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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: **RIPON HISTORICAL SOCIETY**

D Employer identification number: **39-1034964**

Doing Business As: _____

Number and street (or P O box if mail is not delivered to street address): **PO BOX 274** Room/suite: _____

E Telephone number: **920-748-4706**

City or town, state or country, and ZIP + 4: **RIPON WI 54971-0274**

G Gross receipts: **126,760**

F Name and address of principal officer: **ROBERTA WALKER, 508 WATSON ST, RIPON WI 54971**

H(a) Is this a group return for affiliate? Yes No

H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3), 501(c) () (insert no), 4947(a)(1) or 527

J Website: **WWW.RIPONHISTORY.COM**

H(c) Group exemption number: _____

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: **1899** **M** State of legal domicile: **WI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Preservation of historic records for the City of Ripon, Wisconsin and surrounding area.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4		
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	10	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)		1,388
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,345	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,462	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,195	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	17	Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24f)		22,763	
Net Assets or Fund Balances	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		22,763	
	19	Revenue less expenses Subtract line 18 from line 12		10,432	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	616,363	675,617	
	22	Net assets or fund balances Subtract line 21 from line 20	0	0	
		616,363	675,617		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Roberta Walker* Date: **9.8.11**

ROBERTA WALKER **TREASURER**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **GARY G. BORN, CPA** Preparer's signature: *Gary Born* Date: **08/15/11** Check if self-employed PTIN: **P00543115**

Firm's name: **HUBERTY & ASSOCIATES, S.C.** Firm's EIN: **39-1392227**

Firm's address: **201 E Fond du Lac St, PO Box 272, Ripon, WI 54971** Phone no: **920-748-7741**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

SCANNED OCT 18 2011

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

Preservation of historic records for the City of Ripon, Wisconsin and surrounding area.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ **16,645** including grants of \$) (Revenue \$)

Collection, preservation and display of historical records, materials, articles and relics which illustrate the history of the City of Ripon, Wisconsin.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **16,645**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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 (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV . Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Yes No

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="0"/>		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text"/>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="text"/>		
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. <input type="text" value="0"/>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O <input type="text"/>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <input type="text" value=""/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <input type="text"/>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="text"/>		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="text"/>		
d	If "Yes," indicate the number of Forms 8282 filed during the year. <input type="text" value=""/>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text" value=""/>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text" value=""/>		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders. <input type="text" value=""/>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <input type="text" value=""/>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <input type="text" value=""/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <input type="text" value=""/>		
c	Enter the amount of reserves on hand. <input type="text" value=""/>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <input type="text"/>		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ROBERTA WALKER**
PO BOX 274

RIPON

WI 54971

920-748-4706

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) See attached listing	2.00							0	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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 individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement 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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b	455				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	933				
	g Noncash contributions included in lines 1a-f						
	h Total. Add lines 1a-1f			1,388			
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,169	12,169			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less rental exps					
		c Rental inc or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			111,741				
		b Less cost or other basis & sales exps		93,565			
		c Gain or (loss)		18,176			
	d Net gain or (loss)			18,176	18,176		
	8a Gross income from fundraising events (not including contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a Sales			1,462	1,462			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,462				
12 Total revenue. See instructions			33,195	31,807	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	423		423	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,277	492	785	
14 Information technology				
15 Royalties				
16 Occupancy	15,846	14,336	1,510	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Investment expense	3,400		3,400	
b Computer expense	969	969		
c Donations	421	421		
d Program display	263	263		
e Miscellaneous Expense	164	164		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	22,763	16,645	6,118	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	5,895	1	4,134
	2 Savings and temporary cash investments	51,737	2	51,737
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	558,731	11	619,746
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	616,363	16	675,617	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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 persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	616,363	27	675,617
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	616,363	33	675,617	
34 Total liabilities and net assets/fund balances	616,363	34	675,617	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,195
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,763
3	Revenue less expenses Subtract line 2 from line 1	3	10,432
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	616,363
5	Other changes in net assets or fund balances (explain in Schedule O)	5	48,822
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	675,617

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 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
- 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 separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and 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?
- 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

