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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For ca	ilendar year 2009, or tax year beginning	//1/ ,2009	, and ending $12/3$	1 , 2009	
G C	neck all that apply X Initial return Initi	al Return of a former po	ublic charity	Fina	al return
	Amended return	Address of	hange Name o	change	
			IA	Employer identification nun	iber
Use IRS I		IGER CHARTTABLE		26-6797024	
Other		ODIC OLUBRITION	В	Telephone number (see the	instructions)
pri	nt OOO TAKE AVENUE		ال		instructions)
or ty See Sp	Pe DACTNE DE CAOS		<u> </u>	262-636-3120	T
Instruc			C	If exemption application is	·
				1 Foreign organizations, chec	السيببا
Н		(c)(3) exempt private for		2 Foreign organizations meet here and attach computatio	ing the 85% test, check
	Section 4947(a)(1) nonexempt charitable tr		private foundation	If private foundation status	
	(ounting method X	ash Accrual	under section 507(b)(1)(A)	
		Other (specify)	F	If the foundation is in a 60-	
		column (d) must be on	cash basıs)	under section 507(b)(1)(B)	, check here
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in	expenses per books	income	income	for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)				purposes
	(see the instructions)				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	4,632,946.			
	2 Ck Inf the foundn is not reg to att Sch B				
	3 Interest on savings and temporary				
	cash investments	46,605.	29,891.	46,605.	******************************
2010)	4 Dividends and interest from securities	14,932.	14,932.	14,932.	
~	5 a Gross rents				
N	b Net rental income or (loss)				
⇔Ŗ	6a Net gain/(loss) from sale of assets not on line 10	-2,397.			
≥ţ	b Gross sales price for all sssets on line 6a 560, 239.				
⊰Ė	7 Capital gain net income (from Part IV, line 2)		0.		
\bigcirc_{N}	8 Net short-term capital gain			0.	
₩F	9 Income modifications				
SCANNED JUN (10 a Gross sales less returns and				
Z	allowances h Less Cost of				
S	goods sold				
Š	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
		4 500 005		61 527	
	12 Total. Add lines 1 through 11	4,692,086.	44,823.	61,537.	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	20 644		20 (44	F 100
A D M	16 a Legal fees (attach schedule) See St 1	28,644.		28,644.	5,100.
N					
PS	17 Interest				
O I S E R A A T T	18 Taxes (attach schedule)(see instr.) See Stm 2	504.	504.	504.	
A A	19 Depreciation (attach				
l i	sch) and depletion 20 Occupancy				<u> </u>
N V G E	21 Travel, conferences, and meetings				
A E	1				
A E	23 Other expenses (attach schedule)				.
E		64.	64.	64.	
12	14 14 156 Prating and administrative	-	·		
F	25 Contributions, dits grants paid Part XV	29,212.	568.	29,212.	5,100.
, l	25 Contributions, or grants paid Part XV	391,965.			391,965.
M B	AV261 Total expenses and disbursements. Add Alflet 24 pp. 25	401 17-			207 227
<u>'''</u>	Add /illd 124 25	421,177.	568.	29,212.	397,065.
L	27 Subtract line 20 from line 12:	1		<u> </u>	
O	GDE Excession revenue over expenses	4,270,909.			
**	b Net investment income (if negative, enter 0)	1,210,303.	44,255.		···
	1		44,233.	32,325.	
D A A	C Adjusted net income (if riegative, enter 0)	Notice and the in-t	<u> </u>	32,323.	Form 990 PF (2000)



