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Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning** , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>RIPON HISTORICAL SOCIETY</b>		<b>D Employer identification number</b> <b>39-1034964</b>
	Doing business as		<b>E Telephone number</b> <b>920-748-4706</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>508 WATSON ST</b>		<b>G Gross receipts \$</b> <b>201,867</b>
	City or town state or province, country, and ZIP or foreign postal code <b>RIPON WI 54971</b>		
<b>F Name and address of principal officer</b> <b>ROBERTA WALKER</b> <b>508 WATSON ST</b> <b>RIPON WI 54971</b>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions)
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
<b>J Website</b> ▶ <b>WWW.RIPONHISTORY.COM</b>			<b>L Year of formation</b> <b>1899</b>
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>M State of legal domicile</b> <b>WI</b>

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**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <b>PRESERVATION OF HISTORIC RECORDS FOR THE CITY OF RIPON, WISCONSIN AND SURROUNDING AREA.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2014 (Part VII, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,212	7,338
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,254	59,485
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,500	66,823
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,186	45,127
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	41,186	45,127
19 Revenue less expenses Subtract line 18 from line 12	36,314	21,696	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	771,010	781,069
	22 Net assets or fund balances Subtract line 21 from line 20	0	0

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: <i>Roberta J Walker</i>	Date: <b>6-22-15</b>		
	Type or print name and title: <b>ROBERTA WALKER</b> <b>TREASURER</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>GARY G. BORN, CPA</b>	Preparer's signature: <i>Gary G. Born</i>	Date: <b>06/18/15</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN: <b>P00543115</b>
	Firm's name: <b>HUBERTY &amp; ASSOCIATES, S.C.</b>	Firm's EIN: <b>39-1392227</b>	Firm's address: <b>201 E FOND DU LAC ST, PO BOX 272</b> <b>RIPON, WI 54971</b>	Phone no: <b>920-748-7741</b>

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

For Paperwork Reduction Act Notice, see the separate instructions

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

**PRESERVATION OF HISTORIC RECORDS FOR THE CITY OF RIPON, WISCONSIN AND SURROUNDING AREA.**

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ **37,487** including grants of \$ ) (Revenue \$ )

**COLLECTION, PRESERVATION AND DISPLAY OF HISTORICAL RECORDS, MATERIALS, ARTICLES AND RELICS WHICH ILLUSTRATE THE HISTORY OF THE CITY OF RIPON, WISCONSIN.**

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

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

4d Other program services (Describe in Schedule O )

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

4e Total program service expenses **▶ 37,487**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
<b>3</b> 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		<b>X</b>
<b>4 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? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>X</b>	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<b>X</b>
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</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 and XII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
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		<b>X</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>X</b>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<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		<b>X</b>
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		<b>X</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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 as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>			<b>X</b>
Did the organization have local chapters, branches, or affiliates?			
<b>10b</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?			
<b>11a</b>		<b>X</b>	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
<b>12a</b>			<b>X</b>
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12b</b>			
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
<b>12c</b>			
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
<b>13</b>			<b>X</b>
Did the organization have a written whistleblower policy?			
<b>14</b>			<b>X</b>
Did the organization have a written document retention and destruction policy?			
<b>15a</b>			<b>X</b>
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?			
<b>15b</b>			<b>X</b>
a The organization's CEO, Executive Director, or top management official			
b Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b>			<b>X</b>
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
<b>16b</b>			
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

**Section C. Disclosure**

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

**ROBERTA WALKER**  
**RIPON**

**508 WATSON**

**WI 54971**

**920-748-4706**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>GIB STOEBERL</b> DIRECTOR	1.00 0.00	X						0	0	0
(2) <b>CAROL SACHEN</b> DIRECTOR	1.00 0.00	X						0	0	0
(3) <b>NORM LOOMER</b> DIRECTOR	1.00 0.00	X						0	0	0
(4) <b>LARA GRANT</b> DIRECTOR	1.00 0.00	X						0	0	0
(5) <b>BILL WOOLEY</b> DIRECTOR	1.00 0.00	X						0	0	0
(6) <b>JACK STEINBRING</b> PRESIDENT	1.00 0.00			X				0	0	0
(7) <b>GARY WETZEL</b> SECRETARY	1.00 0.00			X				0	0	0
(8) <b>ROBERTA WALKER</b> TREASURER	1.00 0.00			X				0	0	0
(9) <b>TRACY OBRIEN</b> VICE. PRESIDENT	1.00 0.00			X				0	0	0
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	<b>590</b>			
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>6,748</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f	\$	<b>6,000</b>			
	<b>h Total. Add lines 1a-1f</b>		<b>7,338</b>			
<b>Program Service Revenue</b>	<b>2a</b>	<b>Busn Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>43,240</b>	<b>43,240</b>		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		<b>b</b> Less rental exps				
		<b>c</b> Rental inc or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>151,289</b>				
		<b>b</b> Less cost or other basis & sales exps		<b>135,044</b>		
		<b>c</b> Gain or (loss)		<b>16,245</b>		
	<b>d</b> Net gain or (loss)		<b>16,245</b>	<b>16,245</b>		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
		<b>b</b> Less direct expenses	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events				
<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>					
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b>	<b>Busn Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
	<b>12 Total revenue. See instructions</b>		<b>66,823</b>	<b>59,485</b>	<b>0</b>	<b>0</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,575		1,575	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )				
12 Advertising and promotion	119	119		
13 Office expenses	1,284	1,090	194	
14 Information technology				
15 Royalties				
16 Occupancy	30,790	30,790		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a <b>INVESTMENT EXPENSE</b>	5,871		5,871	
b <b>PROGRAM DISPLAY</b>	2,485	2,485		
c <b>COMPUTER EXPENSE</b>	1,724	1,724		
d <b>MISCELLANEOUS EXPENSE</b>	1,035	1,035		
e All other expenses	244	244		
<b>25 Total functional expenses</b> Add lines 1 through 24e	<b>45,127</b>	<b>37,487</b>	<b>7,640</b>	<b>0</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	1,302	1	1,385
	2 Savings and temporary cash investments	18,606	2	18,606
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	742,712	11	746,688
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	8,390	15	14,390
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	771,010	16	781,069	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0	26	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	771,010	27	781,069
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	771,010	33	781,069
34 <b>Total liabilities and net assets/fund balances</b>	771,010	34	781,069	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,823
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,127
3	Revenue less expenses Subtract line 2 from line 1	3	21,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	771,010
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,637
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	781,069

