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DLN: 93493099003233

Form **990** 

Department of the Treasury

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

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

2011

OMB No 1545-0047

Open to Public

The construction of the contract of the contra

ntemal	Revenue :	Service	► The organization may have to use a copy	of this return to satisfy	state reporting	requirements	Inspection
A Fo	rthe 2	2011 ca	lendar year, or tax year beginning 06-01-2011	and ending 05-31-20	12		
3 Che	eck ıf ap	plicable	C Name of organization BELOIT COLLEGE			D Employer i	dentification number
Add	tress cha	ange				39-08084	
– Nar	me chan	nge	Doing Business As			E Telephone	
– <sub>Init</sub>	ıal retur	m	Number and street (or P O box if mail is not delivere	ed to street address) Room/s	suite	(608) 363	
– Ter	mınated	t	700 COLLEGE ST			<b>G</b> Gross receip	ts \$ 76,108,924
– Am	ended n	eturn	City or town, state or country, and ZIP + 4		<del></del>		
– <sub>Apr</sub>	olication	pending	BELOIT, WI 53511				
			F Name and address of principal officer		11/-> 7 11		•
			DR H SCOTT BIERMAN		affilia	s a group retu tes?	rn for
			700 COLLEGE ST				
			BELOIT,WI 53511		1 ' '	affiliates inclu	·
Ta:	x-exemi	pt status	▼ 501(c)(3)	1947(a)(1) or		o," attach a lis p exemption i	st (see instructions)
	- 1 1	\		(4)(4)	H(c) Grou	p exemption i	idiliber <b>F</b>
			W BELOIT EDU		<u> </u>		
	_		✓ Corporation  Trust  Association  Other ►		<b>L</b> Year of for	mation 1846	<b>M</b> State of legal domicile WI
Pa	rt I	Sum	mary				
			scribe the organization's mission or most sign	nificant activities			
ų.	5	SEE SCH	EDULE O				
<u>≓</u>	-						
Ē	-						
ACTIVITIES & GOVERNANCE	2 0	Check th	is box দ if the organization discontinued its	operations or disposed	of more than 2	5% of its net	assets
ා න්	3 1	Number	of voting members of the governing body (Part	VI, line 1a)		3	28
Š	4 1	Number	of independent voting members of the governing	ng body (Part VI, line 11	)	4	28
į			nber of individuals employed in calendar year			5	1,737
3	6 ⊺	otal nur	nber of volunteers (estimate if necessary) .			6	30
4			elated business revenue from Part VIII, colur	• • • • • • • • • • • • • • • • • • • •		7a	156,772
	<b>b</b> ∧	Net unrel	ated business taxable income from Form 990	-T, line 34		7b	0
					Prio	r Year	Current Year
g <sub>i</sub>	8	Contrib	outions and grants (Part VIII, line 1h)			10,254,906	11,484,288
Ĭ	9	_	m service revenue (Part VIII, line 2g)			52,687,182	54,056,484
Revenue	10		ment income (Part VIII, column (A), lines 3, 4	,		5,193,025	1,566,443
_	11		revenue (Part VIII, column (A), lines 5, 6d, 80			814,067	1,013,615
	12		evenue—add lines 8 through 11 (must equal P		ne	68,949,180	68,120,830
	13		and similar amounts paid (Part IX, column (A			22,248,689	23,092,367
	14		s paid to or for members (Part IX, column (A)			0	0
	15		s, other compensation, employee benefits (Pa				
8		5-10)		, , , , , , , , , , , , , , , , , , , ,		26,246,471	27,534,923
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), li	ne 11e)		0	0
ੜ	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ► 2,44	3,285			
_	17	Other	expenses (Part IX, column (A), lines 11a–11d	d,11f-24e)		19,590,940	24,048,007
	18	Total e	xpenses Add lines 13–17 (must equal Part I	X, column (A), line 25)		68,086,100	74,675,297
	19	Revenu	ue less expenses Subtract line 18 from line 1	2		863,080	-6,554,467
දී ජ						of Current	End of Year
net Assets of Fund Bafances		T - • - •	anaha (Dawh W. Lora d. C.)			ear	
88	20		ssets (Part X, line 16)			29,100,293	220,675,323
ğ 5	21		abilities (Part X, line 26)			76,321,651	79,236,871
	22		sets or fund balances Subtract line 21 from li	ne 20		52,778,642	141,438,452
	rt II		ature Block  rjury, I declare that I have examined this return,	including accompanying	schodules and st	atomonts and	to the best of my
now	ledge a		; it is true, correct, and complete. Declaration of				
now	ledge.						
		<b>L</b>			l	12.04.55	
2i <i>~-</i> -		***** Signa	·* ture of officer		20 Da	13-04-09 te	
Sign Here		l',			30		
1 \	-		M NICHOLAS VP ADMINISTRATION & TREASURER or print name and title				
			<u> </u>	Date	Check If	Preparer's tay	payer identification number
اء!ءا		Preparer' signature	TROVE MARRIE ORA	2013-04-09	self-	(see instruction	
Paid Prop		_	<u> </u>		employed 🕨 🦳	P00187863	
-	arer's	Firm's na if self-en	me (or yours BAKER TILLY VIRCHOW KRAUSE LLP			EIN • 39-085	9910
Jse (	Jilly		and ZIP + 4 777 E WISCONSIN AVENUE 32ND FLOO	OR .			

MILWAUKEE, WI 53202

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Phone no 🕨 (414) 777-5500

	1990 (2011)					raye z				
Par		<b>t of Program Serv</b> edule O contains a res								
1	Briefly describe the	e organization's missioi	n							
SEE	SCHEDULE O									
2	Did the organization the prior Form 990			ervices during the yea	r which were not listed on	┌ Yes ┌ No				
	•	nese new services on S	chedule O							
3	Did the organization	n cease conducting, or	make sıgnıfıcaı		onducts, any program	┌ Yes ┌ No				
	If "Yes," describe these changes on Schedule O									
4	expenses Section !	501(c)(3) and 501(c)(4	4) organization:	s and section 4947(a)	ree largest program services (1) trusts are required to rep ch program service reported					
4a	(Code	) (Expenses \$	65,152,078	including grants of \$	23,092,367 ) (Revenue \$	54,056,484 )				
	IN THE 2011-2012 ACA SERVICES WERE OFFE BOTH ON AND OFF THI	ADEMIC YEAR BELOIT COLLE RED IN THREE SEPARATE EI	GE SERVED 1,489 DUCATIONAL SESS SO OCCURRED OV	STUDENTS FROM 39 COUN IONS IN THE FALL, SPRING ERSEAS THROUGH STUDY	ITRIES, 50 STATES AND THE DISTRI AND SUMMER EDUCATIONAL ACTIV ABROAD PROGRAMS 310 STUDENTS	CT OF COLUMBIA THESE //ITIES OCCURRED DOMESTICALLY				
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)				
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)				
4d		vices (Describe in Scl	•							
	(Expenses \$	ınc	luding grants o	† \$	) (Revenue \$	)				
4e	Total program serv	/ice expenses <b>►</b> \$	65,152,07	'8						

