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Form 990-PF

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

OMB No 1545 0052

2010

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 calendar year 2010, or tax year beginning , 2010, and ending , | | | | | | | | |
|--|---|---------------------------|--------------------|--|---|--|--|--|
| G Che | ck all that apply. Initial return Initial | al Return of a former pu | iblic charity | Fina | ıl return | | | |
| | Amended return | Address c | hange Name | change | | | | |
| | | | Α | Employer identification num | ber | | | |
| | ICE SHANKE GREIVELDINGER CHA | RITABLE | | 26-6797024 | | | | |
| TRUS' | | | В | Telephone number (see the | instructions) | | | |
| | LAKE AVENUE | | | 262-636-3120 | | | | |
| RACII | NE, WI 53403 | | C | If exemption application is | | | | |
| | | | D | 1 Foreign organizations, check | | | | |
| H Č | | (c)(3) exempt private for | | 2 Foreign organizations meets here and attach computation | ng the 85% test, check | | | |
| | Section 4947(a)(1) nonexempt charitable tri | ust Other taxable p | | If private foundation status | | | | |
| | | ounting method. X Ca | ash Accrual | under section 507(b)(1)(A), | | | | |
| • | | Other (specify) | F | If the foundation is in a 60- | | | | |
| ≻ \$ | | column (d) must be on | casn basis.) | under section 507(b)(1)(B), | , check here | | | |
| Part I | Analysis of Revenue and Expenses (The total of amounts in | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable | | | |
| | columns (b), (c), and (d) may not neces- | expenses per books | income | ıncome | purposes | | | |
| | sarily equal the amounts in column (a) | | | | (cash basis only) | | | |
| | (see the instructions).) 1 Contributions, gifts, grants, etc, received (att sch) | 102,223. | | | | | | |
| | 2 Ck Inf the foundn is not req to att Sch B | | | | | | | |
| | 3 Interest on savings and temporary | | | 50.000 | | | | |
| | cash investments | 60,282. | 29,408. | 60,282. | *************************************** | | | |
| | 4 Dividends and interest from securities | 33,896. | 33,896. | 33,896. | | | | |
| | 5a Gross rents . b Net rental income | | | | | | | |
| D | or (loss) | -8,675. | | | | | | |
| E > | 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all 960,086. | 0,075. | | | | | | |
| E N U | 7 Capital gain net income (from Part IV, line 2) | , | 0. | | | | | |
| | 8 Net short-term capital gain | | , | 0. | | | | |
| | 9 Income modifications | | | | | | | |
| Ε | 10 a Gross sales less returns and | | | | | | | |
| | allowances h Less Cost of | | | | | | | |
| | goods sold | | | | | | | |
| | c Grass profit/(loss) (att.sch) 11 Other indone (attech screen) | | · | | | | | |
| | | | | | | | | |
| | 12 Total Add lines 1 through 11 | 187,726. | 63,304. | 94,178. | | | | |
| | 13 Compensation Applicers, directors, trustees, etc | 10,000. | | | | | | |
| | 14 Other employee salaries and wages | | | | <u> </u> | | | |
| | 15 Pension plans, employee benefits | | | | | | | |
| A | 16 a Legal fees (atlantise headle) See St 1 | 12,254. | | 12,254. | | | | |
| D M | b Accounting fees (attach sch) See St 2 | 985. | | 985. | | | | |
| (2) N | c Other prof fees (attach sch) | | | | | | | |
| \$ | 17 Interest | 1 (21 | 730. | 730. | | | | |
| ₹ R | 18 Taxes (attach schedule)(see instr.) See Stm 3 | 1,631. | 130. | 130. | | | | |
| 龚 쉬 | 19 Depreciation (attach sch) and depletion | | | | | | | |
| AVN GHANNOS *** ********************************* | 20 Occupancy | | | | | | | |
| G € | 21 Travel, conferences, and meetings | | | | | | | |
| ₹¥₩ ¤×¤ | 22 Printing and publications | | | ļ. ———— | | | | |
| | 23 Other expenses (attach schedule) See Statement 4 | 153. | 153. | 153. | | | | |
| - Z S | 24 Total operating and administrative | | | | | | | |
| ∞ | expenses. Add lines 13 through 23. | 25,023. | 883. | 14,122. | | | | |
| , 2011 | 25 Contributions, gifts, grants paid Part XV | 934,108. | | | _934,108. | | | |
| # | 26 Total expenses and disbursements. | 050 131 | 003 | 14 122 | 934,108. | | | |
| ·- | Add lines 24 and 25 27 Subtract line 26 from line 12: | 959,131. | 883. | 14,122. | 334,108. | | | |
| | a Excess of revenue over expenses | | | 1 | | | | |
| | and disbursements | -771,405. | | | | | | |
| | b Net investment income (if negative, enter 0) | | 62,421. | | | | | |
| | C Adjusted net income (if negative, enter 0) | | | 80,056. | | | | |