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**RIPON HISTORICAL SOCIETY**

Employer identification number

**39-1034964**

**Part I Reason for Public Charity Status** (All organizations must complete this part ) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,388	11,675	6,023	8,212	7,338	34,636
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,388	11,675	6,023	8,212	7,338	34,636
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,177
6 <b>Public support.</b> Subtract line 5 from line 4						29,459

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,388	11,675	6,023	8,212	7,338	34,636
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,345	49,363	29,266	38,044	59,484	206,502
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						241,138
12 Gross receipts from related activities, etc. (see instructions)					12	43,240
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	12.22%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	11.70%
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	<b>Total annual distributions.</b> Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions.)

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**PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2014**

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

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

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public Inspection

Name of the organization

Employer identification number

**RIPON HISTORICAL SOCIETY**

**39-1034964**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), 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	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- |    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- c Beginning balance
  - d Additions during the year
  - e Distributions during the year
  - f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ %
  - b Permanent endowment ▶ %
  - c Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                               | Yes | No |
|-------------------------------|-----|----|
| 3a(i) unrelated organizations |     |    |
| 3a(ii) related organizations  |     |    |
- (i) unrelated organizations
  - (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII )	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 )		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII )	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 )		<b>5</b>	

**Part XIII Supplemental Information.**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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**Part XIII** Supplemental Information (continued)

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
- ▶ Attach to Form 990
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

**RIPON HISTORICAL SOCIETY**

Employer identification number

**39-1034964**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	<b>X</b>	<b>1</b>	<b>6,000</b>	<b>OPINION OF EXPERTS</b>
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

---

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014****Open to Public  
Inspection**

Employer identification number

**RIPON HISTORICAL SOCIETY****39-1034964**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE FORM 990 IS DISTRIBUTED TO THE BOARD MEMBERS FOR REVIEW BEFORE THE  
OFFICER SIGNS AND SUBMITS THE RETURN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
A REQUEST BY THE INQUIRING PERSON IS NEEDED AND THE APPROPRIATE BOARD  
MEMBER WILL SUPPLY THE REQUESTED INFORMATION WITHIN A REASONABLE TIME.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNREALIZED LOSS ON INVESTMENTS \$ 11,637

**Recipient's Name and Address:**

RIPON HISTORICAL SOCIETY  
508 WATSON ST  
RIPON WI 54971-1521

**Your Financial Advisor Is:**

WARREN L DEMMON  
BMO HARRIS FINANCIAL ADVISORS  
333 BLACKBURN ST  
RIPON WI 54971-1524  
(920) 748-4765  
ID: C28

**Payer Information:**

PERSHING LLC  
**Federal Identification  
Number:** 13-2741729

**See page 2 if you are expecting another tax statement.**

**Summary of Form 1099-B** OMB No. 1545-0112

Details are reported to the IRS. Refer to the 1099-B section of this statement for those details:

Box	Amount
1	151,288.73
3	59,222.75
4	0.00
5	0.00
6	0.00
7	0.00
8	0.00
9	0.00
10	0.00
11	0.00
12	0.00
13/14/15	Various

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**2014 1099-DIV** Dividends and Distributions OMB No. 1545-0110

Box	Amount
1a	16,731.68
1b	7,310.25
2a	26,116.39
2b	0.00
2c	0.00
2d	0.00
3	135.51
4	0.00
5	0.00
6	195.58
8	0.00
9	0.00
10	0.00
11	0.00
12/13/14	State /State ID# /State Tax Withheld

**Summary of Form 1099-OID**

Details are reported to the IRS. Refer to the 1099-OID section of this statement for those details.

Amount	
Original Issue Discount (Non-U.S. Treasury Obligations) .....	0.00
Other Periodic Interest .....	0.00
Market Discount (For Covered Transactions Only) .....	0.00
Acquisition Premium (For Covered Transactions Only) .....	0.00
Original Issue Discount on U.S. Treasury Obligations .....	0.00
Investment Expenses .....	0.00
<b>Federal Income Tax Withheld</b> .....	<b>0.00</b>
State Tax Withheld .....	

**2014 1099-INT** Interest Income OMB No. 1545-0112

Box	Amount
1	0.00
3	0.00
4	0.00
5	0.00
6	0.00
8	0.00
9	0.00
10	0.00
11	0.00
12	0.00
13/14/15	State /State ID# /State Tax Withheld



**2014 TAX and  
YEAR-END STATEMENT  
As of 02/23/2015**

Account Number: P17-009757

Recipient's Identification  
Number: \*\*-\*\*\*4964

Recipient's Name and Address:  
RIPON HISTORICAL SOCIETY  
508 WATSON ST

**IMPORTANT MESSAGE:** Certain types of securities (e.g., mutual funds, REMICs, REITs) are more likely to receive adjustments to dividend payments that will reduce your dividend income and the purchase price of your securities. The final information needed typically becomes available between January and March. Additionally, for the 2014 tax year, many adjustments are being made to properly reflect amortization and accretion on bonds. In an effort to reduce the need to refile your taxes, Pershing will not accelerate the 1099 mailing for accounts holding these types of assets. Tax statement mailings will occur in a four-phased approach: January 31, February 17, February 28 and March 16. As a result of this phased mailing, you and members of your household may receive 1099 tax statements at different times based on the types of securities held in each account. For additional information, please visit mytaxhandbook.com.