Form 990-PF (2009) BERNICE SHANKE GREIVELDINGER CHARITABLE 26-6797024 End of year Attached schedules and amounts in the description column should be for end of year amounts only Beginning of year Part II | Balance Sheets (b) Book Value (a) Book Value (c) Fair Market Value (See instructions) 222,956 222,956. Cash - non-interest-bearing 1,253,384 251,066. 2 Savings and temporary cash investments Accounts receivable Less, allowance for doubtful accounts 4 Piedges receivable Less allowance for doubtful accounts Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) 7 Other notes and loans receivable (attach sch). Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Investments - U.S. and state government 1,076,614 1,094,351. obligations (attach schedule) 1,717,745. 1,969,173. b Investments - corporate stock (attach schedule) c Investments - corporate bonds (attach schedule) 11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 12 Investments - mortgage loans 13 Investments - other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 210 210. 15 Other assets (describe ► See Statement Total assets (to be completed by all filers -4,270,909 4,537,756. 0 see instructions Also, see page 1, item I) Accounts payable and accrued expenses. Grants payable 18 19 Deferred revenue 20 Loans from officers, directors, trustees, & other disqualified persons Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe 0 0 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. N F E U T N Unrestricted 25 Temporarily restricted D 26 Permanently restricted A S S E T Foundations that do not follow SFAS 117, check here ► X В and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 4,270,909 Retained earnings, accumulated income, endowment, or other funds 29 0 4,270,909 Ŕ 30 Total net assets or fund balances (see the instructions) Total liabilities and net assets/fund balances 0. 4,270,909 (see the instructions) Part III | Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 4,270,909 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4,270,909 4 4 Add lines 1, 2, and 3 5

4,270,909

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	Losses for Tax on Investmen		(b) How acquired	I (a) Data and a l	1 (4)
(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)				(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a See Statement 5			D — Donation		
Ь					
С					
					
e (e) Gross sales price	(f) Depreciation allowed	(g) Cost or other bas	sis I	(h) Gain or	(loss)
(c) areas sales price	(or allowable)	plus expense of sal		(e) plus (f) m	
a					
<u>b</u>					
<u>c</u>					
e e				· · · · · · · · · · · · · · · · · · ·	
	ving gain in column (h) and owned by t	he foundation on 12/31/69		(I) Gains (Coli	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (k nan -0-) or Losses (fr	(), but not less
a					
b					
<u>c</u>				 	
e e				<u>.</u>	
2 Capital gain net income or (ne	et capital loss) If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	. 2		-2,397.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) ar	_	-		2,331.
If gain, also enter in Part I, lin	e 8, column (c) (see the instructions)	f (loss), enter -0-	.		
ın Part I, line 8			3		<u>-</u> 2,397.
L	er Section 4940(e) for Reduced foundations subject to the section 49			N/A	
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable amo	plete this part		Yes	No
	in each column for each year, see the		ny entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (col	(d) Distribution umn (b) divided	
2008					
2007					
2003					
2 Total of line 1, column (d)	E la	Landing Objects on health	2		
3 Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the tota in has been in existence if less than 5 y	rears	3		
4 Enter the net value of nonchar	ritable-use assets for 2009 from Part X,	line 5	4_		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6	- · ·	
7 Add lines 5 and 6			7		
8 Enter qualifying distributions fi	rom Part XII, line 4		8		
If line 8 is equal to or greater to	than line 7, check the box in Part VI, lir	ne 1b, and complete that par	rt using a 1% ta	x rate. See the	
Part VI instructions				Earn	n 990-PF (2009)

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Form 900-PF (2009) BERNICE SHANKE GREIVELDINGER CHARITABLE