| 26 | -6797024 | |
|----|-------------|--|
| | End of year | |

Page 2

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only | | Beginning of year | | End of year | | |
|--|-------|--|-----------------------------|----------------|-----------------------|--|
| Par | | column should be for end of year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| | 1 | Cash — non-interest-bearing | 222,956. | 16,632. | 16,632. | |
| | 2 | Savings and temporary cash investments | 1,253,384. | 911,933. | 911,314. | |
| | 3 | Accounts receivable | | | | |
| | | Less allowance for doubtful accounts | | | | |
| | 4 | Pledges receivable | | | | |
| | | Less allowance for doubtful accounts ► | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | _ | disqualified persons (attach schedule) (see the instructions) | : | | | |
| Α | 7 | Other notes and loans receivable (attach sch) | | | | |
| ŝ | _ | Less. allowance for doubtful accounts | | | | |
| A S E T | 8 | Inventories for sale or use | | 1,350. | 1,350. | |
| | i | Prepaid expenses and deferred charges . | | 1,330. | 1,550. | |
| S | 10 a | ı Investments — U S. and state government obligations (attach schedule) | 1,076,614. | 695,291. | 697,916. | |
| | b | Investments — corporate stock (attach schedule) . | 1,717,745. | 1,873,777. | 2,415,554. | |
| | | : 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) | | | | |
| | _15 | Other assets (describe ► See Statement 5) | 210. | 521. | 521. | |
| | 16 | Total assets (to be completed by all filers — see instructions. Also, see page 1, item I) | 4,270,909. | 3,499,504. | 4,043,287. | |
| L | 17 | Accounts payable and accrued expenses | | | | |
| ł A | 18 | Grants payable | | | | |
| B | 19 | Deferred revenue | | | | |
| į | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | | |
| ī | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| Ţ | 22 | Other liabilities (describe | | | | |
| Ė S | 00 | Table list little (add lease 17 through 22) | 0. | 0. | | |
| <u>s</u> | 23 | 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 | 24 | Unrestricted . | | | | |
| TN | 25 | Temporarily restricted . | | | | |
| , D | 26 | Permanently restricted | | | | |
| A B S A E L | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | | |
| EL | 27 | Capital stock, trust principal, or current funds . | | | | |
| SN | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | | |
| O E | 29 | Retained earnings, accumulated income, endowment, or other funds | 4,270,909. | 3,499,504. | | |
| ŔŠ | 30 | Total net assets or fund balances (see the instructions) | 4,270,909. | 3,499,504. | | |
| | 31 | Total liabilities and net assets/fund balances (see the instructions) | 4,270,909. | 3,499,504. | | |
| Par | 111 | Analysis of Changes in Net Assets or Fund Balance | | 3, 133, 301. | | |
| | | | | an with | | |
| 1 | Fotal | net assets or fund balances at beginning of year – Part II, colur of-year figure reported on prior year's return) | nn (a), iine 30 (must agr | ee with 1 | 4,270,909. | |
| 2 | | r amount from Part I, line 27a | | 2 | -771,405. | |
| | | increases not included in line 2 (itemize) | • | 3 | | |
| | | lines 1, 2, and 3 | | 4 | 3,499,504. | |
| | | ases not included in line 2 (itemize) | | 5 | | |
| | | net assets or fund balances at end of year (line 4 minus line 5) | - Part II, column (b). line | e 30 6 | 3,499,504. | |
| | | | | | | |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

934,108.