Dart TV	Checklist	of Peguire	d Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		N o
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.	11c		No
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.	11d		N o
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\blacksquare$	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part $IV$ .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 157			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
la	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		103	
h	return			
ט		2b	Yes	
а	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	OD		
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?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		110
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand			
A-		4.4-		NI -
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-	IT YOU DOE IT THOSE DECEMBER A 111 TO PODOPT TRACE DOLLMONTO / 14 "BIO" provide an evaluation in Cahadula A			

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

Se	ction A. Governing Body and Management							
			Yes	No				
_								
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	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			N. a				
3	other officer, director, trustee, or key employee?	2		No				
4	supervision of officers, directors or trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was	3		No				
	filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		Νo				
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?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9								
Se	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	venue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
b	<b>b</b> 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	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14		No				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
ь	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with							
h	taxable entity during the year?	16a		No				
	16b							
Se	organization's exempt status with respect to such arrangements?	100						
17	List the States with which a copy of this Form 990 is required to be filed▶							

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

- 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. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► RICK LEMKE 700 COLLEGE STREET

BELOIT, WI 53511 (608) 363-2205

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

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

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

DATATEL INC 4375 FAIR LAKES COURT FAIRFAX, VA 22033

\$100,000 of compensation from the organization  $\blacktriangleright$ 9

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

	(A) Name and Title	(describe director/trustee)								(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensatior from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related			
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza			
See A	dditional Data Table															
												$\dashv$				
-																
-																
												$\dashv$				
												$\dashv$				
												+				
												$\dashv$				
												+				
1b	Sub-Total	<u> </u>			<u> </u>	•		<u> </u>				7				
С	Total from continuation sheets							<b>&gt;</b>								
d	Total (add lines 1b and 1c) .							<u> </u>		1,699,956		0		246,422		
2	Total number of individuals (incl \$100,000 of reportable compen						above	) who	receive	ed more tha	ın					
2	Did the arms when her her form				1.								Yes	No		
3	Ord the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch					ey e • •		-	rnignes • • •	· <del>-</del>	• • •	3	Yes			
4	For any individual listed on line : organization and related organiz											_				
5	Did any person listed on line 1a	receive or accru	ie comi	oensa	- atıon	• ı fror	n any	- unre	lated ord	anızatıon o	or individual for	4	Yes			
	services rendered to the organiz								_			5	;	No		
Se	ection B. Independent Con	tractors														
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio														
		(A) ne and business ad	dress							Desc	(B)		(C Compe			
8326	RSON COMPANIES INC WYOMING TRAIL AGO, MN 55013	no ana baomeso aa								CONSTRUCT				.,168,497		
3140 BELO	JCAR CONSTRUCTION EAST COUNTY ROAD S T, WI 53511									CONSTRUCT	ION			780,340		
PO BO	ISSANCE ROOFING DX 5024 FORD, IL 61125									CONSTRUCT	ION			221,286		
100 E	BADGER PRESS INC  100 E BLACKHAWK DR PO BOX 610  FORT ATKINSON, WI 53538  FINANCIAL SERVICES							161,945								

2 Total number of independent contractors (including but not limited to those listed above) who received more than

150,746

SOFTWARE AND PROFESSIONAL SERVICES

Form 99			f Davidson					Page <b>9</b>
Part	<b>/</b>	Statement o	or Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ots	1a	Federated camp	paigns 1a					
E E	b	Membership du	es <b>1b</b>					
S, G	С	Fundraising eve	ents <b>1c</b>	16,496				
Æ æ	d	Related organiz	ations 1d					
<u>2</u>	e	Government grants	s (contributions) <b>1e</b>	1,770,163				
- 	f	All other contribution	ons, gifts, grants, and 1f	9,697,629		İ		į
Contributions, gifts, grants and other similar amounts	g		butions included in					
S ၕ	h	Total. Add lines	s 1a-1f	▶	11,484,288			
				Business Code				
E Ke	2a	TUITION & FEES		812900	45,758,959	45,758,959		
22	Ь	ROOM, BOARD & C	OTHER	812900	8,297,525	8,297,525		
956	С							
泵	d							
Program Service Revenue	e							
<u> </u>	f	All other progra	am service revenue					
ž	g	Total. Add lines	s 2a – 2f		54,056,484			
	3		ome (including dividen		, ,			
			ar amounts)	·	2,641,040			2,641,040
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		▶ [	3,016			3,016
			(ı) Real	(II) Personal				
	6a	Gross rents	24,240					
	b	Less rental expenses	0					
	С	Rental income or (loss)	24,240					
	d		me or (loss)	<del>' ►</del>	24,240		24,240	
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	6,886,279	14,255				
		assets other						
	ь	than inventory Less cost or	7,948,356	26,775				
	-	other basis and sales expenses		·				
	c	Gain or (loss)	-1,062,077	-12,520				
	d	Net gain or (los	s)		-1,074,597			-1,074,597
	8a	Gross income f		[				
ше		events (not inc \$ 16	luding ,496					
₹		of contributions	reported on line 1c)					
Ş.		See Part IV, lin						
Ψ.	 	l 000 d	a noncos b	9,100				
Other Revenue	b c		penses <b>b</b> (loss) from fundraising	12,963	-3,863			-3,863
~	9a		rom gaming activities		3,003			3,003
		See Part IV, lin						
			a					
	b		penses <b>b</b>					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	less costofa	oods sold <b>b</b>					
	c	_	(loss) from sales of inv	Lentory ►				
		Miscellaneous		Business Code				
	11a	MISCELLANEC	DUSINCOME	900099	857,690			857,690
	ь	CONFERENCE		721000	132,532		132,532	
	c							
	d	All other reven	ue					
	e	Total. Add lines		·				
				▶	990,222			
	12	Total revenue.	See Instructions .	▶	68,120,830	54,056,484	156,772	2,423,286
								orm <b>990</b> (2011)

### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 21,800,765 21,800,765 Grants and other assistance to governments, 3 organizations, and individuals outside the United 1,291,602 1,291,602 States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 1,465,961 486,621 699,867 279,473 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 19,917,961 16,006,989 2,502,704 1,408,268 Pension plan contributions (include section 401(k) and section 1,371,482 403(b) employer contributions) . . . . 1,089,429 187,337 94,716 3,431,149 2,610,175 674,969 Other employee benefits . . . . . . 146,005 1,348,370 1,076,545 175,419 96,406 10 Fees for services (non-employees) 11 Management . . . . . 70,247 1,543 68,404 300 Legal . . . . . . . . . 96,673 Accounting . . . . . . . 96,673 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 119,616 119,616 6,446,296 4,577,156 1,565,415 g 303,725 Advertising and promotion . . . 40,027 20,396 19,631 12 Office expenses . . . . 1,837,558 1,485,202 301,884 13 50,472 14 Information technology . . . . . 15 Royalties . . 2,378 2,378 1,418,247 16 1,418,247 1,151,342 1,021,709 17 84,262 45,371 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 341,107 296,428 26,238 18,441 6,940,882 6,940,882 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . 3,675,816 3,294,807 381,009 23 169,669 11,582 158,087 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) COST OF SALES - FOOD FO 1,234,939 1,194,746 40.193 COLLECTIONS 507,529 507,529 MISCELLANEOUS OTHER -4,319 17,347 -21,774 C 108 d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 74,675,297 65,152,078 7,079,934 2,443,285 Joint costs. Check here ► 🗀 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 471,297 317,883 1 11.512.207 7.731.187 2 2 3 4,820,895 5,443,365 1.448.493 913.195 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 8,378,195 7 8,238,274 72.666 8 52.385 9 419,919 9 163,623 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis Complete 131,964,907 Part VI of Schedule D 10a 10b 53,590,288 b Less accumulated depreciation . . . . . 78,941,493 10c 78,374,619 117,623,362 11 114,277,508 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 828,273 13 857,111 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 4,583,493 15 4,306,173 15 229,100,293 16 220,675,323 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 4,248,528 17 3,979,205 17 Accounts payable and accrued expenses . 18 18 19 210,821 19 89,967 20 58.640.000 20 58.540.000 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 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 13,222,302 25 16,627,699 D . . . . . 26 26 76,321,651 79,236,871 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 57,112,089 **27** Unrestricted net assets . . . . 45,821,196 22,486,666 28 21,520,964 28 Temporarily restricted net assets . . . . . Fund 29 73,179,887 29 74,096,292 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 152.778.642 33 141,438,452 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 229.100.293 34 220,675,323

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		68.1	120,830
2	Total expenses (must equal Part IX, column (A), line 25)	2			575,297
3	Revenue less expenses Subtract line 2 from line 1	3		-6,5	554,467
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		152,7	778,642
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-4,7	785,723
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		141,4	138,452
Par	Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493099003233

OMB No 1545-0047

2011

Open to Public Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

Inspect

Name of the organization
BELOIT COLLEGE

Second 19-0808497

Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must com	olete this p	art.) See ın	structions	_		
The o	rganı			te foundation becaus									
1	Γ	A churc	ch, convent	on of churches, or a	ssociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).					
2	굣	A scho	ol described	in <b>section 170(b)(</b> 1	<b>L)(A)(ii).</b> (At	tach Schedı	ıle E)						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Γ			h organization opera ity, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(iii). E	nter the		
5	Г	_	n organization operated for the benefit of a college or university owned or operated by a governmental unit described in ection 170(b)(1)(A)(iv). (Complete Part II)										
•	_				•	al unit doco	whad in eeeti	an 170(h)/1	)(A)()				
7	<u> </u>	Anorga	anization th	local government of at normally receives						om the gene	ral public		
		describ <b>section</b>		( <b>A)(vi)</b> (Complete P	art II )								
8	Γ	A comr	nunity trust	described in <b>sectio</b>	n 170(b)(1)(	<b>A)(vi)</b> (Con	nplete Part II	. )					
9	$\sqcap$	Anorga	anızatıon tha	at normally receives	(1) more th	an 331/3% (	of its support	from contrib	outions, mem	bershıp fees	, and gross		
		receipt	s from activ	ities related to its e	xempt function	ons—subjec	t to certain e	xceptions, a	nd (2) no mo	re than 331/	3% of		
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less :	section 511 t	tax) from bus	sinesses		
		acquire	d by the org	ganızatıon after June	30,1975 S	ee <b>section 5</b>	<b>509(a)(2).</b> (C	omplete Par	tIII)				
10	Γ	Anorga	anızatıon or	ganized and operate	d exclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).				
11	Γ	one or	more public	ganized and operated ly supported organiz bes the type of supp	ations descr	ıbed ın sectı	on 509(a)(1)	or section !	509(a)(2) Se				
		,	Type I	<b>b</b>   Type I			- Functional	-			III - Other		
е	Γ	other th		ox, I certify that the on managers and ot									
f		If the o	rganızation	received a written d	etermination	from the IR	S that it is a	Type I, Type	e II or Type I	II supportin	ig organizatio <u>n,</u>		
g			hıs box Lugust 17, 2	2006, has the organ	ızatıon accep	ted any gift	or contribution	on from any	of the		l		
_		followin	ig persons?	-				•					
				rectly or indirectly o				persons des	cribed in (ii)	11	Yes No		
		•		governing body of th	• •	-	ation			11g(	<del></del>		
			-	er of a person descri			h2			11g(			
				lled entity of a perso						11g(			
h		Provide	tne rollowii	ng information about	tne supporte	ed organizat	ion(s)						
(i) Name suppo		ne of (ii) (described on col (i) listed in		on in ed in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?				
				(see instructions))	Yes	No	Yes	No	Yes	No	†		
				madactions))	1		1	1	1		1		
Total													

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	<b>Public Support.</b> Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493099003233