**Summary Of Transactions We Do Not Report To The IRS (See instructions for additional information)**

Advisory Fees	Amount
	(5,871.19)

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715**  
(For individuals, report details on Form 8949)

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Disposition Transaction	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments				
						D=Market Discount	O=Option Premium	W=Wash Sale Loss		
						Realized Gain or (Loss)				
SELL AVERAGE COST	1.976	12/20/2013	12/16/2014	70.58	75.57				(4.99)	
SELL AVERAGE COST	.939	12/20/2013	12/16/2014	33.54	35.91				(2.37)	
SELL AVERAGE COST	28.319	12/20/2013	12/16/2014	1,011.55	1,083.04				(71.49)	
SELL AVERAGE COST	575	07/02/2014	12/16/2014	20.54	21.99				(1.45)	
SELL AVERAGE COST	46.708	07/02/2014	12/16/2014	1,668.41	1,786.32				(117.91)	
SELL AVERAGE COST	2.601	07/02/2014	12/16/2014	92.91	99.47				(6.56)	

Short-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part I, with Box A checked.

**Covered (Box 3)**

Description (Box 1a): DAVIS NEW YORK VENTU RE CLASS Y CUSIP: 239080401

Recipient's Name and Address:  
 RIPON HISTORICAL SOCIETY  
 508 WATSON ST

Account Number: P17-009757

Recipient's Identification  
 Number \*\*-\*4964

**2014 TAX and  
 YEAR-END STATEMENT**  
 As of 02/23/2015

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**

(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	Realized Gain or (Loss)
<b>Short-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part I, with Box A checked.</b>										
<b>Covered (Box 3) (Continued)</b>										
Description (Box 1a): DAVIS NEW YORK VENTU RE CLASS Y										
CUSIP: 239080401 (Continued)										
SALE DATE TOTAL 81.118 2,897.53 3,102.30 (204.77)										
Description (Box 1a): FEDERATED INSTITUTIO NAL HIGH YIELD BOND FUND										
CUSIP: 31420BS00										
SELL	AVERAGE COST	3.072	08/30/2013	08/20/2014	31.73	29.92				1.81
SELL	AVERAGE COST	3.071	09/30/2013	08/20/2014	31.72	29.91				1.81
SELL	AVERAGE COST	2.997	10/31/2013	08/20/2014	30.96	29.19				1.77
SELL	AVERAGE COST	2.999	11/29/2013	08/20/2014	30.98	29.21				1.77
SELL	AVERAGE COST	2.48	12/05/2013	08/20/2014	2.56	2.42				0.14
SELL	AVERAGE COST	.984	12/05/2013	08/20/2014	10.16	9.59				0.57
SELL	AVERAGE COST	3.115	12/31/2013	08/20/2014	32.18	30.34				1.84
SELL	AVERAGE COST	2.968	01/31/2014	08/20/2014	30.66	28.91				1.75
SELL	AVERAGE COST	2.958	02/28/2014	08/20/2014	30.56	28.81				1.75
SELL	AVERAGE COST	2.943	03/31/2014	08/20/2014	30.40	28.66				1.74
SELL	AVERAGE COST	2.904	04/30/2014	08/20/2014	30.00	28.28				1.72
SELL	AVERAGE COST	2.918	05/30/2014	08/20/2014	30.14	28.42				1.72
SELL	AVERAGE COST	2.918	06/30/2014	08/20/2014	30.14	28.42				1.72
SELL	AVERAGE COST	3.007	07/31/2014	08/20/2014	31.08	29.29				1.79
SALE DATE TOTAL 37.102 383.27 361.37 21.90										



**2014 TAX and  
YEAR-END STATEMENT  
As of 02/23/2015**

Account Number: P17-009757  
Recipient's Identification  
Number: \*\*\*-\*\*-4964

Recipient's Name and Address:  
RIPON HISTORICAL SOCIETY  
508 WATSON ST

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**  
(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or (Loss)
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	
CUSIP: 693390700										
SELL	AVERAGE COST	9 049	10/31/2013	10/21/2014	99.00	100.17				(1.17)
SELL	AVERAGE COST	8 674	11/29/2013	10/21/2014	94.89	96.02				(1.13)
SELL	AVERAGE COST	5 009	12/11/2013	10/21/2014	54.80	55.45				(0.65)
SELL	AVERAGE COST	26 210	12/11/2013	10/21/2014	286.74	290.15				(3.41)
SELL	AVERAGE COST	6 376	12/31/2013	10/21/2014	69.75	70.58				(0.83)
SELL	AVERAGE COST	6 384	01/31/2014	10/21/2014	69.84	70.67				(0.83)
SELL	AVERAGE COST	6 962	02/28/2014	10/21/2014	76.16	77.07				(0.91)
SELL	AVERAGE COST	8 182	03/31/2014	10/21/2014	89.51	90.57				(1.06)
SELL	AVERAGE COST	8 634	04/30/2014	10/21/2014	94.46	95.58				(1.12)
SELL	AVERAGE COST	10 995	05/30/2014	10/21/2014	120.29	121.72				(1.43)
SELL	AVERAGE COST	8 923	06/30/2014	10/21/2014	97.62	98.78				(1.16)
SELL	AVERAGE COST	9 934	07/31/2014	10/21/2014	108.68	109.97				(1.29)
SELL	AVERAGE COST	9 331	08/29/2014	10/21/2014	102.08	103.29				(1.21)
SALE DATE TOTAL					1,363.82	1,380.02				(16.20)
CUSIP: 72201M487										
Description (Box 1a): PIMCO UNCONSTRAINED BOND FUND INSTL CLAS S										
SELL	AVERAGE COST	47 946	06/26/2013	02/24/2014	537.00	539.62			2.62 <sup>W</sup>	0.00
Short-Term Covered Total					5,181.62	5,383.31			2.62 <sup>W</sup>	(199.07)

