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Form **990**

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C Name of organization** SHEBOYGAN YMCA ENDOW TRUST  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 Wells Fargo Bank, N A, 1919 Douglas St 2nd FI MAC N8000-0 \_\_\_\_\_  
 City or town, state or country, and ZIP + 4  
 Omaha NE 68102

**D Employer identification number** 39-6045566  
**E Telephone number** (800) 352-3705

**F Name and address of principal officer**  
 Wells Fargo Bank, N A 1919 Douglas St 2nd FI MAC N8000-027, OMAHA

**G Gross receipts \$** 1,120,638

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

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

**J Website:** ▶ N/A

**K Form of organization**  Corporation  Trust  Association  Other ▶

**L Year of formation** 1962 **M State of legal domicile** WI

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities		TO SUPPORT THE SHEBOYGAN YMCA	
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	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross 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
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	95,523	31,808
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-232,172	98,068
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9a, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-136,649	129,876
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,365	133,388
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
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,527	18,900
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	132,892	152,288
19	Revenue less expenses Subtract line 18 from line 12	-269,541	-22,412
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,317,803	2,292,579
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances Subtract line 21 from line 20	2,317,803	2,292,579

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: John N Sulentie Date: 7/23/2010  
 Type or print name and title: JOHN N SULENTIC VICE PRESIDENT AND TAX DIRECTOR

**Paid Preparer's Use Only**  
 Preparer's signature: [Signature] Date: 8/6/2010 Check if self-employed:   
 Preparer's identifying number (see instructions): P00364310  
 Firm's name (or yours if self-employed), address, and ZIP + 4: PRICEWATERHOUSECOOPERS, LLP EIN: 13-4008324  
600 GRANT STREET, PITTSBURGH PA 15219-2777 Phone no: (412) 355-6000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

(HTA)

ENVELOPE! AUG 06 2010 AUG 19 2010  
 POSTMARK DATE  
 ACTIVITIES & GOVERNANCE  
 REVENUE  
 EXPENSES  
 NET ASSETS OR FUND BALANCES  
 SCANNED AUG 26 2010

617  
19

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission  
TO SUPPORT THE SHEBOYGAN YMCA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

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

4a (Code ) (Expenses \$ 138,511 including grants of \$ 133,388 ) (Revenue \$ 0 )  
TO SUPPORT THE SHEBOYGAN COUNTY YMCA

4b (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4c (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services (Describe in Schedule O )  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 138,511

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<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>2a</b> 0		
<b>b</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 <i>e-file</i> this return (see instructions)		
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
	<b>4a</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7a</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b> N/A		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	<b>7e</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7f</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7g</b>		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<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>10a</b> N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> N/A	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	<b>11a</b> N/A	
<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>11b</b> N/A	
<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>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> N/A	

**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.

**Section A. Governing Body and Management**

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

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

	Yes	No
10a	X	
10b	X	
11		X
12a	X	
12b	X	
12c	X	
13	X	
14		X
15		
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	▶ N/A
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	▶ WELLS FARGO BANK, N A (800) 352-3705 1919 Douglas St 2nd Fl MAC N8000-027, Omaha, NE 68102

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- 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 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
DAVID ALDAG DIRECTOR	1	X					0	0	0
TOM BELOT DIRECTOR	1	X					0	0	0
ELDON BOHROFEN DIRECTOR	1	X					0	0	0
FRANK BROTZ DIRECTOR	1	X					0	0	0
JIM DANIELSEN DIRECTOR	1	X					0	0	0
MURPHY GLASS DIRECTOR	1	X					0	0	0
BARBARA GRUBER DIRECTOR	1	X					0	0	0
MIKE LARSON DIRECTOR	1	X					0	0	0
STEVE LARSON DIRECTOR	1	X					0	0	0
ROBERT LEVERENZ DIRECTOR	1	X					0	0	0
D J LOHMANN DIRECTOR	1	X					0	0	0
GARY MAPLES DIRECTOR	1	X					0	0	0
SETH MINSTER DIRECTOR	1	X					0	0	0
MIKE MRDJENOVICH DIRECTOR	1	X					0	0	0
ROLAND NEUMANN DIRECTOR	1	X					0	0	0
SANDY SACHSE DIRECTOR	1	X					0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE SATHER DIRECTOR	1	X						0	0	
ALICE SENTRY DIRECTOR	1	X						0	0	
JERRY TENHAKEN DIRECTOR	1	X						0	0	
TOM TESTWUIDE, JR DIRECTOR	1	X						0	0	
ROMAN WAGNER DIRECTOR	1	X						0	0	
STEVE WOODS DIRECTOR	1	X						0	0	
WELLS FARGO BANK, N A TRUSTEE	5		X					17,392	0	
<b>1b Total</b>								17,392	0	0