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

**Inspection** Employer identification number

Name of the organization BELOIT COLLEGE 39-0808497 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 140,000 Aggregate value at end of year 438,158 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ┌ No ✓ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 722,579 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Par	Organizations Maintaining Co	<u>llections of Art</u>	t, His	torical	Treas	ures, or C	<u>)the</u>	<u>r Similar Ass</u>	ets (co.	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)									
а	Public exhibition		d	┌ Loa	an or ex	change prog	rams			
b	Scholarly research		e	┌ ot	her					
c	✓ Preservation for future generations									
4	Provide a description of the organization's content of the organization of the organiz	ollections and expla	ıın hov	v they fur	ther the	organızatıor	ı's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	√ No
Pai	rt IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 99	0,	
_	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					or other ass	sets		Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		г				
_						-	_	Amo	unt	
C	Beginning balance						1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?					Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered " Prior Year		Form 990, Two Years Back			( <b>e)</b> Four Y	ears Bac
1a	Beginning of year balance	118,664,445	(6)	102,942,		89,083,1	_	124,956,518	e)i oui i	ears baci
ъ	Contributions	2,774,411		4,474,	866	6,038,0	79	7,156,062		
c	Investment earnings or losses	-2,634,589		15,831,	503	12,660,6	47	-33,237,676		
d	Grants or scholarships	1,206,005		1,238,	397	1,345,3	92	1,471,230		
e	Other expenditures for facilities	4,315,657		3,346,	033	3,493,9	64	8,320,538		
f	and programs				+		-			
g	End of year balance	113,282,605		118,664,	445	102,942,5	06	89,083,136		
9 2	Provide the estimated percentage of the year	, , ,	30	,				,,		
		41 000 %	as							
a	Board designated or quasi-endowment	, 2 5 5 5 7 5								
b	r ennament endowment P									
c 3a	Term endowment ►  Are there endowment funds not in the posse	ssion of the organiz	ation 1	that are h	eld and	administera	d for	the		
Ju	organization by	ssion of the organiz	ucion .	indi di ci	icia ana	administere	u 101	circ	Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
	If "Yes" to 3a(II), are the related organization						•	3b		
4	Describe in Part XIV the intended uses of the									
Pa	<b>TEVI</b> Land, Buildings, and Equipment Description of property	ent. See Foliii 99	70, Pa	(a) Cost	or other	(b)Cost or o		(c) Accumulated depreciation	( <b>d</b> ) Boo	ok value
1.5	Land			1.5.5 (		<u> </u>				
	Land		•			†	3,634	42 720 172		1,593,634
	Buildings		•			112,25	2,028 5,744	43,730,173 75,744	68	3,521,855
	Equipment		•				3,122	6,248,638		2,034,484
	Other		•				3,122 0,379			5,224,646
_	Other		•	1		I 3,70	0,019	1 2,222,133	,	,, ZZ7, U+C

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

78,374,619

Part VII Investments—Other Securities. See	Form 990, Part X, line 1:		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests			
Other			
o diei			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Description of investment type	(2) Book value	Cost or end-o	f-year market value
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			(h) Dook walue
(a) Descrip	otion		(b) Book value
Total (Column (b) should agual Form 000 Port V sal (B) line 1	<i>E</i> )	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.			
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			
	(b) A mount		
Federal Income Taxes			
STUDENT DEPOSITS	562,726		
FUNDS HELD FOR OTHERS	757,540		
REFUNDABLE LOAN FUNDS	2,525,140		
ANNUITIES PAYABLE	2,890,089		
DERIVATIVE LIABILITY	9,892,204		
	5,052,207		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	16,627,699		
	10,027,000		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	68,120,830
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	74,675,297
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,554,467
4	Net unrealized gains (losses) on investments	4	-4,177,529
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	-608,194
9	Total adjustments (net) Add lines 4 - 8	9	-4,785,723
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-11,340,190
Par	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	40,136,087
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-27,865,127
3	Subtract line <b>2e</b> from line <b>1</b>	3	68,001,214
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 119,616		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	119,616
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	68,120,830
Par		per	
1	Total expenses and losses per audited financial statements	1	51,476,277
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d 12,963		
e	Add lines <b>2a</b> through <b>2d</b>	2e	12,963
3	Subtract line <b>2e</b> from line <b>1</b>	3	51,463,314
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 119,616		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	23,211,983
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	74,675,297
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLEGE MAINTAINS AN ANTHROPOLOGICAL MUSEUM AND AN ART MUSEUM THE COLLECTIONS ARE DISPLAYED FOR PUBLIC VIEWING HOWEVER, SPACE LIMITATIONS REQUIRE THAT ONLY PORTIONS OF THE COLLECTION ARE DISPLAYED AT A GIVEN TIME THE COLLECTIONS AND THEIR PRESERVATION ARE USED IN THE CLASSROOM SETTING FOR INSTRUCTIONAL PURPOSES IN AREAS OF STUDY SUCH AS ANTHROPOLOGY, ART AND MUSEUM STUDIES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE PURPOSE OF THE COLLEGE'S ENDOWMENT FUND IS TO PROVIDE A CONTINUOUS SOURCE OF FUNDING TO SUPPORT THE MISSION OF THE INSTITUTION ENDOWMENT FUND EXPENDITURES PROVIDE FUNDING FOR SCHOLARSHIPS, FACULTY SALARIES, LIBRARY RESOURCES, AND OTHER PROGRAM ACTIVITIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED NO LIABILITY HAS BEEN RECOGNIZED BY THE COLLEGE FOR UNCERTAIN TAX POSITIONS AS OF MAY 31, 2012 AND 2011 THE COLLEGE'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR FISCAL YEARS 2009 AND THEREAFTER ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 376,100 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS -232,094 TOTAL TO SCHEDULE D, PART XI, LINE 8 -608,194
PART XII, LINE 2D - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID -23,092,367 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -376,100 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS - 232,094 SPECIAL EVENTS EXPENSE 12,963
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE 12,963
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 23,092,367

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As Filed Data -

DLN: 93493099003233

OMB No 1545-0047

## **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Schools** 

Name of the organization **Employer identification number** BELOIT COLLEGE 39-0808497 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	BELOIT COLLEGE IS A FOUR YEAR PRIVATE LIBERAL ARTS INSTITUTION THAT DRAWS STUDENTS NOT ONLY NATION WIDE BUT WORLD WIDE MATERIALS USED IN PROMOTIONAL ACTIVITIES AND RECRUITING EFFORTS INCLUDE STATEMENTS THAT BELOIT COLLEGE DOES NOT DISCRIMINATE AGAINST STUDENTS, APPLICANTS FOR ADMISSION, APPLICANTS FOR FINANCIAL ASSISTANCE, APPLICANTS FOR EMPLOY MENT, OR EMPLOY EES ON THE BASIS OF SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, SEXUAL ORIENTATION, OR PHY SICAL OR MENTAL DISABILITIES UNRELATED TO INSTITUTIONAL JOBS, PROGRAMS, OR ACTIVITIES
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	BELOIT COLLEGE DID RECEIVE FEDERAL FUNDS, WHICH WERE USED FOR STUDENT PROGRAMS/ENTITLEMENTS SUCH AS PELL GRANTS, SEOG GRANTS, AND WORKSTUDY PROGRAMS

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493099003233

OMB No 1545-0047

**SCHEDULE F** 

## Statement of Activities Outside the United States

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

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

BELOIT COLLEGE

Name of the organization

(Form 990)

**Employer identification number** 

39-0808497

Part I	General Information on	Activities Outside the United States.	Complete	e if the organization	answered
	"Yes" to Form 990, Part IV,	line 14b.	•		