Recipient's Name and Address:  
 RYON HISTORICAL SOCIETY  
 508 WATSON ST

Account Number: P17-009757

Recipient's Identification  
 Number: \*\*-\*\*\*4964

**2014 TAX and  
 YEAR-END STATEMENT  
 As of 02/23/2015**

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**

(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or (Loss)
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	

**Long-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part II, with Box D checked.  
 Covered (Box 3)**

Description (Box 1a): BMO MONEGY HIGH YIELD D BOND FUND CLASS Y										
SELL	AVERAGE COST	315.996	01/10/2012	08/20/2014	3,299.00	3,184.44				114.56

CUSIP: 09658L507

Description (Box 1a): BMO PYRFORD GLOBAL S TRATEGIC RETURN FUND CLASS Y										
SELL	AVERAGE COST	585.088	01/10/2012	12/22/2014	5,430.84	5,853.89				(423.05)
SELL	AVERAGE COST	18.569	05/24/2012	12/22/2014	172.36	185.78				(13.42)
SELL	AVERAGE COST	7.084	12/12/2013	12/22/2014	65.75	70.87				(5.12)
SELL	AVERAGE COST	1.588	12/12/2013	12/22/2014	14.74	15.88				(1.14)
SELL	AVERAGE COST	1.599	12/12/2013	12/22/2014	14.85	15.99				(1.14)
SALE DATE TOTAL		613.928	VARIOUS	12/22/2014	5,698.54	6,142.41				(443.87)

CUSIP: 09658L455

Description (Box 1a): BMO DIVIDEND INCOME FUND CLASS Y										
SELL	AVERAGE COST	35.865	01/10/2012	09/24/2014	510.00	389.28				120.72
SELL	AVERAGE COST	38.915	01/10/2012	11/24/2014	574.00	423.00				151.00
SECURITY TOTAL					1,084.00	812.28				271.72

CUSIP: 09658L505

Description (Box 1a): DAVIS NEW YORK VENTURE RE CLASS Y										
SELL	AVERAGE COST	20.885	05/24/2012	12/16/2014	746.01	789.25				-43.24
SELL	AVERAGE COST	5.468	12/19/2012	12/16/2014	195.32	207.09				-11.77
SELL	AVERAGE COST	13.313	12/19/2012	12/16/2014	475.54	504.53				-28.99

CUSIP: 239080401



Recipient's Name and Address:  
 RYON HISTORICAL SOCIETY  
 508 WATSON ST

Account Number: P17-009757  
 Recipient's Identification  
 Number \*\*-\*\*\*4964

**2014 TAX and  
 YEAR-END STATEMENT  
 As of 02/23/2015**

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**  
 (For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1c)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or (Loss)
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	
<b>Long-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part II, with Box D checked.</b>										
<b>Covered (Box 3) (Continued)</b>										
Description (Box 1a): DAVIS NEW YORK VENTURE CLASS Y CUSIP: 239080401 (Continued)										
SELL	AVERAGE COST	297 739	02/08/2013	12/16/2014	10,635.24	11,301.11		56.62	W	(609.25)
SELL	AVERAGE COST	2 626	07/02/2013	12/16/2014	93.80	100.43				(6.63)
SELL	AVERAGE COST	44 804	07/02/2013	12/16/2014	1,600.40	1,713.51				(113.11)
SELL	AVERAGE COST	2 987	07/02/2013	12/16/2014	106.70	114.23				(7.53)
SELL	AVERAGE COST	20 885	12/12/2014	12/16/2014	746.01	798.73				(52.72)
	Wash sale: 936 day(s) added to holding period									
SELL	AVERAGE COST	5 468	12/12/2014	12/16/2014	195.32	209.12				(13.80)
	Wash sale: 727 day(s) added to holding period									
SELL	AVERAGE COST	13 313	12/12/2014	12/16/2014	475.54	509.15				(33.61)
	Wash sale: 727 day(s) added to holding period									
SELL	AVERAGE COST	23 471	12/12/2014	12/16/2014	838.38	897.63				(59.25)
	Wash sale: 676 day(s) added to holding period									
SELL	AVERAGE COST	1 764	12/12/2014	12/16/2014	63.01	67.46				(4.45)
	Wash sale: 676 day(s) added to holding period									
SELL	AVERAGE COST	.084	12/12/2014	12/16/2014	3.00	3.21				(0.21)
	Wash sale: 676 day(s) added to holding period									
SALE DATE TOTAL		452,807	VARIOUS	12/16/2014	16,174.27	17,215.45		140.62	W	(900.56)