| | | 26-679702 | 4 | | Page 4 |
|-----|---|-------------------------------|---------|----------|------------------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - | see the instru | ctions) | | |
| 1: | a Exempt operating foundations described in section 4940(d)(2), check here | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary – see instr.) | | | | |
| i | Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 | | | 624. |
| | check here ► X and enter 1% of Part I, line 27b | | | | |
| (| 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 | | | 624. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | $\frac{0.}{624}$ |
| 6 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments. | 5 | | | 624. |
| - | 2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 1,80 | | | | |
| | Exempt foreign organizations — tax withheld at source 6b | ''' | | | |
| | Tax paid with application for extension of time to file (Form 8868) | \dashv | | | |
| | Backup withholding erroneously withheld 6d | - | | | |
| | Total credits and payments Add lines 6a through 6d | - | | 1.1 | 800. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | 8 | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | ▶ 9 | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | . ▶ 10 | | 1. | 176. |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax | ▶ 11 | | <u>-</u> | 0. |
| Par | t VII-A Statements Regarding Activities | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | 1. | Yes | No X |
| b | participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | | 1a | | _ |
| - | (see the instructions for definition)? | | 1b | | X |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials per distributed by the foundation in connection with the activities. | oublished | | | ļ |
| | Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| 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 | 0 | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose | | + | | Į. |
| | foundation managers >\$ 0. | | | | 1 |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. | | 2 | | X |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | les | | | |
| _ | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | 4b | N | /A |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | ļ | X |
| _ | If 'Yes,' attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument? | conflict | 6 | _ | <u>x</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 Part XV | | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see the instructions) WI | | | | |
| þ | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | v | |
| | (or designate) of each state as required by <i>General Instruction G² If 'No,' attach explanation</i> | | 86 | _X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete the complete in the complete | or 4942(j)(5) ete Part XIV | 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their | r names | 10 | | X |
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|--|--|--|--|---------------------------|----------------------|
| Part VII-B Statements Regarding Activity | | m 4720 May Be Red | quired (continued) | | |
| 5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt | - | n (section 4945(e))? | ☐ Yes X | No | |
| (2) Influence the outcome of any specific pub | lic election (see section | | | | |
| on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel, | | purposes? | | No No | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | | | Yes X | No | |
| (5) Provide for any purpose other than religion educational purposes, or for the preventio | | | Yes X | No | 1 |
| b If any answer is 'Yes' to 5a(1)-(5), did any of to described in Regulations section 53 4945 or in (see instructions)? | a current notice regard | ling disaster assistance | ons | 5b | N/A |
| Organizations relying on a current notice regains | ding disaster assistanc | e check here | ▶ 📙 | | |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response | sibility for the grant? | • | N/A Yes | No | ‡ ‡ ‡ |
| If 'Yes,' attach the statement required by Regu | nations section 55 4945 | ·-5(a). | | | |
| 6a Did the foundation, during the year, receive ar on a personal benefit contract? | · · · · · · | | Yes X | No 6b | x |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the found | ation a party to a prohi | bited tax shelter transac | tion? Yes X | No | |
| b If yes, did the foundation receive any proceeds | | | | <u>7b</u> | |
| Part VIII Information About Officers, D and Contractors | irectors, Trustees | , Foundation Mana | gers, Highly Paid | Employee | .s, |
| 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 | e account, wances |
| GEOFF GREIVELDINGER | Trustee | 10,000. | 0. | | 0. |
| 900 LAKE AVENUE RACINE, WI 53403 | 3.00 | | | | |
| 1410111127, 111 33 103 | | | | | |
| | • | | | | |
| | | | | | |
| | | | ; | | |
| 2 Compensation of five highest-paid employees | (other than those incl | ided 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 | | | | | |
| | | | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 | ······ | | | | |
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|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued) | |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter '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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| 1 <u>N/A</u> | |
| | |
| 2 | . . |
| 3 | |
| | · |
| 4 | - |
| Part IX-B Summary of Program-Related Investments (see instructions) | <u> </u> |
| | T Amount |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A | Amount |
| | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 | |
| Total. Add lines 1 through 3 | 0. |
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| | 5-6/9/C | <u>JZ4 Page 8</u> |
|--|-------------|-------------------|
| Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.) | oreign | foundations, |
| 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 | 1 a | 2,936,185. |
| b Average of monthly cash balances | 1 b | 980,653. |
| c Fair market value of all other assets (see instructions) | 1c | 1,871. |
| d Total (add lines 1a, b, and c) | 1 d | 3,918,709. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) 1e 0. | | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 3,918,709. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 58,781. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 3,859,928. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 192,996. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper | rating fo | |
| and certain foreign organizations check here ► □ and do not complete this pa | _ | |
| 1 Minimum investment return from Part X, line 6 | 1 | 192,996. |
| 2a Tax on investment income for 2010 from Part VI, line 5 | | |
| b Income tax for 2010. (This does not include the tax from Part VI.) | 1 | |
| c Add lines 2a and 2b | 2c | 624. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 192,372. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 192,372. |
| 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 | 192,372. |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 934,108. |
| 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 | 934,108. |
| 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 | 624. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 933,484. |