orm 990-PF (2009) BERNICE SHANKE GREIVELDINGER CHARITABLE	26- <u>679</u> 702		Page
art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	<u>), or 4948 — see the instru</u>	ctions)	
1 a Exempt operating foundations described in section 4940(d)(2), check here	7		
Date of ruling or determination letter (attach copy of letter if necessary - see instr.			
b Domestic foundations that meet the section 4940(e) requirements in Part V,	<u> 1 </u>		885
check here - and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b	»)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2		0
3 Add lines 1 and 2	3		885
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Other	rs enter -0-) 4		0
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		885
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009 6a			
b Exempt foreign organizations — tax withheld at source 6b			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld 6d			
7 Total credits and payments Add lines 6a through 6d	7		0
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	ed 8		16
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9	•	901
Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10		
1.7	funded ► 11		
art VII-A Statements Regarding Activities	· · · · · · · · · · · · · · · · · · ·		
	hop or did it		Yes No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislat participate or intervene in any political campaign?	tion or did it	1a	Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1ь	<u> </u>
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of ar or distributed by the foundation in connection with the activities	ny materials published		
c Did the foundation file Form 1120-POL for this year?		1c	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ►\$ 0. (2) On foundation managers	ar ►\$ 0	,	1
(1) On the foundation \$\ \ \\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Ή Ι	1
foundation managers \$ 0.	o tax impossa on		1
2 Has the foundation engaged in any activities that have not previously been reported to the IRS	7	2	<u> </u>
If 'Yes,' attach a detailed description of the activities			1
3 Has the foundation made any changes, not previously reported to the IRS, in its governing inst of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the similar instruments.	rument, articles	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ne changes	4a	$\frac{\Lambda}{X}$
		4b	N/A
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		5	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		131	- ^
If 'Yes,' attach the statement required by General Instruction T		[1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	•		1
By language in the governing instrument, or			ł
 By state legislation that effectively amends the governing instrument so that no mandatory di 	rections that conflict	_	1
with the state law remain in the governing instrument?		6	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and F		7	X
8a Enter the states to which the foundation reports or with which it is registered (see the instruction	ons) •		I
N/A			1
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			v I
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		86	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If		9	х
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedu	ile listing their names		1
and addresses	-	1 10 1	ΙV

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Form **990-PF** (2009)

Forn	n 990-PF-(2009) BERNICE SHANKE GREIVELDINGER CHARITABLE	26-679702	4	F	age 5
Par	t VII-A Statements Regarding Activities Continued		r		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption a Website address N/A	application?	13	X	
14	The books are in care of ► GEOFF GREIVELDINGER Located at ► 900 LAKE AVENUE RACINE WI ZIP + 4 ►	no ► <u>262-63</u> 53403	3 <u>6-3</u>	<u>120</u>	
15	- · · · · · · · · · · · · · · · · · · ·	► 15	N/A	. •	N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes X No			
t	o If any answer is 'Yes' to 1a(1)-(6), did a ny of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction Organizations relying on a current notice regarding disaster assistance check here	s) ⁷ ▶ [1 b	N	/A
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1 c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
á	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No			
	If 'Yes,' list the years ► 20, 20, 20				
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see the instructions.))(2) (2) to	2b	N	/A
(the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	re	-20	14	11
	► 20, 20, 20				
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
ŀ	o If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009).		3Ь	N	/A
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
ł	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of		4.		v

Form 990-PF (2009) BERNICE SHANKE GRE			26-679	7024	Page 6	
Part VII-B Statements Regarding Activit	ies for Which Forr	n 4720 May Be Red	uired (continued)			
5a During the year did the foundation pay or incur						
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes X	No		
(2) Influence the outcome of any specific publ	c election (see section	4955), or to carry				
on, directly or indirectly, any voter registra			Yes X		1	
(3) Provide a grant to an individual for travel,			Yes X	10		
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)						
(5) Provide for any purpose other than religious educational purposes, or for the prevention	is, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No		
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	ne transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b	N/A	
Organizations relying on a current notice regar	ding disaster assistanci	e check here	▶ []			
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure response	ibility for the grant?		N/A Yes	No		
If 'Yes,' attach the statement required by Regu	ılatıons section 53 4945	-5(d)				
6a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indi	rectly, to pay premiums	Yes X	No		
b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefi	t contract?	6ь	X	
If 'Yes' to 6b, file Form 8870			D	.		
7a At any time during the tax year, was the found					N/A	
b If yes, did the foundation receive any proceeds Part VIII Information About Officers, D	or have any net incom	e attributable to the train	nsaction?	7b Employee		
and Contractors	nectors, musices	, i oundation mane	igers, riigiliy r ala	Linpicyco		
1 List all officers, directors, trustees, foundation	managers and their co	mpensation (see instru	ctions).			
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo		
GEOFF GREIVELDINGER 900 LAKE AVENUE	Trustee 0	0.	0.	· · · · · · · · · · · · · · · · · · ·	0.	
RACINE, WI 53403						
100021.27				-W- W		
2 Compensation of five highest-paid employees	(other than those incl	ıded on line 1— see inst	ructions). If none, enter	'NONE.'		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo		
None			compensation			
Total number of other employees paid over \$50,000	<u>L </u>		•		0	
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Form 990-PF (2009) BERNICE SHANKE GREIVELDINGER CHARITA		
Part VIII Information About Officers, Directors, Trustees, Formand Contractors (continued)	andation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professional services — (see enter 'NONE.'	instructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		, , , , , , , , , , , , , , , , , , ,
	-	
]	
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 <u>N/A</u>		
2		
3		
`		
4		
Part IX-B Summary of Program-Related Investments (see inst	ructions)	
Describe the two largest program-related investments made by the foundation di	uring the tax year on lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments See instructions. 3		
Total Add lines 1 through 2		