Recipient's Name and Address:  
 RIPON HISTORICAL SOCIETY  
 508 WATSON ST

Account Number: P17-009757

Recipient's Identification  
 Number: \*\*-\*\*\*4964

**2014 TAX and  
 YEAR-END STATEMENT  
 As of 02/23/2015**

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**  
 (For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or (Loss)
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	
CUSIP: 314208300										
Description (Box 1a): FEDERATED INSTITUTIO NAL HIGH YIELD BOND FUND										
SELL	AVERAGE COST	10.033	01/03/2012	08/20/2014	103.64	97.71				5.93
SELL	AVERAGE COST	8.477	02/01/2012	08/20/2014	87.57	82.56				5.01
SELL	AVERAGE COST	7.482	03/01/2012	08/20/2014	77.29	72.87				4.42
SELL	AVERAGE COST	7.560	04/02/2012	08/20/2014	78.09	73.63				4.46
SELL	AVERAGE COST	7.549	05/01/2012	08/20/2014	77.98	73.52				4.46
SELL	AVERAGE COST	382.691	05/24/2012	08/20/2014	3,953.20	3,726.76				226.44
SELL	AVERAGE COST	8.064	06/01/2012	08/20/2014	83.30	78.53				4.77
SELL	AVERAGE COST	9.754	07/02/2012	08/20/2014	100.76	94.99				5.77
SELL	AVERAGE COST	.664	07/03/2012	08/20/2014	6.86	6.47				0.39
SELL	AVERAGE COST	9.316	07/31/2012	08/20/2014	96.23	90.73				5.50
SELL	AVERAGE COST	.328	08/07/2012	08/20/2014	3.39	3.20				0.19
SELL	AVERAGE COST	9.644	08/31/2012	08/20/2014	99.62	93.92				5.70
SELL	AVERAGE COST	8.851	09/28/2012	08/20/2014	91.43	86.20				5.23
SELL	AVERAGE COST	9.524	10/31/2012	08/20/2014	98.38	92.75				5.63
SELL	AVERAGE COST	10.967	11/30/2012	08/20/2014	113.29	106.80				6.49
SELL	AVERAGE COST	3.847	12/06/2012	08/20/2014	39.74	37.47				2.27
SELL	AVERAGE COST	0.60	12/06/2012	08/20/2014	0.62	0.59				0.03

**Long-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part II, with Box D checked.  
 Covered (Box 3) (Continued)**



Recipient's Name and Address:  
 RICHMOND HISTORICAL SOCIETY  
 508 WATSON ST

Account Number: P17-009757  
 Recipient's Identification  
 Number \*\*:\*\*\*4964

**2014 TAX and  
 YEAR-END STATEMENT  
 As of 02/23/2015**

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**

(For individuals, report details on Form 8949)

Disposition Transaction	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or Loss	
						D=Market Discount	O=Option Premium	W=Wash Sale Loss		
<b>Long-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part II, with Box D checked.</b>										
<b>Covered (Box 3) (Continued)</b>										
Description (Box 1a): FEDERATED INSTITUTIONAL HIGH YIELD BOND FUND CUSIP: 314208300 (Continued)										
SELL	AVERAGE COST	9,790	12/31/2012	08/20/2014	101.13	95.34				5.79
SELL	AVERAGE COST	9,486	01/31/2013	08/20/2014	97.99	92.38				5.61
SELL	AVERAGE COST	7,339	02/28/2013	08/20/2014	75.81	71.47				4.34
SELL	AVERAGE COST	5,966	03/28/2013	08/20/2014	61.63	58.10				3.53
SELL	AVERAGE COST	5,785	04/30/2013	08/20/2014	59.76	56.34				3.42
SELL	AVERAGE COST	5,971	05/31/2013	08/20/2014	61.68	58.15				3.53
SELL	AVERAGE COST	5,966	06/28/2013	08/20/2014	61.63	58.10				3.53
SELL	AVERAGE COST	3,125	07/31/2013	08/20/2014	32.28	30.44				1.84
SALE DATE TOTAL					5,663.30	5,339.02				324.28
Description (Box 1a): FIDELITY ADVISOR FLOWING RATE HIGH INCOME FUND CLASS I CUSIP: 315807552										
SELL	AVERAGE COST	508,981	06/26/2013	08/20/2014	5,044.00	5,030.20				13.80
Description (Box 1a): PIMCO TOTAL RETURN FUND INSTITUTIONAL CLASS CUSIP: 693390700										
SELL	AVERAGE COST	13,476	01/03/2012	10/21/2014	147.43	149.17		0.94		(0.80)
SELL	AVERAGE COST	908	01/03/2012	10/21/2014	9.93	10.05				(0.12)
SELL	AVERAGE COST	774,149	01/10/2012	10/21/2014	8,469.19	8,570.23				(101.04)
SELL	AVERAGE COST	14,919	02/01/2012	10/21/2014	163.21	165.16				(1.95)
SELL	AVERAGE COST	14,465	03/01/2012	10/21/2014	158.25	160.13				(1.88)

Recipient's Name and Address:  
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 508 WATSON ST

Account Number: P17-009757

Recipient's Identification  
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2014 TAX and  
 YEAR-END STATEMENT  
 As of 02/23/2015

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**

(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or Loss
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	
CUSIP: 693390700 (Continued)										
Description (Box 1a): PIMCO TOTAL RETURN FUND INSTITUTIONAL CLASS										
SELL	AVERAGE COST	17.232	04/02/2012	10/21/2014	188.52	190.76				(2.24)
SELL	AVERAGE COST	.501	04/02/2012	10/21/2014	5.48	5.54				(0.06)
SELL	AVERAGE COST	16.245	05/01/2012	10/21/2014	177.72	179.84				(2.12)
SELL	AVERAGE COST	17.529	06/01/2012	10/21/2014	191.77	194.05				(2.28)
SELL	AVERAGE COST	1.421	06/29/2012	10/21/2014	15.55	15.73				(0.18)
SELL	AVERAGE COST	11.820	07/31/2012	10/21/2014	129.31	130.85				(1.54)
SELL	AVERAGE COST	12.651	08/31/2012	10/21/2014	138.40	140.05				(1.65)
SELL	AVERAGE COST	10.182	09/28/2012	10/21/2014	111.39	112.72				(1.33)
SELL	AVERAGE COST	14.961	10/31/2012	10/21/2014	163.67	165.62				(1.95)
SELL	AVERAGE COST	15.339	11/30/2012	10/21/2014	167.81	169.81				(2.00)
SELL	AVERAGE COST	53.158	12/12/2012	10/21/2014	581.55	588.48				(6.93)
SELL	AVERAGE COST	72.423	12/12/2012	10/21/2014	792.31	801.76				(9.45)
SELL	AVERAGE COST	55.300	12/27/2012	10/21/2014	604.98	612.19				(7.21)
SELL	AVERAGE COST	12.164	12/31/2012	10/21/2014	133.07	134.66				(1.59)
SELL	AVERAGE COST	9.310	01/31/2013	10/21/2014	101.85	103.06				(1.21)
SELL	AVERAGE COST	217.516	02/11/2013	10/21/2014	2,379.63	2,408.01				(28.38)
SELL	AVERAGE COST	10.711	02/28/2013	10/21/2014	117.18	118.57				(1.39)

Long-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part II, with Box D checked.