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

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

Name of the organization

RIPON HISTORICAL SOCIETY

Employer identification number

39-1034964

Part I 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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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.
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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. See section 509(a)(4).
- 11 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.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e 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).
- f 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.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	68,703	40,532	3,926	2,076	1,388	116,625
2 Tax revenues levied for the 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	68,703	40,532	3,926	2,076	1,388	116,625
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)						78,033
6 Public support. Subtract line 5 from line 4						38,592

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	68,703	40,532	3,926	2,076	1,388	116,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,605	19,541	17,396	23,402	30,345	105,289
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						221,914
12 Gross receipts from related activities, etc (see instructions)					12	13,631
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	17.39%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	23.07%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 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						
3 Gross receipts from activities that 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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

Part II, Line 10 - Other Income Detail

Other income \$ 0

Part II, Line 17a - 10% Facts and Circumstance Test - 2010

THE ORGANIZATION CONTINUALLY SOLICITS CONTRIBUTIONS FROM THE COMMUNITY TO FUND THE OPERATIONS OF THE HISTORICAL SOCIETY AND THE BUILDING THAT HOLDS THE ARTICLES AND OTHER RELICS OF THE CITY OF RIPON. THE SOCIETY PUTS OUT A NEWSLETTER DESCRIBING ITS ACTIVITIES TO MAKE THE PUBLIC AWARE OF ITS NEEDS.

THE SOCIETY ALSO HAS A WEBSITE TO PROVIDE INFORMATION TO THE PUBLIC REGARDING ITS MISSION AND ACTIVITIES.

THE SOCIETY GETS SOME OF ITS SUPPORT FROM LEGACIES WHICH REQUIRES SOMEONE TO DIE TO RECEIVE THEIR INTEREST OF THE LEGACY. ALSO, THE ECONOMY IS VERY POOR AND SUPPORT IS LIMITED THIS PAST YEAR.

THE GOVERNING BOARD REPRESENTS THE BROAD INTERESTS OF THE PUBLIC AND MAKES THE ARTICLES AND OTHER HISTORIC ITEMS AVAILABLE FOR PUBLIC VIEWING AND RESEARCH.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

◆ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection**RIPON HISTORICAL SOCIETY**

Employer identification number

39-1034964

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
 THE FORM 990 IS DISTRIBUTED TO THE BOARD MEMBERS FOR REVIEW BEFORE THE
 OFFICER SIGNS AND SUBMITS THE RETURN.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
 A REQUEST BY THE INQUIRING PERSON IS NEEDED AND THE APPROPRIATE BOARD
 MEMBER WILL SUPPLY THE REQUESTED INFORMATION WITHIN A REASONABLE TIME.


RIPON HISTORICAL SOCIETY
Account Number:
Statement Period:
01/01/10 - 12/31/10
Purchase Activity

	Date	Cash
Recd 8,282 Shs As A Reinvested Div At \$ 11.660 Per Sh	12/01/10	-96.57
Recd 70,738 Shs As A Reinvested Capital Gains Distribution	12/09/10	-737.80
Recd 127,278 Shs As A Reinvested Capital Gains Distribution	12/09/10	-1,327.51

Cash & Equivalents

Marshall Prime Money Market Cl Y Purchases (14) 01/01/10 To 12/31/10	12/31/10	-11,955.87
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Total Purchases
\$ -105,757.48
Sale Activity

	Date	Proceeds	Realized Gain/Loss
Common Stocks			
Credit Suisse Commodity Return Strategy Fund - Co #2156 Sold 5.818 Shs 06/29/10 @ 7.68	06/30/10	44.68	-6.81
Sold 28.465 Shs 09/10/10 @ 8.39	09/13/10	238.82	-13.10
Davis N Y Venture Fd Inc Cl Y Sold 18.637 Shs 03/23/10 @ 32.62	03/24/10	607.95	131.28
Sold 10,027 Shs 06/29/10 @ 29.26	06/30/10	293.38	36.92
Sold 46.552 Shs 09/10/10 @ 30.76	09/13/10	1,431.93	241.29
Dodge & Cox International Stock Fd Sold 6.741 Shs 06/29/10 @ 28.6	06/30/10	192.80	-52.19
Fidelity Advisor New Insights Fund Class I Short Term Capital Gains Dist of \$.030 Per Sh on 1,045 Sh Sold 14.786 Shs 03/23/10 @ 18.01	02/08/10	31.36	31.36
Sold 8.529 Shs 06/29/10 @ 16.63	03/24/10	266.29	70.39
Short Term Capital Gains Dist of \$.052 Per Sh on 1,216 Sh	06/30/10	141.83	28.82
Short Term Capital Gains Dist of \$.003 Per Sh on 1,219 Sh	12/13/10	63.27	63.27
	12/31/10	3.66	3.66