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

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Form

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|----------------------|----------------------------|--------------------|--|
| Distributable amount for 2010 from Part XI, | | | | 192,372. |
| line 7 2 Undistributed income, if any, as of the end of 2010. | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010 | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 d From 2008 | | | | |
| e From 2009 280, 031. | | | | |
| f Total of lines 3a through e | 280,031. | | | ······································ |
| 4 Qualifying distributions for 2010 from Part | | | | |
| XII, line 4 ► \$ 934,108. | | | | |
| a Applied to 2009, 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 2010 distributable amount | | | | 192,372. |
| e Remaining amount distributed out of corpus | 741,736. | | | |
| 5 Excess distributions carryover applied to 2010 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| | | 4 | | |
| 6 Enter the net total of each column as | | | | |
| indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 1,021,767. | | | |
| • | | | | - |
| 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 2009 Subtract line 4a from | | | | |
| line 2a Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2010. Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be | | | | 0. |
| distributed in 2011 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed | | | | |
| by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | 0. | | | |
| , | | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 1,021,767. | | | |
| 10 Analysis of line 9 | | 1 | ******* | |
| a Excess from 2006 | 1 | 1 | | |
| b Excess from 2007 | - | | | |
| c Excess from 2008 | - | | | |
| d Excess from 2009 280, 031. e Excess from 2010 741, 736. | 1 | | | |
| C LACESS HOTH 2010 131,130. | L | 1 | · | Corre 000 PE (2010) |

| FORM 990-PF (2010) BERNICE SHANKE G | | | 1 (i) A 11 | 20-019102 | |
|---|--|--|---|-------------------------|-----------------|
| Part XIV Private Operating Foundati | | | | | N/A |
| 1 a If the foundation has received a ruling or our is effective for 2010, enter the date of the | letermination letter t ruling | that it is a private o | perating toundation, | and the ruling | |
| b Check box to indicate whether the foundat | ion is a private oper | ating foundation de | escribed in section | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (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 | | | | | |
| 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 fisted | | | | | |
| 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 providedn.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 | part only if the | e organization h | ad \$5,000 or mo | ore in |
| | | 3tructions.) | | | |
| 1 Information Regarding Foundation Manage a List any managers of the foundation who had close of any tax year (but only if they have None | | re than 2% of the to nan \$5,000). (See s | otal contributions red section 507(d)(2)) | eived 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 109 | the stock of a corp % or greater interes | oration (or an equall st. | y large portion of the | e ownership of |
| 2 Information Regarding Contribution, Grant | . Gift Loan. Schola | rship, etc. Program | ns: | | |
| Check here X if the foundation only makes | akes contributions t | o preselected char | itable organizations | | |
| complete items 2a, b, c, and d. a The name, address, and telephone number | of the person to wi | hom applications el | hould be addressed: | | |
| a The Hame, address, and telephone humber | of the person to wi | потпаррясаното з | nould be addressed. | | |
| | | | | | |
| b The form in which applications should be s | ubmilted and inform | ation and materials | s they should include | : : | |
| c Any submission deadlines. | | | | | |
| d Any restrictions or limitations on awards, si | uch as by geograph | ical areas, charitab | le fields, kinds of ins | stitutions, or other fa | actors. |
| | | | | | |