Covered (Box 3) (Continued)



Recipient's Name and Address:  
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**2014 TAX and  
 YEAR-END STATEMENT**  
 As of 02/23/2015

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**  
 (For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method (Box 1a)	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or Loss (Loss)	
							D=Market Discount	O=Option Premium	W=Wash Sale Loss		
<b>Long-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part II, with Box D checked.</b>											
<b>Covered (Box 3) (Continued)</b>											
Description (Box 1a): PIMCO TOTAL RETURN FUND INSTITUTIONAL CLASS CUSIP: 693390700 (Continued)											
SELL	AVERAGE COST	13 911	03/28/2013	10/21/2014	152.19	154.00				(1.81)	
SELL	AVERAGE COST	16 353	04/30/2013	10/21/2014	178.90	181.03				(2.13)	
SELL	AVERAGE COST	13 901	05/31/2013	10/21/2014	152.08	153.89				(1.81)	
SELL	AVERAGE COST	9 565	06/28/2013	10/21/2014	104.64	105.88				(1.24)	
SELL	AVERAGE COST	9 751	07/31/2013	10/21/2014	106.68	107.94				(1.26)	
SELL	AVERAGE COST	10 529	08/30/2013	10/21/2014	115.19	116.56				(1.37)	
SELL	AVERAGE COST	8 069	09/30/2013	10/21/2014	88.27	89.32				(1.05)	
SELL	AVERAGE COST	7 279	09/30/2014	10/21/2014	79.61	80.58				(0.97)	
Wash sale 1022 day(s) added to holding period											
SALE DATE TOTAL					15,925.76	16,115.64		0.94 W			(188.94)
Long-Term Covered Total					52,888.87	53,839.44		141.56 W			(809.01)
Covered Total					58,070.49	59,222.75		144.18 W			(1,008.08)

**Long-Term Transactions for Which Basis Is Not Reported to the IRS - Report on Form 8949, Part II, with Box E checked.**  
**Noncovered (Box 5)**

Description (Box 1a): BMO LLOYD GEORGE EME RING MARKETS EQUITY FUND CLASS Y CUSIP: 09658L471											
SELL	AVERAGE COST	45 816	04/29/2009	02/24/2014	564.00	597.96					(33.96)
SELL	AVERAGE COST	95 934	04/29/2009	04/24/2014	1,274.00	1,252.09					21.91

See p. 17 (2013)

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2014 TAX and  
 YEAR-END STATEMENT  
 As of 02/23/2015

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**  
 (For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or (Loss)
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	

Long-Term Transactions for Which Basis Is Not Reported to the IRS - Report on Form 8949, Part II, with Box E checked.

**Noncovered (Box 5) (Continued)**

Description (Box 1a): BMO LLOYD GEORGE EMERGING MARKETS EQUITY FUND CLASS Y

CUSIP: 09658L471 (Continued)

SELL	AVERAGE COST	76.771	04/29/2009	05/27/2014	1,051.00	1,001.98				49.02
SELL	AVERAGE COST	59.654	04/29/2009	09/05/2014	867.96	778.58				89.38
SELL	AVERAGE COST	5.010	09/22/2011	09/05/2014	72.90	65.39				7.51
SELL	AVERAGE COST	14.168	12/08/2011	09/05/2014	206.14	184.92				21.22
SALE DATE TOTAL					1,147.00	1,028.89				118.11
SECURITY TOTAL					4,036.00	3,880.92				155.08

Description (Box 1a): BMO SMALL-CAP GROWTH FUND CLASS Y

CUSIP: 09658L612

SELL	AVERAGE COST	24.466	12/07/2000	01/24/2014	550.00	361.49				188.51
SELL	AVERAGE COST	56.885	12/07/2000	02/21/2014	1,322.00	840.48				481.52
SELL	AVERAGE COST	23.732	12/07/2000	02/24/2014	557.00	350.64				206.36
SECURITY TOTAL					2,429.00	1,552.61				876.39

Description (Box 1a): BMO MID-CAP VALUE FUND CLASS Y

CUSIP: 09658L695

SELL	AVERAGE COST	37.933	11/19/2008	01/24/2014	591.00	270.63				320.37
SELL	AVERAGE COST	49.969	11/19/2008	02/21/2014	801.00	356.50				444.50
SELL	AVERAGE COST	34.845	11/19/2008	02/24/2014	561.00	248.60				312.40
SELL	AVERAGE COST	63.457	11/19/2008	06/24/2014	1,094.00	452.73				641.27



Account Number: P17-009757

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**2014 TAX and  
YEAR-END STATEMENT**  
As of 02/23/2015