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

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		<b>0</b>

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	31,808			
	g	Noncash contributions included in lines 1a-1f \$		0			
	h	<b>Total.</b> Add lines 1a-1f			31,808		
Program Service Revenue	2a	Business Code		0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue			0		
	g	<b>Total.</b> Add lines 2a-2f			0		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			91,803		91,803
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses	997,027	0			
	c	Gain or (loss)	990,762	0			
	d	Net gain or (loss)	6,265	0	6,265		5,473
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a		0		
	b	Less direct expenses	b		0		
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See Part IV, line 19	a		0		
b	Less direct expenses	b		0			
c	Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances	a		0			
b	Less cost of goods sold	b		0			
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a							
b				0			
c				0			
d	All other revenue			0			
e	<b>Total.</b> Add lines 11a-11d			0			
12	<b>Total revenue.</b> See instructions			129,876	0	0	97,276

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	133,388	133,388		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	775	775		
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	TRUSTEE FEES	17,392	4,348	13,044	
b	PARTNERSHIP EXPENSES	34		34	
c	FOREIGN TAXES PAID	699		699	
d		0			
e		0			
f	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24f	152,288	138,511	13,777	0
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	1	Cash—non-interest-bearing		1	9,097	
	2	Savings and temporary cash investments		128,036	2 50,476	
	3	Pledges and grants receivable, net		0	3 0	
	4	Accounts receivable, net		0	4 0	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		0	7 0	
	8	Inventories for sale or use			8 0	
	9	Prepaid expenses and deferred charges			9 0	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0		
	b	Less accumulated depreciation	10b	0	10c	0
	11	Investments—publicly traded securities		2,022,131	11 1,983,855	
	12	Investments—other securities See Part IV, line 11		167,630	12 249,151	
	13	Investments—program-related See Part IV, line 11		0	13 0	
	14	Intangible assets		0	14 0	
	15	Other assets See Part IV, line 11		6	15 0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		2,317,803	16 2,292,579		
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	0	
	18	Grants payable		18		
	19	Deferred revenue		19	0	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		0	23 0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24 0	
	25	Other liabilities Complete Part X of Schedule D		0	25 0	
	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, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		2,317,803	30 2,292,579	
	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>		2,317,803	33 2,292,579		
34	<b>Total liabilities and net assets/fund balances</b>		2,317,803	34 2,292,579		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization <b>SHEBOYGAN YMCA ENDOW TRUST</b>	Employer identification number <b>39-6045566</b>
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**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions**

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
  - 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
    - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SHEBOYGAN COUNT	39-0830271	9	X		X		X		133,388
									0
									0
									0
									0
<b>Total</b>									<b>133,388</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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	0	0	0	0	0	0
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)						
6 <b>Public support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 <b>Total support.</b> Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	
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 <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%
16a <b>33 1/3% support test-2009.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3% support test-2008.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test-2009.</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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test-2008.</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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
<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						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<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						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

**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 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0 00%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	0 00%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0 00%

**19a 33 1/3% support tests—2009.** 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—2008.** 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







**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Employer identification number

SHEBOYGAN YMCA ENDOW TRUST

39-6045566

Form 990 Part VI Section B Line 11A THE SOLE TRUSTEE RECEIVES AND REVIEWS THE FORM 990

Form 990 Part VI Section B Line 12C ORGANIZATION COMPLIES WITH THE SAME POLICY AND ENFORCEMENT  
PROCEDURES AS ITS TRUSTEE

Form 990 Part VI Section C Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **8868**  
 (Rev. April 2009)  
 Department of the Treasury  
 Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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

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

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

**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*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. 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*

<b>Type or print</b>	Name of Exempt Organization <b>SHEBOYGAN YMCA ENDOW TRUST</b>	Employer identification number <b>39-6045566</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>Wells Fargo Bank, N A , 1919 Douglas St 2nd Fl MAC N8000-027</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Omaha NE 68102</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ WELLS FARGO BANK N A TRUST TAX DEPARTMENT 1919 DOUGLAS ST 2N

Telephone No ▶ (800)352-3705 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 will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 2009 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**  
 (HTA)

Form **8868** (Rev 4-2009)



Account Statement For:  
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2009 - December 31, 2009