	"Yes" to Form 990, Pa	rt IV, line 14b							
1	<b>For grantmakers.</b> Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	stance, and the select	ion criteria used to awa	ard	Yes	Г	No
2	For grantmakers. Describe in Pa United States Activites per Region (Use Part)	J	·	J	e of grant funds outside t	he			
<del>-</del>	Activites per Region (ose ruit	V II dudicional 3	pace is necaca	<i>'</i>					
	(a) Pegion	(b) Number of	(c) Number of	(d) Activities conducted in	(a) If activity listed in (d) is a		(f) Tot	al	

Activites per Region (Use Part '	V if additional s	pace is needed	)		
<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	ındependent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
SOUTH AMERICA	0	0	ABROAD STUDENT SUPPORT	PROGRAM SERVICES	9,351
SOUTH AMERICA	0	0	STUDENT RESEARCH	PROGRAM SERVICES	
EUROPE	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	221,488
CENTRAL AMERICA & THE CARIBBEAN	0	0	ABROAD STUDENT SUPPORT	PROGRAM SERVICES	
SUB-SAHARAN AFRICA	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	42,230
MIDDLE EAST AND NORTH AFRICA	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	11,464
EAST ASIA AND THE PACIFIC	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	108,987
RUSSIA	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	3,000
NORTH AMERICA	0	0	EDUCATIONAL SERVICES	PROGRAM SERVICES	5,276
3a Sub-total	0	0			396,520
b Total from continuation sheets to Part I	0				5,276
c Totals (add lines 3a and 3b)	0	0		N 5000314	401,796

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	( <b>g)</b> Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
SCHOLARSHIP	SOUTH AMERICA	17	179,040	SEE PART VI		1	
SCHOLARSHIP	EUROPE/ICELAND/ GREENLAND	40		. SEE PART VI		1	
SCHOLARSHIP	RUSSIA	8	60,755	SEE PART VI		1	
SCHOLARSHIP	SUB-SAHARAN AFRICA	16		SEE PART VI		1	
SCHOLARSHIP	MIDDLE EAST / NORTH AFRICA	6	47,105	SEE PART VI		1	
SCHOLARSHIP	EAST ASIA / PACIFIC	33	370,087	SEE PART VI		1	
SCHOLARSHIP	SOUTH ASIA	2	13,801	SEE PART VI	Ţ	1	
SCHOLARSHIP	CENT AMERICA / CARIBBEAN	2		SEE PART VI		1	
SCHOLARSHIP	NORTH AMERICA	1	14,254	SEE PART VI			
						1	
						1	
						1	
						1	
				!	Ţ	1	

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U.S.		SCHEDULE F, PART I, LINE 2 IN CASES WHERE FUNDS ARE SPENT AWAY FROM CAMPUS, APPROPRIATE DOCUMENTATION IS REQUIRED TO BE SUBMITTED AND APPROVED TO SUBSTANTIATE THE EXPENSE

Identifier	Return Reference	Explanation
		SCHEDULE F, PART III, COLUMN E. GRANT FUNDS AWARDED IN THE FORM OF STUDENT FINANCIAL ASSISTANCE IS CREDITED TO THEIR TUITION ACCOUNT TO ASSIST IN COVERING THE COST OF TUITION

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493099003233

**Employer identification number** 

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE G
(Form 990 or 990-EZ)
Supplemental Information Regarding
Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization

				39-0808497	
Part I Fundraising Ac	<b>tivities.</b> Complete	e if the organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.
<ul> <li>Indicate whether the orga</li> <li>Mail solicitations</li> <li>Internet and e-mail so</li> <li>Phone solicitations</li> <li>In-person solicitation</li> <li>Did the organization have or key employees listed in to be compensated at lease</li> </ul>	olicitations s a written or oral agre i Form 990, Part VII st paid individuals or	e  f  g  ement with any inc ) or entity in conne	Solicitation of no Solicitation of go Solicitation of go Special fundraisin  Iividual (including office ction with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fui	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser have custody or control of contributions?  Yes No	(iv) Gross receipts from activity	(v) A mount paid to   (or retained by) fundraiser listed in   col (i)	(vi) A mount paid to (or retained by) organization
Otal	organization is regis	tered or licensed t	o solicit funds or has b	een notified it is exempt	from registration or

	t II	<b>Fundraising Events.</b> Com more than \$15,000 on Form							
			(a) Event #1 BUC OPEN	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through			
<u>Ф</u>			(event type)	(event type)	(total number)	col <b>(c)</b> )			
₽	1	Gross receipts	25,596	5		25,596			
Revenue	2	Less Charitable contributions	16,496	5		16,496			
_	_	Gross income (line 1 minus line 2)	9,100			9,100			
	4	Cash prizes	250			250			
စ္က	5	Non-cash prizes							
ğ e e	6	Rent/facility costs	6,154	1		6,154			
ទី	7	Food and beverages	343	3		343			
Direct Expenses	8	Entertainment							
ਙ∣	9	Other direct expenses .	6,217	,		6,217			
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)	🛌	(12,964)			
	11	Net income summary Combine III	nes 3 and 10 ın column (	d)		-3,864			
ar	: IIII	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than			
Kevenkie			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))			
	<b>1</b> G	Gross revenue							
မှ လူ	<b>2</b> C	Cash prizes							
expenses	3 N	Non-cash prizes							
_ ı	<b>4</b> R	Rent/facility costs							
ZIRed Ded	5 0	Other direct expenses							
	6 V	olunteer labor	Г Yes Г No	┌ Yes	┌ Yes	_			
	<b>7</b> D	Direct expense summary Add lines	s 2 through 5 in column (	d)	•	( )			
	<b>8</b> N	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶</u>				
9 a b	Is the	r the state(s) in which the organiza e organization licensed to operate o," Explain	gaming activities in eac	h of these states?		· Fyes FNo			
	Were	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>					
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No					
13	Indicate the percentage of gamii	ag activity operated in		1 1						
a				13a						
b										
14		f the person who prepares the organiza								
	Name ►									
	Address ►									
	revenue?	ntract with a third party from whom the			_ No					
		ed by the third party 🟲 \$								
С	If "Yes," enter name and address	S								
	Name 🟲									
	Address ►									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation I	<b>\$</b> \$								
	Description of services provided	<b>&gt;</b>								
17 a		Employee er state law to make charitable distribu		· · ·	- No					
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>					
_		activities during the tax year > \$		hadala C /						
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see						
	Identifier	ReturnReference	Explana	tion						
		•	•							

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(Form 990)

Schedule I

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

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

OMB No 1545-0047

DLN: 93493099003233

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number BELOIT COLLEGE 39-0808497 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT FINANCIAL ASSISTANCE	1272	21,800,765			