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**

(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments		Realized Gain or (Loss)
							D=Market Discount	W=Wash Sale Loss	
<b>Long-Term Transactions for Which Basis Is Not Reported to the IRS - Report on Form 8949, Part II, with Box E checked.</b>									
<b>Noncovered (Box 5) (Continued)</b>									
Description (Box 1a): BMO MID-CAP VALUE FUND CLASS Y CUSIP: 09658L695 (Continued)									
SELL	AVERAGE COST	30 787	11/19/2008	08/25/2014	540.00	219.65			320.35
SELL	AVERAGE COST	38 826	11/19/2008	09/05/2014	688.00	277.01			410.99
	SECURITY TOTAL				4,275.00	1,825.12			2,449.88
Description (Box 1a): BMO MID-CAP GROWTH FUND CLASS Y CUSIP: 09658L729									
SELL	AVERAGE COST	51 951	06/09/2000	02/21/2014	1,198.00	932.51			265.49
SELL	AVERAGE COST	23 765	06/09/2000	02/24/2014	553.00	426.58			126.42
	SECURITY TOTAL				1,751.00	1,359.09			391.91
Description (Box 1a): BMO LARGE-CAP GROWTH FUND CLASS Y CUSIP: 09658L745									
SELL	AVERAGE COST	34 756	06/09/2000	08/25/2014	619.00	448.84			170.16
SELL	AVERAGE COST	27 840	06/09/2000	09/05/2014	500.00	359.52			140.48
SELL	AVERAGE COST	33 778	06/09/2000	11/24/2014	633.00	436.21			196.79
	SECURITY TOTAL				1,752.00	1,244.57			507.43
Description (Box 1a): BMO LARGE-CAP VALUE FUND CLASS Y CUSIP: 09658L836									
SELL	AVERAGE COST	51,046	11/19/2008	07/25/2014	854.00	446.04			407.96
SELL	AVERAGE COST	67,585	11/19/2008	09/05/2014	1,153.00	590.56			562.44

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2014 TAX and  
YEAR-END STATEMENT  
As of 02/23/2015

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**

(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments		Realized Gain or (Loss)
							D=Market Discount	W=Wash Sale Loss	
<b>Noncovered (Box 5) (Continued)</b>									
<b>Description (Box 1a): BMO LARGE-CAP VALUE FUND CLASS Y</b>									
SELL	AVERAGE COST	65 794	11/19/2008	11/24/2014	1,156.00	574.91			581.09
SELL	AVERAGE COST	38 865	11/19/2008	12/26/2014	623.00	339.61			283.39
SECURITY TOTAL					3,786.00	1,951.12			1,834.88
<b>Description (Box 1a): BMO TCH CORE PLUS BO ND FUND CLASS Y</b>									
SELL	AVERAGE COST	130 990	11/19/2008	01/24/2014	1,509.00	1,384.54			124.46
SELL	AVERAGE COST	844 512	11/19/2008	02/21/2014	9,771.00	8,926.29			844.71
SELL	AVERAGE COST	77 960	11/19/2008	02/24/2014	902.00	824.02			77.98
SELL	AVERAGE COST	42,991	11/19/2008	04/24/2014	503.00	454.41			48.59
SELL	AVERAGE COST	64,890	11/19/2008	05/27/2014	767.00	685.88			81.12
SELL	AVERAGE COST	56 064	11/19/2008	09/24/2014	661.00	592.59			68.41
SELL	AVERAGE COST	165,938	11/19/2008	10/27/2014	1,973.00	1,753.93			219.07
SECURITY TOTAL					16,086.00	14,621.66			1,464.34
<b>Description (Box 1a): DAVIS NEW YORK VENTU RE CLASS Y</b>									
SELL	AVERAGE COST	102 043	12/31/1998	02/21/2014	4,246.00	2,682.55			1,563.45
SELL	AVERAGE COST	13,102	12/31/1998	03/24/2014	558.00	344.44			213.56
SELL	AVERAGE COST	14,104	12/31/1998	07/25/2014	575.00	370.78			204.22

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**2014 TAX and  
YEAR-END STATEMENT  
As of 02/23/2015**

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**  
(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method (Box 1a)	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or (Loss)
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	

**Long-Term Transactions for Which Basis Is Not Reported to the IRS - Report on Form 8949, Part II, with Box E checked.**

**Noncovered (Box 5) (Continued)**

CUSIP: 239080401 (Continued)										
Description (Box 1a): DAVIS NEW YORK VENTURE CLASS Y										
SELL	AVERAGE COST	124.081	12/31/1998	12/16/2014	4,432.17	3,261.90				1,170.27
SELL	AVERAGE COST	11.209	08/24/2011	12/16/2014	400.39	294.67				105.72
SELL	AVERAGE COST	12.476	09/22/2011	12/16/2014	445.64	327.98				117.66
SELL	AVERAGE COST	7.745	12/22/2011	12/16/2014	276.65	203.60				73.05
SALE DATE TOTAL		155.511	VARIOUS	12/16/2014	5,554.85	4,088.15				1,466.70
SECURITY TOTAL					10,933.85	7,485.92				3,447.93

**Description (Box 1a): DODGE & COX INTERNATIONAL FUND**

CUSIP: 256206103										
SELL	AVERAGE COST	12.965	08/20/2008	05/27/2014	596.00	451.85				144.15
SELL	AVERAGE COST	21.978	08/20/2008	09/05/2014	1,042.00	765.96				276.04
SECURITY TOTAL					1,638.00	1,217.81				420.19

**Description (Box 1a): FEDERATED INSTITUTIONAL HIGH YIELD BOND FUND**

CUSIP: 31420B500										
SELL	AVERAGE COST	5.149	12/06/2011	08/20/2014	53.19	49.35				3.84
SELL	AVERAGE COST	2.701	12/06/2011	08/20/2014	27.90	25.89				2.01
SALE DATE TOTAL		7.850	VARIOUS	08/20/2014	81.09	75.24				5.85