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year TO RENOVATE BUILDING ST PATRICK'S PARISH NONE 501 C3 734,108. 1100 ERIE ST RACINE, WI 53402 501 C3 TO RENOVATE BUILDING 200,000. COMMUNITY OF SAINT PAUL, INC NONE 2512 WESTWOOD DR RACINE, WI 53404 934,108. За Total b Approved for future payment **Total** 3Ь

| Part XVI-A A | Analysis of | Income-Producing | Activities |
|--------------|-------------|------------------|-------------------|
|--------------|-------------|------------------|-------------------|

| Part XVI-A Analysis of Income-Producing | , | | T | | |
|---|--|---|--|---|---------------------------------------|
| nter gross amounts unless otherwise indicated. | (a) Business | Business Amount | | section 512, 513, or 514 (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue: | code | | sion code | | (see the instructions) |
| Ь | | | | | |
| c | | | | | |
| d | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| Interest on savings and temporary cash investments | | | 14 | 60,282. | |
| 4 Dividends and interest from securities | | | 14 | 33,896. | |
| 5 Net rental income or (loss) from real estate. | | | ļ | <u></u> | |
| a Debt-financed property | L | | | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | 14 | -8,675. | |
| Net income or (loss) from special events | | | 1 2 | 0,075. | |
| Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue | | | | | |
| a | | | | | <u> </u> |
| b | | | | | |
| с | | | | | |
| d | | | | | |
| e | | <u> </u> | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | L | | | 85,503. | 05 500 |
| Total. Add line 12, columns (b), (d), and (e) | | • | | 13 | 85,503 |
| e worksheet in line 13 instructions to verify calculation | s.) | | | | |
| art XVI-B Relationship of Activities to the | Accomplis | hment of Exemp | t Purpose | s | |
| ine No. Explain below how each activity for which inc accomplishment of the foundation's exempt p | ome is reported | d in column (e) of Par than by providing fun | t XVI-A contr | ibuted importantly to urposes). (See the | the instructions.) |
| N/A | | | • | | |
| | | | | | |
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Form 990-PF (2010) BERNICE SHANKE GREIVELDINGER CHARITABLE 26-6797024 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | 1 1 | Yes | No |
|----------------------|---|--|---|--|--|--|-----------------|-------------|--------------|
| describe | organization directly ed in section 501(c) o to political organizati | of the Code (oth | igage in any of th her than section 5 | ne following with 501(c)(3) organi | any other organiz zations) or in secti | ation on 527, | | | |
| 5 | rs from the reporting | | a noncharitable e | vemnt organiza | tion of | | | | ĺ |
| (1) Cas | | iodiladion to a | a nonchantable e | xempt organiza | 11071 01. | | 1 a (1) | i 1 | Х |
| • • | er assets | | | • | | | 1a (2) | | X |
| | | | | | • | | 14 (2) | | <u>^</u> |
| | ansactions | 1 - 1 - 1 - 1 - 1 - 1 | | | | | 1, 7, | 1 1 | v |
| | es of assets to a none | | | | | | 1 b (1) | | X |
| | chases of assets from | | | iization | | | 1 b (2) | | |
| | ital of facilities, equip | | assets | | • | | 1b (3) | - | X |
| , - | mbursement arranger | | | | | | 1 b (4) | | X |
| ` ' | ns or loan guarantee: | | | | • | | 1 b (5) | | X |
| • • | formance of services | • | | | | | 1 b (6) | | X |
| c Sharing | of facilities, equipme | ent, mailing list | s, other assets, c | or paid employe | es | | 1c | | X |
| the good any tran | ds, other assets, or s isaction or sharing ar | ervices given t rangement, sh | by the reporting food in column (d) | oundation If the the value of the | foundation receive goods, other ass | I always show the fair marked less than fair marked less, or services received of transfers, transactions, and | t value in | | |
| (a) Line no | (b) Amount involved | (c) Name of | f noncharitable exemp | t organization | (d) Description | of transfers, transactions, and | sharing arrain | gements | , |
| N/A | | | | | | | | | — |
| | | · | | | | | | | |
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| | | | | | | | | | |
| describe | undation directly or indication directly or indication 501(c) of complete the following | f the Códe (oth | | | | anızatıons | Yes | X | No |
| | Name of organization | on | (b) Type | of organization | | (c) Description of re | ationship | | |
| N/A | · | | | | | | | | |
| | | | | | | | | | |
| | - 1.7. | | · | · | ·· | | | | |
| | | | | | | | | | |
| | | | | | L | | | | |
| Sign Here | enalties of perjury, I declare and complete Declaration | e that I have examinof preparer (other t | ned this return, includi han taxpayer or fiducia | ng accompanying so ary) is based on all i | hedules and statements nformation of which prej | is, and to the best of my knowle parer has any knowledge Trustee Title | dge and belief, | it is true | ∍, |
| | Print/Type preparer's nam | ne (| Preparer's Su | gnature | Date | ··· | PTIN | | |
| | JULIE CRAIG | v | Ja | _ / / | MAY | Check ifif | P01335 | 156 | |
| Paid | | | | | <u> ITAL</u> | | | 420 | |
| Preparer | | | Maier & Con | ipany, ŁLP | | Firm's EIN ► 39-0 | 803883 | | |
| Jse Only | I Firm's address | | sin Avenue | = | | |)) 60 4 | 100 | |
| | L Ra | acine, WI | 53403 | | | Phone no (262 | 2) 634-71 | | |
| BAA | | | | | | | Form 99 | 0-PF (| 2010) |