Account Number 50248100

**ASSET DETAIL**

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Cash &amp; Equivalents</b>							
CASH							
PRINCIPAL			\$710.00	\$710.00	\$0.00		
INCOME			7,553.76	7,553.76	0.00		
<b>Total Cash</b>			<b>\$8,263.76</b>	<b>\$8,263.76</b>	<b>\$0.00</b>		
<b>MONEY MARKET</b>							
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	452.500		\$452.50	\$452.50	\$0.00	0.01%	\$0.00
<i>Asset held in Invested Income Portfolio</i>							
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	4,822.320		4,822.32	4,822.32	0.00	0.01	0.06
<b>Total Money Market</b>			<b>\$5,274.82</b>	<b>\$5,274.82</b>	<b>\$0.00</b>	<b>0.01%</b>	<b>\$0.06</b>
<b>Total Cash &amp; Equivalents</b>			<b>\$13,538.58</b>	<b>\$13,538.58</b>	<b>\$0.00</b>	<b>0.00%</b>	<b>\$0.06</b>



Account Statement For:  
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2009 - December 31, 2009

Account Number 50248100



**ASSET DETAIL** (continued)

ASSET DESCRIPTION

**Fixed Income**

**CORPORATE OBLIGATIONS**

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	YIELD TO MATURITY	ACCRUED INCOME
BERKSHIRE HATHAWAY FIN CORP DTD 01/11/05 4 125 01/15/2010 CUSIP 084664AR2 MOODY'S RATING: AA2 STANDARD & POOR'S RATING: AAA	100,000,000	\$100.097	\$100,097.00	\$102,366.00	-\$2,269.00	4.12%	\$1,902.08
BP CAPITAL MARKETS PLC DTD 03/10/09 3 125 03/10/2012 CUSIP: 05565QBG2 MOODY'S RATING: AA1 STANDARD & POOR'S RATING: AA	100,000,000	103.005	103,005.00	102,240.00	765.00	1.72	963.54
CHEVRON CORP DTD 03/03/09 3 450 03/03/2012 CUSIP: 166751AK3 MOODY'S RATING: AA1 STANDARD & POOR'S RATING: AA	100,000,000	103.932	103,932.00	102,975.00	957.00	1.60	1,130.83
CISCO SYSTEMS INC DTD 02/22/06 5 250 02/22/2011 CUSIP 17275RAB8 MOODY'S RATING: A1 STANDARD & POOR'S RATING: A+	100,000,000	104.933	104,933.00	105,771.00	- 838.00	0.90	1,881.25
HEWLETT-PACKARD CO DTD 05/27/09 2 950 08/15/2012 CUSIP 428236AY9 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000,000	102.046	102,046.00	101,250.00	796.00	2.14	1,114.44
JOHN DEERE CAPITAL CORP MED TERM NOTE DTD 07/25/06 5 650 07/25/2011 CUSIP: 24422EQB8 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	50,000,000	106.594	53,297.00	52,475.50	821.50	1.38	1,224.17

Account Statement For:  
SHEBOYGAN YMCA ENDOW TR

Period Covered: January 1, 2009 - December 31, 2009  
Account Number 50248100



**ASSET DETAIL** (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	YIELD TO MATURITY	ACCRUED INCOME
<b>Fixed Income</b> (continued)							
<b>CORPORATE OBLIGATIONS</b> (continued)							
MEDTRONIC INC SER B DTD 09/15/05 4.375 09/15/2010 CUSIP 585055AG1 MOODY'S RATING A1 STANDARD & POOR'S RATING AA-	100,000,000	102.659	102,659.00	102,866.00	- 207.00	0.59	1,288.19
STANLEY WORKS DTD 03/20/07 5.000 03/15/2010 CUSIP 854616AL3 MOODY'S RATING A3 STANDARD & POOR'S RATING A	50,000,000	100.617	50,308.50	51,045.50	- 737.00	4.97	736.11
STATOILHYDRO ASA DTD 04/23/09 5.250 04/15/2019 CUSIP 857715AA4 MOODY'S RATING AA2 STANDARD & POOR'S RATING AA-	15,000,000	105.995	15,899.25	15,174.30	724.95	4.45	166.25
TARGET CORP DTD 01/10/01 6.350 01/15/2011 CUSIP 87612EAC0 MOODY'S RATING A2 STANDARD & POOR'S RATING A+	50,000,000	105.596	52,798.00	53,007.50	- 209.50	0.93	1,464.03
US BANCORP MED TERM NOTE DTD 09/10/09 2.125 02/15/2013 CUSIP 91159HGS3 MOODY'S RATING AA3 STANDARD & POOR'S RATING A+	50,000,000	99.126	49,563.00	49,831.00	- 268.00	2.42	327.60
<b>Total Corporate Obligations</b>			<b>\$838,537.75</b>	<b>\$839,001.80</b>	<b>-\$464.05</b>		<b>\$12,198.49</b>