Form **990-PF** (2009)

Form 990-PF (2009) BERNICE SHANKE GREIVELDINGER CHARITABLE 26	5-6797024	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	oreign foun	dations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities		,892,385.
b Average of monthly cash balances	1b 2	,309,212.
c Fair market value of all other assets (see instructions)	1 c	210.
d Total (add lines la, b, and c)	_ 1d 5	,201,807.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0.		
	1 . 1	0
2 Acquisition indebtedness applicable to line 1 assets	3 5	<u>0.</u> ,201,807.
3 Subtract line 2 from line 1d	3 3	,201,807.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	78,027.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 5	<u>,123,780.</u>
6 Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 2 3014 %	6	117,919.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	rating found	ations
and certain foreign organizations check here ► and do not complete this pa	art.)	
1 Minimum investment return from Part X, line 6	1	<u>117,919.</u>
2a Tax on investment income for 2009 from Part VI, line 5	1 1	
b Income tax for 2009 (This does not include the tax from Part VI)	4 1	
c Add lines 2a and 2b	2c	885.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	117,034.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	117,034.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	_ 7	<u>117,034.</u>
Part XII Qualifying Distributions (see Instructions)	T	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	397,065.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	397,065.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	397,065.
And the second s		

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,			-	117,034.
line 7 2 Undistributed income, if any, as of the end of 2009	***************************************			117,054.
a Enter amount for 2008 only			0.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009		· ·		
a From 2004			:	
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part				
XII. line 4 ► \$ 397, 065.				
a Applied to 2008, but not more than line 2a			0.	
 b Applied to undistributed income of prior years (Election required — see instructions) 		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				117,034.
e Remaining amount distributed out of corpus	280,031.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	280,031.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section		0		
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be				0.
distributed in 2010				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)	0.			
(see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			***************************************
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	280,031.		:	
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007		!		
d Excess from 2008				
e Excess from 2009 280, 031.				

Form 990-PF (2009) BERNICE SHANKE G				26-679702	
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A					
la If the foundation has received a ruling or d is effective for 2009, enter the date of the r	uling				
b Check box to indicate whether the foundati		ating foundation des		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#1.0000	Prior 3 years	1 (1) 0006	
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					<u> </u>
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income				<u> </u>	
Part XV Supplementary Information assets at any time during the	(Complete this e year – see in	part only if the structions.)	organization h	ad \$5,000 or mo	ore in
Information Regarding Foundation Manage a List any managers of the foundation who holose of any tax year (but only if they have None	ers:		tal contributions rec ection 507(d)(2))	ceived by the founda	tion before the
b List any managers of the foundation who o a partnership or other entity) of which the f None	wn 10% or more of oundation has a 10	the stock of a corpo % or greater interes	ration (or an equal t	ly large portion of th	e ownership of
2 Information Regarding Contribution, Grant	Gift Loan Schola	rchin etc Programs			
Check here X if the foundation only m requests for funds If the foundation makes complete items 2a, b, c, and d	akes contributions l	o preselected charit	table organizations		
a The name, address, and telephone numbe	r of the person to w	hom applications sh	ould be addressed		
b The form in which applications should be s	ubmitted and inform	nation and materials	they should includ	e	
c Any submission deadlines			<u></u>	· · · · · · · · · · · · · · · · · · ·	·
d Any restrictions or limitations on awards, s	uch as by geograph	ical areas, charitabl	e fields, kinds of in	stitutions, or other fa	actors