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

Identifier	Return Reference	Explanati	on				
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	PAYMENT STUDENT STAFF FO	OF TUITION AND FEES IN WH 'S ACCOUNT OTHER GRANTS	ICH CASE THE ARE AWARDED LATED ACTIVI <sup>-</sup>	GRANT FOR VA	AMOUN ARIOUS F I THESE	FINANCIAL ASSISTANCE TOWARDS THE TS ARE APPLIED DIRECTLY TO THE REASONS TO STUDENTS, FACULTY AND CASES EXPENSE VERIFICATION IS CUMENTATION

DLN: 93493099003233

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name	of	the	orga	niza	ti	on
BELOTT	CO	LLEGE	=			

**Employer identification number** 

39-0808497

Pa	rt I Questions Regarding Compensation			,		
	_		Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use					
	▼ Travel for companions					
	Tax idemnification and gross-up payments    F   Health or social club dues or initiation fees					
	Discretionary spending account  Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply					
	▼ Compensation committee ▼ Written employment contract					
	Independent compensation consultant					
	Form 990 of other organizations  Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a	Yes			
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		No		
b	Any related organization?	5b		No		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		No		
b	Any related organization?	6b		No		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III	8		No		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MI	.SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DR ANN DAVIES	DR ANN DAVIES (I) (II) 154		0	3,300	15,603	4,928 0	178,047 0	
(2) DR H SCOTT BIERMAN	(ı) (ıı)	312,010 0	28,500 0	5,300	24,500	25,644 0	395,954	
(3) MR JOHN NICHOLAS	(1) (11)	153,569 0	0	, o'	15,754	1,128 0	170,451 0 0	
(4) MR R JEFF PUCKETT	(1) (11)	225,943	0	600	23,153	10,500 0	260,196	,
(5) MS NANCY BENEDICT	(I) (II)	137,008 0	0	, o'	14,180	7,564 0	1 158,752 0 0	,
(6) MS BETH MONTIERO	(I) (II)	133,879 0	0	600	13,799	8,561 0	156,839	1
(7) MR BILL FLANAGAN	(I) (II)	111,302	0	800	11,280	332 0	123,714	
	'		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>
				<del>                                     </del>			<u> </u>	
						<del></del> _		
	'	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>
		<del> </del> '	<del> </del>	<del>                                     </del>			<u> </u>	1
		<del> </del>	<del>                                     </del>	<del>                                     </del>	+	'	<del> </del>	<del> </del>

### Part III Supplemental Information

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

		•
Identifier	Return Reference	Explanation
	1A	TRAVEL FOR COMPANIONS SPOUSAL TRAVEL IS PAID FOR BY THE COLLEGE WHEN THE SPOUSE ASSISTS THE BELOIT COLLEGE EMPLOYEE WITH THE COLLEGE BUSINESS ACTIVITIES IN PERFORMING SPECIFIC DUTIES THE ONLY SUCH SPOUSAL TRAVEL PAID FOR BY THE COLLEGE WAS THAT OF THE PRESIDENT'S SPOUSE ALL EXPENDITURES MADE BY THE COLLEGE FOR TRAVEL OF THE SPOUSE WERE ATTRIBUTABLE TO SPECIFIC DUTIES IN THE PRESIDENT'S SPOUSE ALL EXPENDITURES MADE BY THE COLLEGE FOR TRAVEL OF THE SPOUSE WERE ATTRIBUTABLE TO SPECIFIC DUTIES IN THE PRESIDENT'S SPOUSE WERE ATTRIBUTABLE TO SPECIFIC DUTIES IN THE FURTHERANCE OF THE MISSION OF THE COLLEGE HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE AS A CONDITION OF EMPLOYMENT, THE PRESIDENT OF BELOIT COLLEGE HAS DETERMINED THAT THE VALUE OF THE USE OF THIS PERSONAL-RESIDENCE IS NOT CONSIDERED TAXABLE INCOME TO THE PRESIDENT AS PROVIDED FOR IN INTERNAL REVENUE CODE SECTION 119 HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THE COLLEGE PAYS DUES TO A COUNTRY CLUB FOR THE PRESIDENT OF THE COLLEGE AND ITS VICE PRESIDENTS THESE PERSONS USE THE COUNTRY CLUB SOLELY FOR COLLEGE BUSINESS AND DO NOT USE THE CLUB FOR PERSONAL ENTERTAINMENT PURPOSES EXAMPLES OF CUSTOMARY USE OF THE COUNTRY CLUB INCLUDE BUSINESS LUNCHES, THE PRESIDENT'S INAUGURATION DINNER, AND TRUSTEE LUNCHEONS AND DINNERS FROM TIME TO TIME PERSONAL SERVICES (E G MAID, CHAUFFER, CHEF) THE COLLEGE PAYS FOR HOUSEKEEPING SERVICES UP TO 5-HOURS PER DAY AT THE COLLEGE PRESIDENT'S RESIDENCE, THE PRESIDENTS' HOUSE THE HOUSEKEEPING SERVICES ARE PAID FOR PRIMARILY IN THE INTEREST OF MAINTAINING THE COLLEGE'S THE PRESIDENT ARE INCIDENTAL TO THE PRIMARY PURPOSE OF STEWARDSHIP OF THE EXEMPT ORGANIZATION'S ASSETS
	4 A	FORMER OFFICER, WILLIAM FLANAGAN, TRANSFERED FROM DEAN OF STUDENTS POSITION TO A DEVELOPMENT OFFICER POSITION, NO ADJUSTMENT TO PAY FORMER EMPLOYEE, SUSAN CLEVERDON, DEVELOPMENT OFFICER, WAS PAID \$51,750 IN SEVERANCE PAY (INCLUDED IN THE AMOUNT SHOWN FOR EARNINGS ON PART VII, SECTION A, LINE 1A)

Schedule J (Form 990) 2011

Schedule K

**Supplemental Information on Tax Exempt Bonds** 

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

OMB No 1545-0047

DLN: 93493099003233

Open to Public **Inspection** 

Name of the organization BELOIT COLLEGE

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

BEL	OIT COLLEGE									3	9-080	8497			
Pä	art I Bond Issues									•					
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	<b>(e)</b> Issue F	rice	(f)	<b>)</b> Description	of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
										Yes	No	Yes	No	Yes	No
A	WISC HEALTH & EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97710BTF9	04-28-2010	28,394	4,743	REFINANCE OF 2007 SERIES BOND			х		x			×
В	WISC HEALTH & EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97710BTF9	04-28-2010	28,394		REFINANCE OF 2007 SERIES BOND		х		х			Х	
Pa	Proceeds					I						I			1
						١		E	3		С			D	
1	A mount of bonds retired														
3						28,394	1,742	;	30,000,000						
4															
5															
6	6 Proceeds in refunding escrow				;	26,203	3,048	;	29,475,000						
7	Issuance costs from proceeds					400,960 525,000									
8	Credit enhancement from proc														
9	Working capital expenditures f	rom proceeds													
10	Capital expenditures from proc	eeds				1,790	735,								
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion				20	10		20	10						
					Yes	No	0	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	of a current refundi	ng issue?		Х			X							
15	Were the bonds issued as part	of an advance refur	nding issue?			Х			Х						
16	Has the final allocation of proc	eeds been made?			Х			Х							
17	Does the organization maintair allocation of proceeds?	n adequate books ar	nd records to supp	ort the final	Х	×									
Pa	rt IIII Private Business U	se						1							
					<i>Y</i>			В		C			D		
					Yes	No	D	Yes	No	Yes	-	No	Yes	+	No

property financed by tax-exempt bonds?

financed property?