Account Statement For:  
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2009 - December 31, 2009

Account Number 50248100

**WELLS  
FARGO**

**ASSET DETAIL** (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Fixed Income</b>							
<b>PREFERRED SECURITIES</b>							
BANK ONE CAPITAL TR V17 2% PREF CUSIP: 06423W204 STANDARD & POOR'S RATING N/R	1,000,000	\$25.130	\$25,130.00	\$23,606.00	\$1,524.00	7.16%	\$0.00
GENERAL ELEC CAP CORP CUSIP: 369622519 STANDARD & POOR'S RATING AA+	500,000	23.980	11,990.00	13,000.00	-1,010.00	6.36	0.00
ING GROEP NV 7.20% SERIES CUSIP: 456837301 STANDARD & POOR'S RATING BB	500,000	19.280	9,640.00	12,860.00	-3,220.00	9.34	0.00
MERRILL LYNCH CAPITAL TRUST V 7.28% SERIES CUSIP: 59021K205 STANDARD & POOR'S RATING BB	500,000	21.360	10,680.00	11,585.00	-905.00	8.52	0.00
US BANCORP CUSIP: 902973882 STANDARD & POOR'S RATING BBB+	1,000,000	27.800	27,800.00	25,054.70	2,745.30	7.24	503.13
<b>Total Preferred Securities</b>			<b>\$85,240.00</b>	<b>\$86,105.70</b>	<b>-\$865.70</b>	<b>7.49%</b>	<b>\$503.13</b>
<b>Total Fixed Income</b>			<b>\$923,777.75</b>	<b>\$925,107.50</b>	<b>-\$1,329.75</b>		<b>\$12,701.62</b>



Account Statement For:  
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2009 - December 31, 2009  
Account Number 50248100

**ASSET DETAIL** (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Equities</b>							
<b>MUTUAL FUNDS</b>							
ISHARES MSCI EAFE SYMBOL: EFA CUSIP: 464287465	4,377,000	\$55.280	\$241,960.56	\$182,119.02	\$59,841.54	2.61%	\$0.00
ISHARES S & P 500 INDEX FUND SYMBOL: IVV CUSIP: 464287200	3,805,000	111.810	425,437.05	322,298.91	103,138.14	2.14	0.00
ISHARES TR S & P MIDCAP 400 INDEX FD SYMBOL: IJH CUSIP: 464287507	1,385,000	72.410	100,287.85	65,552.12	34,735.73	1.86	0.00
ISHARES TR SMALLCAP 600 INDEX FD SYMBOL: IJR CUSIP: 464287804	1,833,000	54.720	100,301.76	83,293.97	17,007.79	1.24	0.00
VANGUARD EMERGING MARKETS ETF SYMBOL: VWO CUSIP: 922042858	1,630,000	41.000	66,830.00	36,136.32	30,693.68	1.33	0.00
<b>Total Mutual Funds</b>			<b>\$934,817.22</b>	<b>\$689,400.34</b>	<b>\$245,416.88</b>	<b>2.08%</b>	<b>\$0.00</b>
<b>Total Equities</b>			<b>\$934,817.22</b>	<b>\$689,400.34</b>	<b>\$245,416.88</b>	<b>2.08%</b>	<b>\$0.00</b>

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Alternative Investments</b>							
<b>OTHER</b>							
HUSSMAN STRATEGIC GROWTH FUND #601 SYMBOL: HSGFX CUSIP: 448108100	3,321,010	\$12.780	\$42,442.51	\$40,549.53	\$1,892.98	0.20%	\$0.00
POWERSHARES DB COMMODITY INDEX SYMBOL: DBC CUSIP: 739355105	1,100,000	24.620	27,082.00	26,444.00	638.00	0.00	0.00
<b>Total Other</b>			<b>\$69,524.51</b>	<b>\$66,993.53</b>	<b>\$2,530.98</b>	<b>0.12%</b>	<b>\$0.00</b>
<b>Total Alternative Investments</b>			<b>\$69,524.51</b>	<b>\$66,993.53</b>	<b>\$2,530.98</b>	<b>0.12%</b>	<b>\$0.00</b>