TEEA0310L 07/06/09

Form **990-PF** (2009)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, oundation show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year ST PATRICK'S PARISH NONE 501 C3 TO RENOVATE BUILDING 388,315. 1100 ERIE ST RACINE, WI 53402 ST PATRICK'S PARISH NONE 501 C3 TO PROVIDE SCULPTURE 3,650. OF DONOR 1100 ERIE ST RACINE, WI 53402 391,965. 3a Total **b** Approved for future payment Total 3Ы

Page 12

Part.XVI-A Analysis of Income-Producing Activities

Enter gross	amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
7	am service revenue			code		(see the instructions)
в <u>——</u>			<u> </u>			
		 				
f		 				
-	and contracts from government agencies	 	·····	+		
	pership dues and assessments ton savings and temporary cash investments	 		14	46,605.	
	ends and interest from securities			14	14,932.	
	ental income or (loss) from real estate					
	financed property					
	ebt-financed property					
6 Net ren	ital income or (loss) from personal property					
7 Other	investment income	<u> </u>				
	(loss) from sales of assets other than inventory			14	-2,397.	
	ncome or (loss) from special events					
	profit or (loss) from sales of inventory			 		
11 Other						
		 	···	+ +		
		† †				
		 		1		
e		 	 -			
	ital Add columns (b), (d), and (e)				59,140.	
	. Add line 12, columns (b), (d), and (e)	•			13	59,140.
13 Total		lculations)				59,140.
13 Total (See works	. Add line 12, columns (b), (d), and (e)	-	hment of Exemp	ot Purpose		59,140.
13 Total (See works	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No. ▼	. Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No. ▼	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No. ▼	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No. ▼	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No. ▼	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No. ▼	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No. ▼	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify cal Relationship of Activities to the	e Accomplis	<u> </u>		S	

Yes No

26-6797024 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

described in	nization directly of section 501(c) of olitical organization	f the Code (otl	ngage in any of the her than section 5	ie following with 501(c)(3) organi:	any otne zations) o	r organization or in section 52	7,		
a Transfers fro	m the reporting f	foundation to	a noncharitable e	xempt organiza	tion of.				
(1) Cash				•				1 a (1)	X
(2) Other as	sets							1a (2)	X
b Other transa	ctions							1	1
(1) Sales of	assets to a nonc	charitable exei	mpt organization					1 b (1)	<u>X</u>
(2) Purchas	es of assets from	n a noncharita	ble exempt organ	iization				1 b (2)	X
(3) Rental o	f facilities, equipr	ment, or other	assets					1 b (3)	X
(4) Reimbur	sement arrangen	ments						1 b (4)	X
• •	loan guarantees							1 b (5)	X
• •			p or fundraising s					1 b (6)	X
c Sharing of fa	cilities, equipme	ent, mailing list	s, other assets, o	or paid employe	es			1c	X
the anods o	ther assets, or se	ervices given	complete the follo by the reporting f now in column (d)	oundation. If the	e foundati	on received les	s than fair ma	ır market value of ırket value ın ıved	
(- <u>/ / / / / / / /</u>	Amount involved	(c) Name o	f noncharitable exemp	ot organization	(d) [Description of tran	sfers, transactions,	, and sharing arrangeme	nts
1/A									
				<u> </u>	_			. <u>.</u> .	
					ļ				
								~	
								·-	
					<u> </u>				
			····		-				
					<u> </u>				
					 				
		<u> </u>							
		ļ			 				
			···						
					ļ				
					 				
described in	ation directly or in section 501(c) of plete the followin	f the Code (ot	ited with, or relate her than section 5	ed to, one or mo 501(c)(3)) or in s	ore tax-ex section 52	empt organiza 27?	tions	Yes []	 ∑No
	me of organization		(h) Type	of organization		(c) Description o	f relationship	
//A	no or organizatio	<u></u>	(2) 1,750				,		
	· · · · · ·				_ 1				
Under penalties of pecomplete Declaration	rjury, I declare that I har in of preparer (other t	ave examined this retained that taxpayer or	furn, including accompai ductary) is based on all	nying schedules and s information of which	tatements, ar	nd to the best of my las any knowledge	► <u>Truste</u>		
Signature of c	fficer or trustee				Date	''	Title		
Prepare	r's		/	N.	AY 1	2 2010	Check if	Preparer's Identifying n (See Signature in the ii	nstrs) umber
Paid signatur	•	1de	Cés_		IN I	2 2010	self employed ►	390-72-1786	
parer's Firm's r			er 🖋 Compai	ny, LLP			EIN ► 39-	-0803883	
Use yours if employ address	ed), 845 V	Wisconsin	Avenue	·					
ZIP cod	Racii	ne, WI 53	403			·	Phone no	(262) 634-710	
BAA								Form 990-PI	(2009)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545 0047