RIPON HISTORICAL SOCIETY
Account Number:
Statement Period:
01329504-7
01/01/10 - 12/31/10
Sale Activity

	Date	Proceeds	Realized Gain/Loss
Harbor Fd Intl Fd Inst #2011 Sold 4,043 Shs 06/29/10 @ 48.7	06/30/10	196.89	61.05
Harbor Fd Cap Appreciation Fd Inst Sold 4,340 Shs 03/23/10 @ 33.9	03/24/10	147.12	53.07
Sold 6,404 Shs 06/29/10 @ 29.79	06/30/10	190.78	52.01
Sold 83,574 Shs 09/10/10 @ 31.65	09/13/10	2,645.11	834.06
Marshall Emerging Markets Equity Fund Class Y #752 Sold 4,118 Shs 06/29/10 @ 14.96	06/30/10	61.61	15.28
Sold 26,261 Shs 09/10/10 @ 16.95	09/13/10	445.12	149.68
Long Term Capital Gains Dist of \$.491 Per Sh on 466 Sh	12/09/10	229.07	229.07
Short Term Capital Gains Dist of \$.363 Per Sh on 466 Sh	12/09/10	169.37	169.37
Marshall Large Cap Growth CI Y #206 Sold 58,937 Shs 03/23/10 @ 11.4	03/24/10	671.88	-116.09
Sold 22,030 Shs 06/29/10 @ 9.86	06/30/10	217.21	-72.03
Marshall Small Cap Growth Fd #612 Sold 136,399 Shs 03/23/10 @ 15.98	03/24/10	2,179.66	284.58
Sold 7,990 Shs 06/29/10 @ 14.24	06/30/10	113.77	2.76
Marshall Intl Stock Fund CI Y #394 Sold 13,660 Shs 06/29/10 @ 8.06	06/30/10	110.10	17.76
Sold 51,220 Shs 09/10/10 @ 8.9	09/13/10	455.86	109.61
Marshall Mid Cap Value Fd CI Y #262 Sold 125,487 Shs 03/23/10 @ 11.49	03/24/10	1,441.85	587.28
Sold 18,912 Shs 06/29/10 @ 10.21	06/30/10	193.09	64.30
Sold 37,056 Shs 09/10/10 @ 10.95	09/13/10	405.76	153.41
Marshall Mid Cap Growth Fd CI Y #261 Sold 173,017 Shs 03/23/10 @ 16	03/24/10	2,768.29	-469.96


RIPON HISTORICAL SOCIETY
Account Number:
Statement Period:
64-3399-01-7
01/01/10 - 12/31/10
Sale Activity

	Date	Proceeds	Realized Gain/Loss
Sold 13.960 Shs 06/29/10 @ 14.12	06/30/10	197.12	-57.62
Marshall Large Cap Value Fd Y #260 Sold 68.437 Shs 03/23/10 @ 10.77	03/24/10	737.07	170.41
Sold 28.405 Shs 06/29/10 @ 9.35	06/30/10	265.59	30.41
Vanguard 500 Index Fund - Sign #1340 Sold 6.701 Shs 03/23/10 @ 89.71	03/24/10	601.16	188.24
Sold 4.200 Shs 06/29/10 @ 79.19	06/30/10	332.56	73.76
Sold 46.326 Shs 09/10/10 @ 84.75	09/13/10	3,926.14	1,071.53
Westcore Small-Cap Value Fund Sold 110.647 Shs 03/23/10 @ 10.68	03/24/10	1,181.71	449.23
Sold 9.056 Shs 06/29/10 @ 9.82	06/30/10	88.93	28.98
Westport Select Cap Fund Inst Sold 46.737 Shs 03/23/10 @ 23.96	03/24/10	1,119.82	457.09
Sold 2.613 Shs 06/29/10 @ 21.17	06/30/10	55.31	18.26
Sold 70.188 Shs 09/10/10 @ 21 03	09/13/10	1,476.05	480.78
Fixed Income			
Federated Institutional High Yield Bond Fund - Ins #900 Sold 11.769 Shs 06/29/10 @ 9.52	06/30/10	112.04	-3.24
Long Term Capital Gains Dist of \$.018 Per Sh on 1,531 Sh	12/07/10	29.04	29.04
Short Term Capital Gains Dist of \$.060 Per Sh on 1,531 Sh	12/07/10	92.37	92.37
Fidelity Advisor Floating Rate High Income Fund Class I #279 Sold 6.331 Shs 06/29/10 @ 9.39	06/30/10	59.45	-1.34
Sold 24.208 Shs 09/10/10 @ 9.57	09/13/10	231.67	