Account Statement For:  
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2009 - December 31, 2009

Account Number 50248100

**WELLS  
FARGO**

**ASSET DETAIL** (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Real Estate &amp; Specialty Assets</b>							
<b>REAL ESTATE FUNDS</b>							
DIVIDEND CAPITAL TOTAL REALTY TRUST CUSIP: 25537M100	7,127,660	\$10,000	\$71,276,600	\$64,812,490	\$6,464,110	5.50%	\$0.00
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF SYMBOL: RWX CUSIP: 78463X863	1,000,000	34,890	34,890,000	37,230,000	-2,340,000	6.74	0.00
VANGUARD REIT VIPER SYMBOL: VNQ CUSIP: 922908553	1,550,000	44,740	69,347,000	53,784,840	15,562,160	5.22	0.00
<b>Total Real Estate Funds</b>			<b>\$175,513.60</b>	<b>\$155,827.33</b>	<b>\$19,686.27</b>	<b>5.64%</b>	<b>\$0.00</b>
<b>Total Real Estate &amp; Specialty Assets</b>			<b>\$175,513.60</b>	<b>\$155,827.33</b>	<b>\$19,686.27</b>	<b>5.64%</b>	<b>\$0.00</b>

ASSET DESCRIPTION	VALUED CARRIED AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
<b>Miscellaneous</b>				
<b>OTHER</b>				
LINCOLN LIFE #20-7200359 INSURED ROBERT H LEVERENZ FV \$10,000 NOT ADMINISTERED BY BANK, SAFEKEEPING/REFERENCE PURPOSES ONLY	\$0.00	\$1.00	-\$1.00	\$0.00
NORTHWESTERN MUTUAL LIFE #16333357 INSURED O HENRY JUNG FV \$13,000 NOT ADMINISTERED BY BANK, SAFEKEEPING/REFERENCE PURPOSES ONLY	0.00	1.00	-1.00	0.00
NORTHWESTERN MUTUAL LIFE #16724353 INSURED DONNA WENDLANDT FV \$50,000 NOT ADMINISTERED BY BANK, SAFEKEEPING/REFERENCE PURPOSES ONLY	0.00	1.00	-1.00	0.00

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PRIVATE CLIENT SERVICES

Account Statement For:  
SHEBOYGAN YMCA ENDOW TR

Period Covered: January 1, 2009 - December 31, 2009  
Account Number 50248100



**ASSET DETAIL** (continued)

ASSET DESCRIPTION	VALUED CARRIED AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
<b>Miscellaneous</b> (continued)				
OTHER (continued)				
NORTHWESTERN MUTUAL LIFE #6252787 INSURED O HENRY JUNG FV \$10,000 NOT ADMINISTERED BY BANK SAFEKEEPING/REFERENCE PURPOSES ONLY	0.00	1.00	- 1.00	0.00
NORTHWESTERN MUTUAL LIFE #7991696 INSURED O HENRY JUNG, FV \$10,000 NOT ADMINISTERED BY BANK SAFEKEEPING/REFERENCE PURPOSES ONLY	0.00	1.00	- 1.00	0.00
PRINCIPAL MUTUAL LIFE INS #995 655 INSURED ROMAN F WAGNER, JR. FV \$1,000 NOT ADMINISTERED BY BANK SAFEKEEPING/REFERENCE PURPOSES ONLY	0.00	1.00	- 1.00	0.00
<b>Total Other</b>	\$0.00	\$6.00	-\$6.00	\$0.00
<b>Total Miscellaneous</b>	\$0.00	\$6.00	-\$6.00	\$0.00

ACCOUNT VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
\$2,117,171.66	\$1,850,873.28	\$266,298.38	\$12,701.68
<b>TOTAL ASSETS</b>			



Account Statement For:  
SHEBOYGAN YMCA UNRESTRICTED FUND

Period Covered: January 1, 2009 - December 31, 2009

Account Number 50248101

**ASSET SUMMARY**

**Cash & Equivalents**

Money Market  
Total Cash & Equivalents  
TOTAL ASSETS

	ACCOUNT VALUE AS OF 12/31/09	% OF ASSETS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	\$16,353.18	100.00%	\$0.00	\$0.18
	<b>\$16,353.18</b>	<b>100.00%</b>	<b>\$0.00</b>	<b>\$0.18</b>
	<b>\$16,353.18</b>	<b>100%</b>	<b>\$0.00</b>	<b>\$0.18</b>