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

2010

| Name of the organization BERNICE SH | 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 tre 527 political organization | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| Form 990-PF | rm 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 covere Note. Only a section 501(c)(7), (8), (| d by the General Rule or a Special Rule or (10) organization can check boxes for both the General Rul | le and a Special Rule. See instructions. | | | | |
| General Rule X For an organization filing Form 9 contributor (Complete Parts I are | 90, 990-EZ, or 990-PF that received, during the year, \$5,000 id II.) | or more (in money or property) from any one | | | | |
| Special Rules | | | | | | |
| 509(a)(1) and $170(b)(1)(A)(v_i)$, and | tion filing Form 990 or 990-EZ, that met the 33-1/3% support t and received from any one contributor, during the year, a cont a 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete | tribution of the greater of (1) \$5,000 or | | | | |
| aggregate contributions of more | 0) organization filing Form 990 or 990-EZ, that received from than \$1,000 for use <i>exclusively</i> for religious, charitable, scierren-or-animals. Complete-Parts-I,-II, and III. | n any one contributor, during the year, ntific, literary, or educational purposes, or | | | | |
| contributions for use exclusively If this box is checked, enter here purpose Do not complete any of | 0) organization filing Form 990 or 990-EZ, that received from for religious, charitable, etc, purposes, but these contribution the total contributions that were received during the year for the parts unless the General Rule applies to this organization of \$5,000 or more during the year | ns did not aggregate to more than \$1,000. r an <i>exclusively</i> religious, charitable, etc, | | | | |
| 990-PF) but it must answer 'No' on F | covered by the General Rule and/or the Special Rules does reart IV, line 2 of their Form 990, or check the box on line Hotel the filing requirements of Schedule B (Form 990, 990-EZ, | if its Form 990-EZ, or on line 2 of its Form | | | | |
| BAA For Paperwork Reduction Act 990EZ, or 990-PF. | Notice, see the Instructions for Form 990, | Schedule B (Form 990, 990-EZ, or 990-PF) (2010) | | | | |

| BERNI(| DE SHANKE GREIVELDINGER CHARITABLE | J | 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 RACINE, WI 53403 | \$ 26,060. | Person X Payroli 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 |
| 2 | BERNICE SHANKE GREIVELDINGER ESTATE 900 LAKE AVENUE RACINE, WI 53403 | \$76,163. | Person Payroli 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 Payroli Noncash (Complete Part II if there is a noncash contribution) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1

of 1

of Part I

| ر. د به د | | | | | |
|---------------------------|--|--|--------------------------------|--|--|
| Şchedule E | B (Form 990, 990-EZ, or 990-PF) (2010) | Page 1 of 1 | of Part II | | |
| Name of organ | | Employer identification 26-6797024 | Employer identification number | | |
| Part II | Noncash Property (see instructions) | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) e received | | |
| 2 | STOCKS | \$ 76,163. 9 | /24/10 | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) e received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) e received | | |
| | | \$\$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) e received | | |
| | | \$\$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) e received | | |

BAA

(a) No. from Part I

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

(d) Date received

(c) FMV (or estimate) (see instructions)

