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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ♦ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
 Open to Public Inspection

A For the 2011 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

E Telephone number
920-748-4706

G Gross receipts **235,073**

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**

K Form of organization: Corporation Trust Association Other

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

SCANNED SEP 17 2012

Part I Summary		Prior Year	Current Year
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	4
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
8 Contributions and grants (Part VIII, line 1h)		1,388	11,675
9 Program service revenue (Part VIII, line 2g)		0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,345	49,363
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 10b, and 11e)		1,462	4,379
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,195	65,417
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ♦			0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,763	35,851
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		22,763	35,851
19 Revenue less expenses Subtract line 18 from line 12		10,432	29,566
20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
		675,617	651,153
21 Total liabilities (Part X, line 26)		0	0
22 Net assets or fund balances Subtract line 21 from line 20		675,617	651,153

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*
ROBERTA WALKER
 Type or print name and title
TREASURER
 Date: **8.13.12**

Paid Preparer Use Only
 Print/Type preparer's name: **GARY G. BORN, CPA**
 Preparer's signature: *Gary G. Born*
 Date: **08/09/12**
 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**

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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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ **28,946** 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 **28,946**

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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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 hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X
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	

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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 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. 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
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.		

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?	<input checked="" type="checkbox"/>	
8b	b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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? a The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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	1.00							0	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
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**

	Yes	No
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		X
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		X
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		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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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	415				
	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	11,260				
	g Noncash contributions included in lines 1a-f						
	h Total. Add lines 1a-1f		11,675				
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)		12,878	12,878			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				206,141			
	b Less cost or other basis & sales expenses			169,656			
	c Gain or (loss)			36,485			
	d Net gain or (loss)			36,485	36,485		
	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			4,379	4,379			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			4,379				
12 Total revenue. See instructions			65,417	53,742	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).

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

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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	780		780	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,188	515	673	
14 Information technology				
15 Royalties				
16 Occupancy	24,679	22,971	1,708	
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Investment expense	3,744		3,744	
b Program display	3,033	3,033		
c Computer expense	1,199	1,199		
d Miscellaneous Expense	904	904		
e All other expenses	324	324		
25 Total functional expenses. Add lines 1 through 24e	35,851	28,946	6,905	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check the following SOP 98-2 (ASC 958-720) <input type="checkbox"/>				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	4,134	1	1,522
	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	619,746	11	597,894
	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)	675,617	16	651,153	
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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0	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	675,617	27	651,153
	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	675,617	33	651,153	
34 Total liabilities and net assets/fund balances	675,617	34	651,153	

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	65,417
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,851
3	Revenue less expenses Subtract line 2 from line 1	3	29,566
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	675,617
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-54,030
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	651,153

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

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 documents?		(v) Did you notify the organization 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) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	40,532	3,926	2,076	1,388	11,675	59,597
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	40,532	3,926	2,076	1,388	11,675	59,597
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)						36,553
6 Public support. Subtract line 5 from line 4						23,044

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	40,532	3,926	2,076	1,388	11,675	59,597
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,541	17,396	23,402	30,345	49,363	140,047
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						199,644
12 Gross receipts from related activities, etc (see instructions)					12	17,257
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 2011 (line 6, column (f) divided by line 11, column (f))	14	11.54%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	17.39%
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. 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—2010. 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 17a - 10% Facts and Circumstance Test - 2011

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.

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 HAS REMAINED WEAK AND SUPPORT HAS BEEN LIMITED THIS YEAR OTHER THAN RECEIPT OF A LEGACY.

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

President- John(Jeff) Bumby

Vice President- N/A

Secretary- Sue Loomer

Treasurer- Roberta Walker

News Letter Editor- Betsy Stanfield

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

◆ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

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:

64-3399-01
01/01/11 - 12/31/11

Purchase Activity

	Date	Cash
Recd 10.515 Shs As A Reinvested Div of \$ 8.720 Per Sh	04/01/11	-91.69
Recd 11.352 Shs As A Reinvested Div of \$ 8.900 Per Sh	05/02/11	-101.03
Purchased 261.039 Shs 05/16/11 @ 8.9	05/17/11	-2,323.25
Recd 13.126 Shs As A Reinvested Div of \$ 8.890 Per Sh	06/01/11	-116.69
Recd 13.241 Shs As A Reinvested Div of \$ 8.870 Per Sh	07/01/11	-117.45
Recd 12.019 Shs As A Reinvested Div of \$ 8.980 Per Sh	08/01/11	-107.93
Purchased 372.516 Shs 08/24/11 @ 8.66	08/25/11	-3,225.99
Recd 13.309 Shs As A Reinvested Div of \$ 8.710 Per Sh	09/01/11	-115.92
Purchased 34.803 Shs 09/22/11 @ 8.23	09/23/11	-286.43
Recd 12.600 Shs As A Reinvested Div of \$ 7.900 Per Sh	10/03/11	-99.54
Recd 11.995 Shs As A Reinvested Div of \$ 8.340 Per Sh	11/08/11	-100.04
Recd 12.229 Shs As A Reinvested Div of \$ 8.220 Per Sh	12/02/11	-100.52