RIPON HISTORICAL SOCIETY

Account Number:
Statement Period:

64-3399-01-7
01/01/10 - 12/31/10

Sale Activity			
	Date	Proceeds	Realized Gain/Loss
Fidelity Advisor Strategic Real Return Fund CI-I #1490			
Sold 16.268 Shs 06/29/10 @ 8.54	06/30/10	138.93	22.71
Sold 166.865 Shs 09/10/10 @ 8.97	09/13/10	1,496.78	304.68
Marshall Core Plus Bond Fund Class Y #756			
Sold 111.993 Shs 03/23/10 @ 11.04	03/24/10	1,236.40	10.14
Sold 13 100 Shs 06/29/10 @ 11.15	06/30/10	146.06	12.57
Sold 108.387 Shs 09/10/10 @ 11.37	09/13/10	1,232.36	127.36
Long Term Capital Gains Dist of \$.132 Per Sh on 1,550 Sh	12/09/10	205.62	205.62
Short Term Capital Gains Dist of \$.097 Per Sh on 1,550 Sh	12/09/10	150.57	150.57
Marshall Government Income CI Y #207			
Sold 1030.916 Shs 03/23/10 @ 9.79	03/24/10	10,092.67	802.80
Sold 20.840 Shs 06/29/10 @ 10	06/30/10	208.40	20.60
Sold 1346.393 Shs 09/10/10 @ 10.03	09/13/10	13,504.32	1,371.60
Short Term Capital Gains Dist of \$.300 Per Sh on 1,234 Sh	12/09/10	371.13	371.13
Marshall Aggregate Bond Fd CI Y #989			
Sold 45.962 Shs 06/29/10 @ 10.92	06/30/10	501.91	96.52
Long Term Capital Gains Dist of \$.008 Per Sh on 6,495 Sh	12/09/10	54.56	54.56
Short Term Capital Gains Dist of \$.391 Per Sh on 6,495 Sh	12/09/10	2,539.82	2,539.82
PIMCO Fds Total Return Fd Inst #35			
Sold 18.504 Shs 06/29/10 @ 11.26	06/30/10	208.35	3.14
Long Term Capital Gains Dist of \$.169 Per Sh on 2,825 Sh	12/09/10	478.00	478.00
Short Term Capital Gains Dist of \$.370 Per Sh on 2,825 Sh	12/09/10	1,045.39	1,045.39
PIMCO Investment Grade Corp Bd Fd I #56			
Sold 16.305 Shs 06/29/10 @ 11.22	06/30/10	182.94	26.46
Sold 159.891 Shs 09/10/10 @ 11.6	09/13/10	1,854.74	318.19


RIPON HISTORICAL SOCIETY
Account Number:
Statement Period:
64-3399-01-7
01/01/10 - 12/31/10
Sale Activity