2

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

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Sche	edule K (Form 990) 2011									Page <b>2</b>
Par	t III Private Business Use (Continued)				1	В		С		D
			Yes	No No	Yes	No No	Yes	l No	Yes	l No
За	Are there any management or service contracts that may result in private use?	business	105	X	1.65	X	105	1.0		110
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fine property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		×		х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use to other than a section 501(c)(3) organization or a state or local government.									
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to er post-issuance compliance of its tax-exempt bond liabilities?	sure the	Х		Х					
Pai	rt IV Arbitrage				•		•		•	•
		Α			В		С		D	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the	Yes	No	Yes	No	Y	es	No	Yes	No
	bond issue?		х		х					
2	Is the bond issue a variable rate issue?		X	×						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
			X	X						

	bond issue?	X		Х		
2	Is the bond issue a variable rate issue?	X	X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	x	х			
ь	Name of provider		CHASE BANI	<		•
С	Term of hedge		30 0000	0000000		
d	Was the hedge superintegrated?			х		
e	Was a hedge terminated?			х		
4a	Were gross proceeds invested in a GIC?	Х		Х		
ь	Name of provider					
С	Term of GIC					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					
5	Were any gross proceeds invested beyond an available temporary period?	Х		х		
6	Did the bond issue qualify for an exception to rebate?	Х		Х		

## Part V Procedures To Undertake Corrective Action

### Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493099003233

OMB No 1545-0047

**Inspection** 

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization BELOIT COLLEGE

**Employer identification number** 

- F	Tunes of Dunes :			L	39-080849/			
Pa	Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of do contribution	etermı	_	
				1g				
1	Art—Works of art	Х	6	0	NO VALUE ASSIGN	NED		
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	53	701 316	COST OR MARKET			
	Securities—Closely held stock .	<u> </u>		701,310	COSTORMARKET			
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	Х	2	6,062	COST OR MARKET			
13	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles	X	1	0	NO VALUE ASSIGN	NED		
	Food inventory							
	Drugs and medical supplies .  Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	X	3	0	NO VALUE ASSIGN	JED		
	COMPUTER			Ŭ	NO VALUE ASSIGN	111		
25	Other► (EQUIPMENT)	X	1	2,241	OTHER			
26	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received				20			•
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	owledgement	29			0
	5				4 20 11 1 1		Yes	No
3Ua	During the year, did the organiza							
	must hold for at least three year				a to be used			
_	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a	) is checked,			

### Part II

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

Identifier	Return Reference	Explanation
NON REPORTING OF REVENUE	, and the second	THE COLLEGE, AS A MATTER OF ACCOUNTING POLICY, DOES NOT RECORD REVENUE FOR WORKS OF ART ADDED TO ITS COLLECTIONS, AS ALLOWED UNDER SFAS 116 FURTHERMORE, ITEMS USED AS PROPS IN THE COLLEGE'S THEATER PROGRAM AND USED BOOKS DONATED TO THE COLLEGE'S LIBRARY ARE NOT REPORTED AS REVENUE FOR FINANCIAL STATEMENT PURPOSES

Schedule M (Form 990) 2011

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE 0** (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number BELOIT COLLEGE 39-0808497