Account Statement For:  
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2009 - December 31, 2009  
Account Number 50248102

**ASSET DETAIL**

**ASSET DESCRIPTION**  
**Cash & Equivalents**

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>CASH</b>							
PRINCIPAL			\$170.00	\$170.00	\$0.00		
INCOME			453.26	453.26	0.00		
<b>Total Cash</b>			<b>\$623.26</b>	<b>\$623.26</b>	<b>\$0.00</b>		
<b>MONEY MARKET</b>							
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	10,592.010		\$10,592.01	\$10,592.01	\$0.00	0.01%	\$0.09
<i>Asset held in Invested Income Portfolio</i>							
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	6,037.040		6,037.04	6,037.04	0.00	0.01	0.05
<b>Total Money Market</b>			<b>\$16,629.05</b>	<b>\$16,629.05</b>	<b>\$0.00</b>	<b>0.01%</b>	<b>\$0.14</b>
<b>Total Cash &amp; Equivalents</b>			<b>\$17,252.31</b>	<b>\$17,252.31</b>	<b>\$0.00</b>	<b>0.01%</b>	<b>\$0.14</b>



Account Statement For:  
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2009 - December 31, 2009

Account Number 50248102



**ASSET DETAIL** (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	YIELD TO MATURITY	ACCRUED INCOME
<b>Fixed Income</b>							
<b>CORPORATE OBLIGATIONS</b>							
BP CAPITAL MARKETS PLC DTD 03/10/09 3 125 03/10/2012 CUSIP: 05565QBG2 MOODY'S RATING: AA1 STANDARD & POOR'S RATING: AA	20,000,000	\$103.005	\$20,601.00	\$20,447.80	\$153.20	1.72%	\$192.71
CATERPILLAR FINL SVCS MED TERM NOTES TRANCHE #TR 00789 DTD 12/05/05 5.050 12/01/2010 CUSIP: 14912L2W0 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	25,000,000	104.036	26,009.00	24,845.00	1,164.00	0.63	105.21
CISCO SYSTEMS INC DTD 02/22/06 5.250 02/22/2011 CUSIP: 1727SR88 MOODY'S RATING: A1 STANDARD & POOR'S RATING: A+	25,000,000	104.933	26,233.25	26,442.75	-209.50	0.90	470.31
DEERE JOHN CAP CORP MED TERM NOTE TRANCHE #TR00324.SER D DTD 01/07/05 4.125 01/15/2010 CUSIP: 24422EPM5 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	20,000,000	100.089	20,017.80	19,888.20	129.60	4.12	380.42
DU PONT EIDE NEMOURS MED TERM NOTE TRANCHE # TR 00194 DTD 03/06/03 4.125 03/06/2013 CUSIP: 26353LJ88 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	25,000,000	104.237	26,059.25	25,639.00	420.25	2.72	329.43
GENERAL ELEC CAP CORP MED TERM NOTE TRANCHE # TR 00669 DTD 11/19/04 4.375 11/21/2011 CUSIP: 36962GM68 MOODY'S RATING: AA2 STANDARD & POOR'S RATING: AA+	25,000,000	104.148	26,037.00	25,164.75	872.25	2.12	121.53



Account Statement For:  
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered: January 1, 2009 - December 31, 2009

Account Number 50248102

**ASSET DETAIL** *(continued)*

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	YIELD TO MATURITY	ACCRUED INCOME
<b>Fixed Income</b> <i>(continued)</i>							
<b>CORPORATE OBLIGATIONS</b> <i>(continued)</i>							
PITNEY BOWES INC DTD 09/27/02 4.625 10/01/2012 CUSIP: 724479AF7	25,000,000	106.372	26,593.00	25,537.00	1,056.00	2.22	289.06
MOODY'S RATING: A1 STANDARD & POOR'S RATING: A							
US BANCORP MED TERM NOTE DTD 09/10/09 2.125 02/15/2013 CUSIP: 91159HGS3	20,000,000	99.126	19,825.20	19,932.40	-107.20	2.42	131.04
MOODY'S RATING: AA3 STANDARD & POOR'S RATING: A+							
<b>Total Corporate Obligations</b>			<b>\$191,375.50</b>	<b>\$187,896.90</b>	<b>\$3,478.60</b>		<b>\$2,019.71</b>