2009

Name of the organization BERNICE SHANKE	GREIVELDINGER CHARITABLE	Employer identification number
TRUST		26-6797024
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	l as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Note: Only a section 501(c)(7), (8), or (10)	he General Rule or a Special Rule) organization can check boxes for both the General Rule an	nd a Special Rule See instructions
General Rule –	90-EZ, or 990-PF that received, during the year, \$5,000 or π	nore (in money or property) from any one
contributor (Complete Parts I and II)	• so-E2, or 990-FF that received, during the year, \$5,000 or in	fore (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received	ing Form 990 or 990-EZ, that met the 33-1/3% support test of from any one contributor, during the year, a contribution of all hor (ii) Form 990-EZ, line 1. Complete Parts I and II.	of the regulations under sections f the greater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) or aggregate contributions of more than prevention of cruelty to children or ani	ganization filing Form 990 or 990-EZ, that received from any \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, mals Complete Parts I, II, and III	one contributor, during the year, , literary, or educational purposes, or the
contributions for use exclusively for re	ganization filing Form 990 or 990-EZ, that received from any ligious, charitable, etc., purposes, but these contributions did all contributions that were received during the year for an <i>ex</i> parts unless the General Rul e applies to this organization be	d not aggregate to more than \$1,000 If cclusively religious, charitable, etc.
religious, charitable, etc, contributions	of \$5,000 or more during the year.	▶ \$
990-PE) but it must answer 'No' on Part IV	ed by the General Rule and/or the Special Rules does not fi V, line 2 of their Form 990, or check the box on line H of its le e filing requirements of Schedule B (Form 990, 990-EZ, or 99	Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Ret for Form 990, 990EZ, or 990-PF.	duction Act Notice, see the Instructions Scheo	dule B (Form 990, 990-EZ, or 990-PF) (2009

	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1_	of 1 of Part I
Name of org		' -	ridentification number
	CE SHANKE GREIVELDINGER CHARITABLE	[20-6	797024
Part I	Contributors (see instructions)	·-	· · · · · · · · · · · · · · · · · · ·
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BERNICE SHANKE GREIVELDINGER ESTATE 900 LAKE AVENUE	\$ <u>450,714.</u>	Person X Payroll Noncash (Complete Part II if there
	RACINE, WI 53403	_	is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	BERNICE SHANKE GREIVELDINGER ESTATE 900 LAKE AVENUE RACINE, WI 53403	\$4,182,233.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

Page

of 1

of Part II

Name of organization

at A

BAA

BERNICE SHANKE GREIVELDINGER CHARITABLE

Employer identification number

26-6797024

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Part II Noncash Property (see instructions) (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (b) Description of noncash property given Part I STOCKS 2 4, 182, 233. 7/17/09 (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b) Description of noncash property given (a) No. from (c) (d) FMV (or estimate) (see instructions) Description of noncash property given Date received Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) (a) Date received No. from Part I (b) Description of noncash property given (d) (a) (c) FMV (or estimate) Date received No. from (see instructions) Part I (c) FMV (or estimate) (see instructions) (a) No. from (b) (d) Description of noncash property given Date received Part I

