLEGE

**Employer identification number** 

D۶	rt I Types of Property				39-0826049			
	Types of Floperty	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermi	nıng	
1	Art—Works of art	аррисавис		-9				
	Art—Historical treasures .							
	Art—Fractional Interests							
4	Books and publications							
	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	36	201,585	cost/selling price			
10	Securities—Closely held stock $ . $							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	FUNDRAISING							
25	Other►( <u>EVENT</u> )	X	17	2,796	COST/SELLING PR	ICE		
	ALUMNI &							
26	ADVANCEMENT Other ► (EVTS )	x	16	13.612	COST/SELLING PR	ICE		
20	STUDENT			15,612	0001/02221110111			
27	Other ► ( EVENTS )	X	2	981	COST/SELLING PR	ICE		
	RENT FOR							
28	Other ► ( BUILDINGS )	X	1	20,100	COMPARABLE PRO	PERT	Υ	
	legal	×	_	34.000	opinions of experts			
29	Other ► ( <u>services</u> ) Number of Forms 8283 received		anization during the tax ve		opinions of experts			
23	for which the organization compl		<del>-</del> .		29		Yes	0
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it		105	No
	must hold for at least three year							
	for exempt purposes for the entire			on, and which is not require		30a		No
b	If "Yes," describe the arrangeme					30a		
31	Does the organization have a gif	t acceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
322	Does the organization hire or use							
u	contributions?	a parti				22-	\ <sub>\ \ a</sub> =	
1-			·	· ·		32a	Yes	
д 33	If "Yes," describe in Part II  If the organization did not report	revenues	n column (c) for a type of m	roperty for which column (a	) is chacked			
<i>_</i>	describe in Part II	ieveilues I	in 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
USE OF THIRD PARTY TO SOLICIT, PROCESS, OR SELL NON-CASH CONTRIBUTIONS	SCHEDULE M, PART I, LINE 32B	RIPON COLLEGE USES M&I BROKERAGE TO RECEIVE STOCK SENT DTC AND TO SELL THAT STOCK M&I BROKERAGE HOLDS THE STOCK UNTIL RIPON AUTHORIZES THE SALE M&I BROKERAGE THEN SELLS THE STOCK AND SENDS A CONFIRMATION OF THE TRANSACTION BY MAIL THE PROCEEDS ARE SENT DIRECTLY TO THE COLLEGE'S BANK ACCOUNT AT M&I MARSHALL & ILLSLEY

Schedule M (Form 990) 2009

### OMB No 1545-0047

Open to Public 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 RIPON COLLEGE

**Employer identification number** 

39-0826049

ldentifier	Return Reference	Explanation
TRUSTEES' BUSINESS RELATIONSHIP WITH OTHER TRUSTEES	FORM 990, PART VI, SECTION A, LINE 2	three of ripon college's trustees, jim conelly, jim clark, and robert zimmerman all mutually possess a business relationship Robert J kirkland and ronald r peterson possess a business relationship robert j kirkland and thomas w abendroth possess a business relationship
Significant Changes to the Organization's Organizing Document and Rules	FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING ITEMS WERE AMENDED IN THE ORGANIZATIONAL DOCUMENTS DURING THE TAX YEAR -AMENDED POWERS OF THE CHAIR OF THE BOARD -GENERAL COMMITTEE FOR INFORMATIONAL SERVICES WAS DISSOLVED AND ALL REFERENCE TO SUCH COMMITTEE DELETED
MEMBERS, STOCKHOLDERS, OR OTHERS WHO MAY ELECT MEMBERS TO GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF TRUSTEES SHALL ELECT TO MEMBERSHIP ON THE BOARD SUCCESSORS TO THOSE MEMBERS WHOSE TERMS EXPIRE ON THAT DATE, WITH THE EXCEPTION OF THE ALUMNI TRUSTEE AND THE SPECIAL GRADUATE TRUSTEE ONE OF THE AFORESAID SUCCESSORS SHALL BE RECOMMENDED BY THE ALUMNI AND ONE BY THE STUDENT BODY, AS HEREINAFTER PROVIDED TRUSTEES SHALL BE ELECTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE TRUSTEES PRESENT AT THE MEETING
DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL	FORM 990, PART VI, SECTION A, LINE 7B	The action of the majority of the Trustees present at a meeting at which a quorum is present shall be the act of the Board of Trustees, unless the act of a greater proportion is required by the Wisconsin Nonstock Corporation Law, the Articles of Incorporation, or the organization's By-laws
Process the Organization Uses to Review Form 990	FORM 990, PART VI, SECTION b, LINE 11	The Form 990 is sent to each member of the Audit committee for their review. Ripon College calls a meeting of the audit committee to allow administrative staff to present highlights of the report and answer questions. Any necessary changes or corrections are made and a final Form 990 is sent to all members prior to filing of the return with the Internal Revenue Service.
MONITORING AND ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	All employees and trustees are required to complete a conflict of interest form yearly. A summary of all forms distributed, returned, and the number with disclosures is completed. All forms with disclosures are reviewed by the president and Vice President for Finance. Those with disclosures are categorized as "not a conflict", a potential conflict but immaterial to the college, and those that require further action. If any are deemed to require further action, then those are reviewed by the Chair of the Audit Committee. If action is necessary, proper actions are taken by the college to ensure that any detrimental impact to the college is minimized or negated.
PROCESS FOR DETERMINING COMPENSATION of top management official	FORM 990, PART VI, SECTION B, LINE 15A & 15B	The Executive Committee, subject to the approval of the Board, is responsible for determining the salary level for the President. The Executive Committee, upon the recommendation of the President, is also responsible for determination of salary level for the Assistant Treasurer and Vice President for Finance. Both the President and the Assistant Treasurer and Vice President for Finance receive the annual across the board increase/decrease that the board approves and awards to all employees. The Executive Committee considers adjustments in the compensation of the President and the Assistant Treasurer and Vice President for Finance on an annual basis. Any special increase/decrease for either position is communicated by letter. Review's of comparable positions at peer institutions are conducted for reasonableness.
Organization's Policy Regarding Making Certain Documents Public	FORM 990, PART VI, SECTION C, LINE 19	The organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request

Identifier	Return Reference	Explanation
GOVERNMENTAL AID OR ASSISTANCE	SCHEDULE E, LINE 6A	RIPON COLLEGE RECEIVES FEDERAL FUNDS INCLUDING ALL TITLE IV A ID PROGRAMS RIPON COLLEGE RECEIVES WISCONSIN FUNDS INCLUDING WTG, TIP WI MINORITY GRANTS, A CADEMIC EXCELLENCE, ROBERT BYRD, AND WI HANDICAP

COMPENSATION OF GAMING MANAGER SCHEDULE G, PART III, LINE 16 THE GAMING MANAGER IS AN EMPLOYEE OF RIPON COLLEGE THE EMPLOYEE DOES NOT RECEIVE ANY ADDITIONAL COMPENSATION RELATING TO HIS DUTIES AS THE GAMING MANAGER For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009