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Fixed Income</b>							
<b>PREFERRED SECURITIES</b>							
JP MORGAN CHASE 7% SERIES CUSIP: 46623D200	1,000,000	\$25.450	\$25,450.00	\$25,481.60	-\$31.60	6.88%	\$0.00
STANDARD & POOR'S RATING: BBB+							
MERRILL LYNCH CAPITAL TRUST V 7.28% SERIES CUSIP: 59021K205	1,000,000	21.360	21,360.00	23,212.00	-1,852.00	8.52	0.00
STANDARD & POOR'S RATING: BB							
<b>Total Preferred Securities</b>			<b>\$46,810.00</b>	<b>\$48,693.60</b>	<b>-\$1,883.60</b>	<b>7.63%</b>	<b>\$0.00</b>
<b>Total Fixed Income</b>			<b>\$238,185.50</b>	<b>\$236,590.50</b>	<b>\$1,595.00</b>		<b>\$2,019.71</b>



**WELLS  
FARGO**

Account Statement For:  
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2009 - December 31, 2009

Account Number 50248102

**ASSET DETAIL** (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Equities</b>							
<b>MUTUAL FUNDS</b>							
ISHARES MSCI EAFE SYMBOL: EFA CUSIP: 464287465	250 000	\$55 280	\$13,820 00	\$10,147 50	\$3,672 50	2.61%	\$0 00
ISHARES S & P 500 INDEX FUND SYMBOL: IVV CUSIP 464287200	259 000	111 810	28,958 79	22,122 44	6,836 35	2 14	0 00
ISHARES TR S & P MIDCAP 400 INDEX FD SYMBOL: IJH CUSIP: 464287507	75 000	72 410	5,430 75	3,614 25	1,816 50	1 86	0 00
ISHARES TR SMALLCAP 600 INDEX FD SYMBOL: IJR CUSIP: 464287804	65 000	54 720	3,556 80	2,553 85	1,002 95	1 24	0 00
VANGUARD EMERGING MARKETS ETF SYMBOL: VWO CUSIP 922042858	125 000	41 000	5,125 00	2,775 00	2,350 00	1 33	0 00
<b>Total Mutual Funds</b>			<b>\$56,891.34</b>	<b>\$41,213.04</b>	<b>\$15,678.30</b>	<b>2.10%</b>	<b>\$0.00</b>
<b>Total Equities</b>			<b>\$56,891.34</b>	<b>\$41,213.04</b>	<b>\$15,678.30</b>	<b>2.10%</b>	<b>\$0.00</b>

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Alternative Investments</b>							
<b>OTHER</b>							
HUSSMAN STRATEGIC GROWTH FUND #601 SYMBOL: HSGFX CUSIP: 448108100	856 898	\$12 780	\$10,951 16	\$10,000 00	\$951 16	0 20%	\$0 00
<b>Total Other</b>			<b>\$10,951.16</b>	<b>\$10,000.00</b>	<b>\$951.16</b>	<b>0.20%</b>	<b>\$0.00</b>
<b>Total Alternative Investments</b>			<b>\$10,951.16</b>	<b>\$10,000.00</b>	<b>\$951.16</b>	<b>0.20%</b>	<b>\$0.00</b>



Account Statement For:  
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2009 - December 31, 2009  
Account Number 50248102

**ASSET DETAIL** (continued)

**Real Estate & Specialty Assets**

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
REAL ESTATE FUNDS							
DIVIDEND CAPITAL TOTAL REALTY TRUST CUSIP 25537M100	1,063.830	\$10.000	\$10,638.30	\$9,673.52	\$964.78	5.50%	\$0.00
VANGUARD REIT VIPER SYMBOL: VNQ CUSIP: 922908553	120.000	44.740	5,368.80	6,650.43	-1,281.63	5.22	0.00
<b>Total Real Estate Funds</b>			<b>\$16,007.10</b>	<b>\$16,323.95</b>	<b>-\$316.85</b>	<b>5.41%</b>	<b>\$0.00</b>
<b>Total Real Estate &amp; Specialty Assets</b>			<b>\$16,007.10</b>	<b>\$16,323.95</b>	<b>-\$316.85</b>	<b>5.41%</b>	<b>\$0.00</b>

ACCOUNT VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
\$339,287.41	\$321,379.80	\$17,907.61	\$2,019.85
<b>TOTAL ASSETS</b>			