**Description (Box 1a): FIDELITY ADVISOR STRATEGIC REAL RETURN FUND CLASS I**

CUSIP: 315912832										
SELL	AVERAGE COST	59.894	11/19/2008	02/24/2014	566.00	465.10				100.90

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**2014 TAX and  
YEAR-END STATEMENT  
As of 02/23/2015**

**2014 Form 1099-B**

**Proceeds From Broker and Barter Exchange Transactions**

OMB No. 1545-0715 (Continued)

(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method (Box 1a)	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or Loss
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	
<b>Long-Term Transactions for Which Basis Is Not Reported to the IRS - Report on Form 8949, Part II, with Box E checked.</b>										
<b>Noncovered (Box 5) (Continued)</b>										
Description (Box 1a): PIMCO TOTAL RETURN FUND INSTITUTIONAL CLASS CUSIP: 693390700										
SELL	AVERAGE COST	2,560.976	03/23/2010	10/21/2014	28,017.08	28,177.82				(160.74)
SELL	AVERAGE COST	11,868	07/01/2011	10/21/2014	129.84	130.58				(0.74)
SELL	AVERAGE COST	11,116	08/01/2011	10/21/2014	121.61	122.30				(0.69)
SELL	AVERAGE COST	485,702	08/24/2011	10/21/2014	5,313.58	5,344.06				(30.48)
SELL	AVERAGE COST	10,792	09/01/2011	10/21/2014	118.06	118.74				(0.68)
SELL	AVERAGE COST	67,817	09/22/2011	10/21/2014	741.92	746.17				(4.25)
SELL	AVERAGE COST	12,720	10/03/2011	10/21/2014	139.16	139.95				(0.79)
SELL	AVERAGE COST	.853	10/03/2011	10/21/2014	9.33	9.38				(0.05)
SELL	AVERAGE COST	13,476	11/01/2011	10/21/2014	147.43	148.27				(0.84)
SELL	AVERAGE COST	14,821	12/01/2011	10/21/2014	162.14	163.07				(0.93)
SELL	AVERAGE COST	29,459	12/29/2011	10/21/2014	322.28	324.13				(1.85)
SELL	AVERAGE COST	13,425	07/01/2012	10/21/2014	146.87	147.71				(0.84)
SALE DATE TOTAL					35,369.30	35,572.18				(202.88)
Description (Box 1a): VANGUARD EQUITY INCO ME FUND CUSIP: 921921102										
SELL	AVERAGE COST	25,860	08/24/2011	09/05/2014	827.00	523.45				303.55



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508 WATSON ST

**2014 Form 1099-B Proceeds From Broker and Barter Exchange Transactions OMB No. 1545-0715 (Continued)**  
(For individuals, report details on Form 8949)

Disposition Transaction	Disposition Method	Quantity (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Adjustments			Realized Gain or (Loss)
							D=Market Discount	O=Option Premium	W=Wash Sale Loss	
Long-Term Transactions for Which Basis Is Not Reported to the IRS - Report on Form 8949, Part II, with Box E checked.										
Noncovered (Box 5) (Continued)										
Description (Box 1a): VANGUARD 500 INDEX SIGNAL FUND CUSIP: 922908496										
SELL	AVERAGE COST	5.984	11/19/2008	04/24/2014	857.00	392.92				464.08
SELL	AVERAGE COST	6.955	11/19/2008	05/27/2014	1,016.00	456.67				559.33
SELL	AVERAGE COST	8.051	11/19/2008	06/24/2014	1,196.00	528.64				667.36
SELL	AVERAGE COST	9.038	11/19/2008	07/25/2014	1,364.00	593.44				770.56
SELL	AVERAGE COST	5.965	11/19/2008	08/25/2014	911.00	391.67				519.33
SELL	AVERAGE COST	5.965	11/19/2008	09/05/2014	916.00	391.67				524.33
SELL	AVERAGE COST	4.959	11/19/2008	09/24/2014	755.00	325.61				429.39
SECURITY TOTAL						7,015.00	3,080.62			3,934.38
Description (Box 1a): VANGUARD INDEX 500 FUND ADMIRAL SHARES CUSIP: 922908710										
SELL	AVERAGE COST	13.956	11/19/2008	11/24/2014	2,673.00	1,109.30				1,563.70
Long-Term Noncovered Total						93,218.24	75,964.71			17,253.53
Noncovered Total						93,218.24	75,964.71			17,253.53
Total						151,288.73	135,187.46		-144.18	16,245.45

**IRS Form 1099-B - Proceeds from Broker and Barter Exchange Transactions:**

The amounts in this section of your Tax Information Statement reflect proceeds from securities transactions such as sales, redemptions, tender offers, return of principal distributions, covered options, the option premium portion of reverse convertibles and bond maturities. Short-term and long-term transactions are segregated in your 1099-B form in a format comparable to IRS Form 8949, for dispositions of covered and noncovered securities. Since your financial organization subscribes to our premium Tax and Year-End Statement, the date of acquisition, cost or other basis, type of gain or loss (short-term or long-term), whether any loss is disallowed due to a wash sale and market discount for both covered and noncovered securities transactions will be displayed when available. Please note that such detail for noncovered transactions is not reported to the IRS.

Form **8868****Application for Extension of Time To File an Exempt Organization Return**

OMB No 1545-1709

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
 ► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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

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

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

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

Part I only 

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions <b>RIPON HISTORICAL SOCIETY</b>	Employer identification number (EIN) or <b>39-1034964</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>508 WATSON ST</b>	Social security number (SSN)
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>RIPON WI 54971</b>	

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

**01**

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

**ROBERTA WALKER**  
**508 WATSON**

- The books are in the care of ► **RIPON**

**WI 54971**Telephone No ► **920-748-4706**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ►  calendar year **2014** or

►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	<b>0</b>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	<b>0</b>
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	<b>0</b>

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
DAA

Form **8868** (Rev. 1-2014)