ldentifier	Return Reference	Explanation										
	FORM 990, PART I, LINE 1	THE PRIMARY AIM OF BELOIT COLLEGE IS TO PROVIDE A LEARNING AND LIVING ENVIRONMENT DEDICATED TO THE CULTIVATION OF LIBERALLY EDUCATED PERSONS FOR MORE THAN 150 YEARS, THE COLLEGE'S GOALS HAVE REMAINED CONSTANT TO PROVIDE STUDENTS WITH A BROAD GROUNDING IN FACT, THE EXPERIENCE OF MASTERING AN AREA OF KNOWLEDGE, THE ABILITY AND INCLINATION TO INTEGRATE, ASSIMILATE, AND EVALUATE, A CONTINUING CONCERN FOR VALUES, ENTHUSIASM FOR PERSONAL CREATIVITY, AN AESTHETIC SENSIBILITY, A GLOBAL PERSPECTIVE, AND MOST IMPORTANTLY, THE DESIRE TO CONTINUE LEARNING RELATED TO THESE GOALS ARE SEVERAL MAJOR COMMITMENTS THAT HAVE LONG HELPED TO GUIDE THE OPERATION OF BELOIT COLLEGE. A DEDICATION TO THE PURSUIT OF EXCELLENCE, A DEDICATION TO FREE INQUIRY AND COMMITMENT AS EXEMPLIFIED BY THE COLLEGE'S OWN TRADITIONS, AN INTEGRITY OF PURPOSE AND PERFORMANCE STEADFAST AGAINST EXPEDIENCY OR EXPLOITATION, A SPIRIT OF TOLERANCE THAT WILL PERPETUATE FREEDOM, WHETHER OF WORK, WORSHIP, SPEECH, PRESS, OR ACADEMIC RESEARCH, THE CONCEPT OF GOVERNMENT BY CONSENT OF THE GOVERNED, CONSTITUTIONALLY EXPRESSED, THE IDEAL OF A PROGRESSIVE SOCIAL ORDER BASED UPON EQUAL OPPORTUNITY AND EQUAL JUSTICE UNDER THE LAW										
	FORM 990, PART III, LINE 1	BELOIT COLLEGE ENGAGES THE INTELLIGENCE, IMAGINATION, AND CURIOSITY OF ITS STUDENTS, EMPOWERING THEM TO LEAD FULFILLING LIVES MARKED BY HIGH ACHIEVEMENT, PERSONAL RESPONSIBILITY, AND PUBLIC CONTRIBUTION IN A DIVERSE SOCIETY OUR EMPHASIS ON INTERNATIONAL AND INTERDISCIPLINARY PERSPECTIVES, THE INTEGRATION OF KNOWLEDGE WITH EXPERIENCE, AND CLOSE COLLABORATION AMONG PEERS, PROFESSORS, AND STAFF EQUIPS OUR STUDENTS TO APPROACH THE COMPLEX PROBLEMS OF THE WORLD ETHICALLY AND THOUGHTFULLY										
	FORM 990, PART VI, SECTION B, LINE 11	BELOIT COLLEGE'S FORM 990 WAS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM A DRAFT OF THE FORM 990 WAS PROVIDED ELECTRONICALLY TO THE BOARD OF TRUSTEES AUDIT COMMITTEE FOR REVIEW AT THE APRIL AUDIT COMMITTEE MEETING. THE APRIL MEETING AGENDA INCLUDED DISCUSSION OF QUESTIONS OR CONCERNS REGARDING THE INFORMATION CONTAINED IN THE FORM 990 ONCE ALL ISSUES AND QUESTIONS REGARDING THE RETURN WERE RESOLVED, THE FORM 990 WAS FINALIZED TO INCORPORATE ANY NECESSARY CHANGES AN UPDATED VERSION WAS PROVIDED ELECTRONICALLY TO THE CONTROLLER TO DISTRIBUTE TO THE AUDIT COMMITTEE FOR ADDITIONAL MATTERS TO BE ADDRESSED AND RESOLVED. THE FINALIZED VERSION OF FORM 990 WAS FILED WITH THE IRS ON OR BEFORE APRIL 15TH FILING DEADLINE. TO RESPECT THE WISHES OF CERTAIN DONORS TO REMAIN ANONY MOUS, WE HAVE CHOSEN NOT TO PROVIDE A FULL DISCLOSURE COPY OF THE 990 TO THE FULL GOVERNING BOARD OF BELOIT COLLEGE. A FULL DISCLOSURE COPY, WITH ALL DONOR INFORMATION, WILL BE FILED WITH THE IRS										
	FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES AND OFFICERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST DOCUMENTS ANNUALLY										
	FORM 990, PART VI, SECTION B, LINE 15	THE COLLEGE PARTICIPATES ANNUALLY IN AN OFFICER COMPENSATION SURVEY CONDUCTED BY THE WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (WAICU), AS WELL AS AN ANNUAL ADMINISTRATIVE SALARY SURVEY CONDUCTED BY THE ASSOCIATED COLLEGES OF THE MIDWEST (ACM) IN 2011, INDEPENDENT COMPARABILITY DATA FROM THE WAICU AND ACM SALARY SURVEYS WERE UTILIZED AS PART OF THE PROCESS UNDERTAKEN TO DETERMINE THE TOTAL COMPENSATION OF THE COLLEGE PRESIDENT AND ITS ACADEMIC DEAN										
	FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEB SITE. OTHER DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST										
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,177,529 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -376,100 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS -232,094 TOTAL TO FORM 990, PART XI, LINE 5 -4,785,723										

Software ID: Software Version:

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Name: BELOIT COLLEGE

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

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) Average hours per		(tion that a		y)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
MR BILL BOYD TRUSTEE	1 00	Х						0	0	0		
MR CHUCK MCQUAID TRUSTEE	1 00	Х						0	0	0		
MR DICK NIEMIEC TRUSTEE	1 00	Х						0	0	0		
MR DONALD CARSON TRUSTEE	1 00	Х						0	0	0		
MR EUGENE ZELTMANN TRUSTEE	1 00	Х						0	0	0		
MR GENE BANUCCI TRUSTEE	1 00	Х						0	0	0		
MR HAROLD F MAYER TRUSTEE	1 00	Х						0	0	0		
MR J DON WYATT TRUSTEE	1 00	Х						0	0	0		
MR JACK ROZRAN TRUSTEE	1 00	X						0	0	0		
MR JAMES PACKARD TRUSTEE	1 00	Х						0	0	0		
MR JAMES SANGER TRUSTEE	1 00	Х						0	0	0		
MR OSCAR E CARDONA TRUSTEE	1 00	Х						0	0	0		
MR PETER CHATILOVICZ TRUSTEE	1 00	Х						0	0	0		
MR PHEE BOON KANG TRUSTEE	1 00	Х						0	0	0		
MR RICHARD CLAYTON TRUSTEE	1 00	Х						0	0	0		
MR ROBERT SHAW TRUSTEE	1 00	Х						0	0	0		
MR ROBERT YOUNG TRUSTEE	1 00	Х						0	0	0		
MR SHAMS RASHID TRUSTEE	1 00	Х						0	0	0		
MR STEPHEN H MAHLE TRUSTEE	1 00	Х						0	0	0		
MR STEVEN COHEN TRUSTEE	1 00	Х						0	0	0		
MR THOMAS ONEILL TRUSTEE	1 00	Х						0	0	0		
MR THOMAS WALCOTT TRUSTEE	1 00	Х						0	0	0		
MS DIANE HENDRICKS TRUSTEE	1 00	Х						0	0	0		
MS JO FROMAN TRUSTEE	1 00	Х						0	0	0		
MS JOANNA KUTTER TRUSTEE	1 00	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours		(ition that a			II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
MS JUDITH MILLER TRUSTEE	1 00	Х						0	0	0			
MS MARGARET ROBINSON TRUSTEE	1 00	Х						0	0	0			
MS NINA WEISSBERG TRUSTEE	1 00	X						0	0	0			
MS SUDHA P QUAMME TRUSTEE	1 00	X						0	0	0			
DR ANN DAVIES PROVOST & DEAN OF THE COLLEGE	40 00			х				157,516	0	20,531			
DR CHRISTINA KLAWITTER DEAN OF STUDENTS	40 00			х				55,503	0	5,364			
DR H SCOTT BIERMAN PRESIDENT	40 00			х				345,810	0	50,144			
MR JOHN NICHOLAS VP ADMINISTRATION	40 00			х				153,569	0	16,882			
MR R JEFF PUCKETT VP EXTERNAL AFFAIRS	40 00			х				226,543	0	33,653			
MS CONNIE TRUESDALE SECRETARY OF THE COLLEGE	40 00			х				56,184	0	15,153			
MS NANCY BENEDICT VP ENROLLMENT	40 00			х				137,008	0	21,744			
MR JERRY GUSTAFSON PROFESSOR	40 00					Х		112,664	0	19,356			
MR JOHN JUNGCK PROFESSOR	40 00					Х		107,322	0	19,996			
MS BETH MONTIERO EXEC DIR DEV OPER & GIFT PLNG	40 00					Х		134,479	0	22,360			
MS SUSAN CLEVERDON DEVELOPMENT OFFICER	40 00					Х		101,256	0	9,627			
MR BILL FLANAGAN DEVELOPMENT OFFICER	40 00						х	112,102	0	11,612			