TEEA0703L 06/23/09

of Part III

Employer identification number

BERNICE SHANKE GREIVELDINGER CHARITABLE

26-6797024

Part III] <i>Exclusively</i> religious, charitable, e organizations aggregating more th	tc, individual contribution nan \$1,000 for the year.(0	ons to sect Complete cols	tion 501(c)(7), (8), or (10) (a) through (e) and the followin) ig line entry)		
	For organizations completing Part III, enter t	otal of exclusively religious, cha	aritable, etc.				
(a)	contributions of \$1,000 or less for the year (b)	(c)	see instruction	ns)	N/A		
No. from Part I	Purpose of gift	Use of gift		Description of how gift	is held		
· diti	N/A						
	(e) Transfer of gift						
	Transferee's name, address	ationship of transferor to transf	eree				
(a)	(b)	(c)	•	(d)			
No. from	Purpose of gift	· · · · · · · · · · · · · · · · · · ·		Description of how gift is held			
Part I					······································		
		(e)	. =	L			
	Transferee's name, address	Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transf	eree		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	ic hold		
Part I	Purpose of gift			Description of now grit			
					<u>.</u>		
	(e)						
	Town of sweets were and dresses	ationship of transferor to transf					
	Transferee's name, address	5, and ZIF + 4	Reid	addistilp of datisteror to datist			
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how gift	is held		
-							
							
	(e) Transfer of gift						
	Transferee's name, address		Rela	ationship of transferor to transf	eree		
					- ·		
DAA				dula B (Farm 000, 000 F7, as 0	00 DEX (2000)		

2009	Page 1		
Client E5620	TRUST	26-6797024	
Statement 1 Form 990-PF, Part I, Line 1 Legal Fees	6 a	11 51AN	
ATTORNEY FEES	(a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income \$ 28,644. \$ 28,644. \$ 28,644. \$ 28,644.	(d) Charitable Purposes \$ 5,100. \$ 5,100.	
Statement 2 Form 990-PF, Part I, Line 1 Taxes	8		
FOREIGN TAX	(a) (b) Net (c) Adjusted Income Sold. \$ 504. \$ 504. \$ 504. \$ 504.	(d) Charitable Purposes \$ 0.	
Statement 3 Form 990-PF, Part I, Line 2 Other Expenses	23		
BANK FESS INVESTMENT EXPENSE	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 10. \$ 10. \$ 10. 54. 54. 54. Total \$ 64. \$ 64.	(d) Charitable Purposes	
Statement 4 Form 990-PF, Part II, Line Other Assets	15		
OTHER ASSETS	$ \begin{array}{c c} & & & F \\ \hline & Book Value \\ \hline & & 210. \\ \hline & & 210. \\ \hline & & & 5 \end{array} $	air Market Value 210. 210.	

2009

5/11/10

Federal Statements

BERNICE SHANKE GREIVELDINGER CHARITABLE TRUST

Page 2

Client E5620

26-6797024

11.51AM

Statement 5
Form 990-PF, Part IV, Line 1
Capital Gains and Losses for Tax on Investment Income

		(b) How	(c) Date	(d) Date
Item	(a) Description	<u> Acquired</u>	_Acquired_	Sold
1	90000 SHRS FIRSTBANK CD	Donated	7/17/2009	8/21/2009
2	90000 SHRS GMAC BANK CD	Donated	7/17/2009	11/20/2009
3	90000 SHRS NORTH AMERN SVGS BK CD	Donated	7/17/2009	8/20/2009
4	100000 SHRS ORIENTAL BANK & TRUST CD	Donated	7/17/2009	7/22/2009
5	120 SHRS VAN KAMPEN AMER CAP INS INC	Donated	7/17/2009	12/25/2009
6	100000 SHRS BRANCH BKG & TR CO CD	Donated	7/17/2009	10/22/2009
7	90000 SHRS DISCOVER BANK CD	Donated	7/17/2009	11/30/2009
				1

	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)
	Gross	Deprec.	Cost	Gain	FMV	Adj. Bas.	Excess	Gain
<u> Item</u>	Sales	Allowed	<u>Basis</u>	(Loss)	12/31/69	12/31/69	(i) - (i)	(Loss)
1	90,000.		90,000.	0.				\$ 0.
2	90,000.		90,796.	-796.				-796.
3	90,000.		90,224.	-224.				-224.
4	100,000.		100,000.	0.				0.
5	239.		0.	239.				239.
6	100,000.		100,694.	-694.				-694.
7	90,000.		90,922.	-922.				-922.
	,		•				Total	\$ - 2,397.