Account Statement For:  
 CAMP Y-KODA OUTDR SKILLS & EDU ENDOW

Period Covered January 1, 2009 - December 31, 2009  
 Account Number 50248103

**ASSET DETAIL**

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
<b>Cash &amp; Equivalents</b>							
CASH							
PRINCIPAL			\$210.00	\$210.00	\$0.00		
Total Cash			\$210.00	\$210.00	\$0.00		
<b>MONEY MARKET</b>							
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	4,805.200		\$4,805.20	\$4,805.20	\$0.00	\$0.48	0.01%
<i>Asset held in Invested Income Portfolio</i>							
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	7,413.500		7,413.50	7,413.50	0.00	0.74	0.01
Total Money Market			\$12,218.70	\$12,218.70	\$0.00	\$1.22	0.01%
Total Cash & Equivalents			\$12,428.70	\$12,428.70	\$0.00	\$1.22	0.01%

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
<b>Fixed Income</b>							
<b>CORPORATE OBLIGATIONS</b>							
AMERICAN EXPRESS CR CORP MED TERM NOTE TRANCHE # TR 00047	10,000,000	\$103.223	\$10,322.30	\$10,078.20	\$244.10	\$500.00	1.46%
DTD 12/02/05 5.000 12/02/2010 CUSIP .0258M0BY4							
MOODY'S RATING: A2							
STANDARD & POOR'S RATING: BBB+							
CATERPILLAR FIN SERV CRP	10,000,000	101.326	10,132.60	10,152.00	-19.40	430.00	4.24
DTD 06/14/05 4.300 06/01/2010 CUSIP 14911RAH2							
MOODY'S RATING: A2							
STANDARD & POOR'S RATING: A							



Account Statement For:

CAMP Y-KODA OUTDR SKILLS & EDU ENDOW

Period Covered: January 1, 2009 - December 31, 2009

Account Number 50248103



**ASSET DETAIL** (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
<b>Fixed Income</b> (continued)							
<b>CORPORATE OBLIGATIONS</b> (continued)							
CISCO SYSTEMS INC DTD 02/22/06 5.250 02/22/2011 CUSIP 17275RAB8 MOODY'S RATING A1 STANDARD & POOR'S RATING A+	10,000,000	104.933	10,493.30	10,238.40	254.90	525.00	0.90
GENERAL ELEC CAP CORP MED TERM NOTE TRANCHE # TR 00669 DTD 11/19/04 4.375 11/21/2011 CUSIP 36962GM68 MOODY'S RATING AA2 STANDARD & POOR'S RATING AA+	10,000,000	104.148	10,414.80	10,065.90	348.90	437.50	2.12
HEWLETT-PACKARD CO DTD 05/27/09 2.950 08/15/2012 CUSIP 428236AY9 MOODY'S RATING A2 STANDARD & POOR'S RATING A	10,000,000	102.046	10,204.60	10,125.00	79.60	295.00	2.14
JOHN DEERE CAP CORP MED TERM NOTE DTD 10/25/05 4.875 10/15/2010 CUSIP 24422EPX1 MOODY'S RATING A2 STANDARD & POOR'S RATING A	10,000,000	103.470	10,347.00	10,237.40	109.60	487.50	0.46
OCCIDENTAL PETROLEUM COR DTD 05/15/09 4.125 06/01/2016 CUSIP 674599BX2 MOODY'S RATING A2 STANDARD & POOR'S RATING A	10,000,000	100.732	10,073.20	10,296.40	-223.20	412.50	3.99
PFIZER INC DTD 03/24/09 4.450 03/15/2012 CUSIP 717081CZ4 MOODY'S RATING A1 STANDARD & POOR'S RATING AA	10,000,000	105.765	10,576.50	10,242.70	333.80	445.00	1.77



Account Statement For:  
 CAMP Y-KODA OUTDR SKILLS & EDU ENDOW

Period Covered January 1, 2009 - December 31, 2009

Account Number 50248103

**ASSET DETAIL** *(continued)*

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
<b>Fixed Income</b> <i>(continued)</i>							
CORPORATE OBLIGATIONS <i>(continued)</i>							
TARGET CORP DTD 06/11/03 4,000 06/15/2013 CUSIP: 87612EAM8 MOODY'S RATING: A2 STANDARD & POORS RATING: A+	10,000,000	104.210	10,421,000	10,108,200	312.80	400.00	2.72
<b>Total Corporate Obligations</b>			\$92,985.30	\$91,544.20	\$1,441.10	\$3,932.50	
<b>Total Fixed Income</b>			\$92,985.30	\$91,544.20	\$1,441.10	\$3,932.50	

ACCOUNT VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME
\$105,414.00	\$103,972.90	\$1,441.10	\$3,933.72

**TOTAL ASSETS**

**Item M (990) - State of Legal Domicile**

State	Foreign Country
WI	United States