Cash & Equivalents

Marshall Prime Money Market Cl Y Purchases (9) 01/01/11 To 12/31/11	12/31/11	-36,865.58
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Total Purchases **\$ -201,833.74**

Sale Activity

	Date	Proceeds	Realized Gain/Los
Common Stocks			
Credit Suisse Commodity Return Strategy Fund - Co #2156			
Sold 56.843 Shs 01/24/11 @ 9.3	01/25/11	528.64	26.5
Sold 69.708 Shs 08/24/11 @ 9.22	08/25/11	642.71	30.3
Sold 9.224 Shs 12/01/11 @ 8.49	12/02/11	78.31	-2.1
Long Term Capital Gains Dist of \$.012 Per Sh on 622 Sh	12/19/11	7.62	7.6
Davis N Y Venture Fd Inc Cl Y			
Sold 244.073 Shs 01/24/11 @ 35.38	01/25/11	8,635.30	2,379.9



RIPON HISTORICAL SOCIETY

**Account Number:
Statement Period:**

**64-3399-01-7
01/01/11 - 12/31/11**

Sale Activity

	Date	Proceeds	Realized Gain/Loss
Sold 72.865 Shs 05/16/11 @ 36.27	05/17/11	2,642.82	775.37
Sold 12.900 Shs 12/01/11 @ 32.96	12/02/11	425.20	91.05
Dodge & Cox International Stock Fd #1048			
Sold 59.820 Shs 05/16/11 @ 37.07	05/17/11	2,217.53	98.45
Sold 70.165 Shs 08/24/11 @ 31.28	08/25/11	2,194.76	-290.78
Sold 10.563 Shs 12/01/11 @ 30.61	12/02/11	323.32	-49.70
Fidelity Advisor New Insights Fund Class I #1281			
Short Term Capital Gains Dist of \$.035 Per Sh on 1,617 Sh	02/14/11	56.62	56.62
Sold 139.782 Shs 05/16/11 @ 20.78	05/17/11	2,904.68	1,050.42
Sold 51.306 Shs 08/24/11 @ 19.2	08/25/11	985.08	304.49
Sold 21.117 Shs 12/01/11 @ 20.23	12/02/11	427.20	91.41
Harbor Fd Intl Fd Inst #2011			
Sold 43.979 Shs 05/16/11 @ 63.66	05/17/11	2,799.70	1,268.16
Sold 51.134 Shs 08/24/11 @ 55.37	08/25/11	2,831.29	1,050.59
Sold 5.961 Shs 12/01/11 @ 54.69	12/02/11	326.03	112.28
Harbor Fd Cap Appreciation Fd Inst #2012			
Sold 94.031 Shs 05/16/11 @ 39.03	05/17/11	3,670.03	1,611.51
Sold 12.211 Shs 08/24/11 @ 35.62	08/25/11	434.96	167.64
Sold 11.423 Shs 12/01/11 @ 37.83	12/02/11	432.13	134.74
Marshall Small Cap Value CI Y #1037			
Sold 108.452 Shs 05/16/11 @ 10.05	05/17/11	1,089.94	15.18
Sold 49.934 Shs 08/24/11 @ 8.86	08/25/11	442.42	-52.43
Sold 19.859 Shs 12/01/11 @ 9.2	12/02/11	182.70	-13.60
Marshall Large Cap Focus Fund Class Y #1034			
Sold 85.617 Shs 05/16/11 @ 12.35	05/17/11	1,057.37	-3.42



RIPON HISTORICAL SOCIETY

Account Number:
Statement Period:

64-3399-01
01/01/11 - 12/31/11

Sale Activity

	Date	Proceeds	Realized Gain/Loss
Sold 19.059 Shs 12/01/11 @ 11.32	12/02/11	215.75	8.8
Short Term Capital Gains Dist of \$.066 Per Sh on 1,287 Sh	12/08/11	85.59	85.5
Marshall Emerging Markets Equity Fund Class Y #752			
Sold 16.667 Shs 05/16/11 @ 17.29	05/17/11	288.18	78.9
Sold 151.888 Shs 08/24/11 @ 14.95	08/25/11	2,270.73	363.5
Sold 5.013 Shs 12/01/11 @ 14.53	12/02/11	72.84	6.7
Long Term Capital Gains Dist of \$.900 Per Sh on 340 Sh	12/08/11	306.19	306.1
Short Term Capital Gains Dist of \$.018 Per Sh on 340 Sh	12/08/11	6.33	6.3
Marshall Large Cap Growth CI Y #206			
Sold 98.315 Shs 01/24/11 @ 12.77	01/25/11	1,255.48	-27.2
Sold 236.976 Shs 05/16/11 @ 13.12	05/17/11	3,109.12	17.3
Sold 35.831 Shs 12/01/11 @ 12.45	12/02/11	446.10	-16.6
Marshall Small Cap Growth Fd #612			
Sold 92.077 Shs 05/16/11 @ 20.01	05/17/11	1,842.47	563.7
Sold 78.275 Shs 08/24/11 @ 16.36	08/25/11	1,280.58	193.5
Sold 11.978 Shs 12/01/11 @ 18.24	12/02/11	218.47	50.3
Long Term Capital Gains Dist of \$ 1.105 Per Sh on 802 Sh	12/08/11	886.39	886.3
Marshall Intl Stock Fund CI Y #394			
Sold 116.680 Shs 05/16/11 @ 10.25	05/17/11	1,195.97	386.0
Sold 22.929 Shs 12/01/11 @ 8.71	12/02/11	199.71	37.6
Sold 1581.353 Shs 12/29/11 @ 7.8207	12/30/11	12,367.29	1,145.7
Marshall Mid Cap Value Fd CI Y #262			
Sold 172.798 Shs 01/24/11 @ 13	01/25/11	2,246.37	1,065.3
Sold 191.235 Shs 05/16/11 @ 13.46	05/17/11	2,574.02	1,266.9
Sold 57.118 Shs 08/24/11 @ 11.4	08/25/11	651.15	260.7
Sold 26.939 Shs 12/01/11 @ 11.93	12/02/11	321.38	134.9



RIPON HISTORICAL SOCIETY

**Account Number:
Statement Period:**

**64-3399-01-
01/01/11 - 12/31/11**

Sale Activity

	Date	Proceeds	Realized Gain/Loss
Marshall Mid Cap Growth Fd CI Y #261			
Sold 40.470 Shs 01/24/11 @ 19.01	01/25/11	769.33	44.17
Sold 197.385 Shs 05/16/11 @ 20.2	05/17/11	3,987.18	450.36
Sold 21.394 Shs 12/01/11 @ 18.57	12/02/11	397.28	14.98
Marshall Large Cap Value Fd Y #260			
Sold 1226.160 Shs 01/24/11 @ 11.35	01/25/11	13,916.92	3,754.10
Sold 215.345 Shs 05/16/11 @ 11.72	05/17/11	2,523.84	737.16
Sold 35.013 Shs 12/01/11 @ 10.83	12/02/11	379.19	78.25
Vanguard Equity Income Fd #65			
Sold 10.125 Shs 12/01/11 @ 21.35	12/02/11	216.17	12.70
Vanguard 500 Index Fund - Sign #1340			
Sold 4.347 Shs 01/24/11 @ 98.29	01/25/11	427.27	156.97
Sold 43.030 Shs 05/16/11 @ 101.38	05/17/11	4,362.35	1,681.15
Sold 6.300 Shs 12/01/11 @ 95.07	12/02/11	598.93	198.47
Wells Fargo Advantage Emerging Markets Equity Fund Class I #4146			
Sold 10.430 Shs 05/16/11 @ 23.79	05/17/11	248.13	1.15
Sold 3.417 Shs 12/01/11 @ 21.51	12/02/11	73.50	1.57
Long Term Capital Gains Dist of \$.222 Per Sh on 232 Sh	12/12/11	51.64	51.64
Westcore Small-Cap Value Fund			
Sold 2.821 Shs 01/24/11 @ 11.91	01/25/11	33.60	14.81
Sold 1218.332 Shs 03/07/11 @ 12.36	03/08/11	15,058.58	6,440.44
Westport Select Cap Fund Inst			
Sold 82.640 Shs 01/24/11 @ 25.94	01/25/11	2,143.68	897.22
Sold 52.800 Shs 05/16/11 @ 28.31	05/17/11	1,494.78	698.40
Sold 1.685 Shs 12/01/11 @ 25.19	12/02/11	42.45	16.04



RIPON HISTORICAL SOCIETY

Account Number:
Statement Period:

64-3399-01
01/01/11 - 12/31/11

Sale Activity

Fixed Income

	Date	Proceeds	Realized Gain/Los
Federated Institutional High Yield Bond Fund - Ins #900			
Sold 55.253 Shs 01/24/11 @ 10.02	01/25/11	553.64	43.8
Sold 340.709 Shs 08/24/11 @ 9.46	08/25/11	3,223.11	55.4
Sold 22.223 Shs 12/01/11 @ 9.52	12/02/11	211.56	0.2
Long Term Capital Gains Dist of \$.086 Per Sh on 1,516 Sh	12/06/11	130.44	130.4
Short Term Capital Gains Dist of \$.016 Per Sh on 1,516 Sh	12/06/11	25.61	25.6
Fidelity Advisor Floating Rate High Income Fund Class I #279			
Sold 1840.195 Shs 08/24/11 @ 9.32	08/25/11	17,150.62	-790.1
Sold 3.704 Shs 09/22/11 @ 9.48	09/23/11	35.11	0.1
Sold .007 Shs 11/29/11 @ 9.6	11/30/11	0.07	
Fidelity Advisor Strategic Real Return Fund CI-I #1490			
Sold 158.476 Shs 08/24/11 @ 9.57	08/25/11	1,516.62	329.9
Sold 26.182 Shs 12/01/11 @ 9.5	12/02/11	248.73	49.0
Short Term Capital Gains Dist of \$.226 Per Sh on 1,764 Sh	12/19/11	398.74	398.7
Marshall Core Plus Bond Fund Class Y #756			
Sold .536 Shs 01/24/11 @ 11.09	01/25/11	5.94	0.4
Sold 29.338 Shs 12/01/11 @ 11.26	12/02/11	330.35	19.6
Long Term Capital Gains Dist of \$.053 Per Sh on 1,986 Sh	12/08/11	107.06	107.0
Short Term Capital Gains Dist of \$.030 Per Sh on 1,986 Sh	12/08/11	60.78	60.7
Marshall Government Income CI Y #207			
Sold 708.424 Shs 01/24/11 @ 9.73	01/25/11	6,892.97	509.1
Sold 43.381 Shs 08/24/11 @ 10.02	08/25/11	434.68	43.7
Sold 9.097 Shs 12/01/11 @ 9.98	12/02/11	90.79	7.0
Long Term Capital Gains Dist of \$.229 Per Sh on 613 Sh	12/08/11	140.54	140.5



RIPON HISTORICAL SOCIETY

**Account Number:
Statement Period:**

**64-3399-01-7
01/01/11 - 12/31/11**

Sale Activity			
	Date	Proceeds	Realized Gain/Loss
Short Term Capital Gains Dist of \$.174 Per Sh on 613 Sh	12/08/11	107.15	107.15
Marshall Aggregate Bond Fd Cl Y #989 Sold 564.496 Shs 01/24/11 @ 10.58	01/25/11	5,972.37	902.50
Sold 110.239 Shs 12/01/11 @ 10.94	12/02/11	1,206.02	140.58
Long Term Capital Gains Dist of \$.039 Per Sh on 7,444 Sh	12/08/11	292.58	292.58
Short Term Capital Gains Dist of \$.219 Per Sh on 7,444 Sh	12/08/11	1,635.63	1,635.63
PIMCO Fds Total Return Fd Inst #35 Sold 72.330 Shs 12/01/11 @ 10.79	12/02/11	780.44	-18.16
PIMCO Investment Grade Corp Bd Fd I #56 Sold 690.121 Shs 01/24/11 @ 10.5	01/25/11	7,246.27	265.65
Sold 82.089 Shs 08/24/11 @ 10.5	08/25/11	861.93	21.72
Sold 24.170 Shs 12/01/11 @ 10.51	12/02/11	254.03	3.03
Long Term Capital Gains Dist of \$.225 Per Sh on 1,640 Sh	12/09/11	369.39	369.39
Short Term Capital Gains Dist of \$.069 Per Sh on 1,640 Sh	12/09/11	114.32	114.32
TCW Emerging Markets Income Fund Class I #4721 Sold 36.583 Shs 12/01/11 @ 8.24	12/02/11	301.44	-17.05
Vanguard Total Bond Market Index Fund - Sig #1351 Sold 781.646 Shs 01/24/11 @ 10.56	01/25/11	8,254.18	605.71
Cash & Equivalents			
Marshall Prime Money Market Cl Y Sales (24) 01/01/11 To 12/31/11	12/31/11	33,286.14	
Total Sales		\$ 206,140.54	\$ 36,484.92

Form **8868**
(Rev. January 2012)

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions RIPON HISTORICAL SOCIETY	Employer identification number (EIN) <input checked="" type="checkbox"/> 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	Social security number (SSN) <input type="checkbox"/>
	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)

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	01	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

- The books are in the care of ♦

Telephone No ▶

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 _____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year _____ or
 - ▶ tax year beginning _____, and ending _____
- 2 If the 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.