	Date	Proceeds	Realized Gain/Loss
Long Term Capital Gains Dist of \$.385 Per Sh on 1,915 Sh	12/09/10	737.80	737.80
Short Term Capital Gains Dist of \$.693 Per Sh on 1,915 Sh	12/09/10	1,327.51	1,327.51
Vanguard Total Bond Market Index Fund - Sig #1351			
Sold 2042.737 Shs 03/23/10 @ 10.48	03/24/10	21,407.88	1,476.11
Sold 13.657 Shs 06/29/10 @ 10.71	06/30/10	146.27	13.01
Sold 914.684 Shs 09/10/10 @ 10.78	09/13/10	9,860.29	935.37
Long Term Capital Gains Dist of \$.031 Per Sh on 781 Sh	12/27/10	24.23	24.23
Short Term Capital Gains Dist of \$.016 Per Sh on 781 Sh	12/27/10	12.51	12.51
Cash & Equivalents			
Marshall Prime Money Market Cl Y Sales (25) 01/01/10 To 12/31/10	12/31/10	16,110.54	
Total Sales		\$ 111,740.52	\$ 18,176.40

FM

UPDATED PROSPECTUSES FOR THE UNDERLYING MUTUAL FUNDS ARE AVAILABLE BY VISITING OUR WEBSITE AT WWW.MIMAAP.COM/SUBSECTIONS.CFM?PAGENAME=MARSHALLFUNDSMAAPPROSPECTUSES, OR BY CALLING 1-800-282-3220 TO REQUEST A COPY
 *** YOUR ACCOUNT MAY BE INVESTED IN SHARES OF MARSHALL FUNDS, INC. OR OTHER MUTUAL FUNDS FOR WHICH MARSHALL & ILSLEY TRUST COMPANY N A AND/OR ITS AFFILIATES PROVIDE INVESTMENT ADVISORY, CUSTODIAL, SHAREHOLDER SERVICING AND/OR SIMILAR ADMINISTRATIVE SERVICES FOR FEES THAT MAY BE BASED ON A PERCENTAGE OF ASSETS, OR OTHER REASONABLE COMPENSATION. ***

Ripon Historical Society Board.

Todd Berens
W12281 Olden Road
Ripon, WI 54971
748-6279

Jeff Bumby
203 Watertown
Ripon, WI 54971
748 6598

Lara Grant
114 Tygert St.
Ripon, WI 54970
748-7050

Norman and Susan Loomer
614 S. Grove
Ripon, WI 54971
748-6002

Nedra Martz
618 Sunset Circle
Ripon, WI 54971
748-2269

Andrew Prellwitz
859-221-2255

Ralph Quinney
N7925 Doty Dr.
Ripon, WI 54971
748-6313

Todd Rathkamp
225 ½ Watson

Joyce Rudolph
778 Hillside Terrace
Ripon, WI 54971
748-6834

Grant Stanfield
533 Watson
Ripon, WI 54971
748-2572

John Steinbring
610 Liberty Street
Ripon, WI 54971
745-293

Craig Tebon
567 Watson St.
Ripon, WI 54971
748-4193

Roberta Walker
W441 Brooklyn J
Ripon, WI 54971
748-8224

Gary Wetzel
N8382 Arcade Glen Rd.
Ripon, WI 54971
748-3280

William J. Woolley
611 Hillside Terrace
Ripon, WI 54971
748-2260

Form **8868**
(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/file and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization RIPON HISTORICAL SOCIETY	Employer identification number 39-1034964
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions PO BOX 274	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RIPON WI 54971-0274	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Roberta Walker
508 Watson St.

WI 54971

- The books are in the care of ▶ **Ripon** Telephone No ▶ **920-748-4706** FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Form **8868**
(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions	Name of exempt organization RIPON HISTORICAL SOCIETY	Employer identification number 39-1034964
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 274	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RIPON WI 54971-0274	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ROBERTA WALKER
PO BOX 274

WI 54971

- The books are in the care of **RIPON** Telephone No ▶ **920-748-4706** FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach

a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2010** or
▶ tax year beginning _____, and ending _____

2 If this tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization RIPON HISTORICAL SOCIETY	Employer identification number 39-1034964
	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 274	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RIPON WI 54971-0274	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ROBERTA WALKER
PO BOX 274

• The books are in the care of **RIPON** WI 54971
Telephone No. **920-748-4706** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/11**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

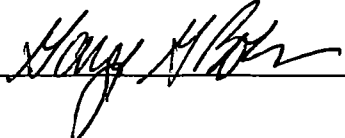
7 State in detail why you need the extension

See Statement 1

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature 

Title **Certified Public Acct**

Date **08/15/11**