(b)
Description of noncash property given

BAA

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Transfer of gift

| 2010 Client E5620 | BERNICE SHANKE GREIVELDINGER CHARITABLE | | | | |
|---|--|--------------------------------|--|--|--|
| 5/10/11 | | 26-679702 03 56P | | | |
| Statement 1 Form 990-PF, Part I, Line Legal Fees | - 16a | | | | |
| ATTORNEY FEES | (a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income \$ 12,254. Total \$ 12,254. \$ 0. \$ 12,254. | (d) Charitable Purposes \$ 0. | | | |
| Statement 2 Form 990-PF, Part I, Line Accounting Fees | 16b | | | | |
| | (a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 985. Total \$ 985. \$ 985. \$ 985. | (d) Charitable Purposes 0. | | | |
| Statement 3 Form 990-PF, Part I, Line Taxes | 18 | | | | |
| FOREIGN TAX INCOME TAX | (a) (b) Net (c) Investment Adjusted Income Net Income \$ 730. \$ 730. \$ 730. 901. Total \$ 1,631. \$ 730. \$ 730. | (d) Charitable Purposes 0. | | | |
| Statement 4 Form 990-PF, Part I, Line Other Expenses | 23 | | | | |
| INVESTMENT EXPENSE | (a) (b) Net (c) Expenses per Books Investment Adjusted Net Income \$ 153. \$ 153. \$ 153. Total \$ 153. \$ 153. \$ 153. | (d) Charitable Purposes 0. | | | |

· · · · />1

Federal Statements

Page 2

Client E5620

BERNICE SHANKE GREIVELDINGER CHARITABLE TRUST

26-6797024

5/10/11

2010

03 56PM

Statement 5 Form 990-PF, Part II, Line 15 Other Assets

OTHER ASSETS Rounding

| | Book | Value_ | r Market <u>Value</u> |
|-------|------|-----------|--------------------------|
| | \$ | 520. 1 | \$ 521. |
| Total | \$ | 521. | \$ 521. |
| | | | |

Statement 6
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> | <u>Acquired</u> | Sold |
| 1 | 100000 BANK NORTH CAROLINA | Donated | 7/17/2009 | 4/19/2010 |
| 2 | 100000 CAPMARK BANK | Donated | 7/17/2009 | 10/22/2010 |
| 3 | 100000 COMERICA BANK | Donated | 7/17/2009 | 10/10/2010 |
| 4 | 100000 GE CAPITAL FIN INC | Donated | 7/17/2009 | 10/10/2010 |
| 5 | 100000 GMAC BANK | Donated | 7/17/2009 | 10/10/2010 |
| 6 | 100000 GRAND BK & TR | Donated | 7/17/2009 | 10/16/2010 |
| 7 | 100000 KEY BANK | Donated | 7/17/2009 | 10/22/2010 |
| _8 | -19048-859-VANGUARD-INTER-TERM-TAX-EXEMPT- | Donated | 7/17/ 2009 | |
| 9 | INTL GRWTH & INCM FD A | Donated | 7/17/2009 | 12/28/2010 |
| 4 5 6 7 8 9 | 100000 GMAC BANK 100000 GRAND BK & TR 100000 KEY BANK 19048.859 VANGUARD INTER-TERM TAX EXEMPT | Donated Donated Donated Donated | 7/17/2009 7/17/2009 7/17/2009 7/17/2009 | 10/10/201 10/16/201 10/22/201 8/02/201 |

| | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (1) |
|--------------|----------|----------------|----------|----------|----------|-----------|---------|------------|
| | Gross | Deprec. | Cost | Gain | FMV | Adj. Bas. | Excess | Gain |
| <u> Item</u> | Sales | <u>Allowed</u> | Basis | _ (Loss) | 12/31/69 | 12/31/69 | (i)-(j) | (Loss) |
| 1 | 100,000. | | 101,510. | -1,510. | | | | \$ -1,510. |
| 2 | 100,000. | | 102,688. | -2,688. | | | | -2,688. |
| 3 | 100,000. | | 101,314. | -1,314. | | | | -1,314. |
| 4 | 100,000. | | 102,980. | -2,980. | | | | -2,980. |
| 5 | 100,000. | | 102,723. | -2,723. | | | | -2,723. |
| 6 | 100,000. | | 102,166. | -2,166. | | | | -2,166. |
| 7 | 100,000. | | 103,072. | -3,072. | | | | -3,072. |
| 8 | 260,000. | | 252,308. | 7,692. | | | | 7,692. |
| 9 | 86. | | 0. | 86. | | | | 86. |
| | | | | | | | Total | \$ -8,675. |
| | | | | | | | | |