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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

2010

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 2010 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 TR
 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 FL MAC N800
 City or town, state or country, and ZIP + 4
 Omaha NE 68102-1317

D Employer identification number 39-6045566

E Telephone number 888-730-4933

G Gross receipts \$ 2,190,354

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)

F Name and address of principal officer
 WELLS FARGO BANK, N A 1919 Douglas St 2nd FL MAC N8000-027

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (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 individuals employed in calendar year 2010 (Part V, line 2a)	5		0
6 Total number of volunteers (estimate if necessary)	6		0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b 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)	31,808	36,105	
9 Program service revenue (Part VIII, line 2g)		0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,068	181,540	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,876	217,645	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	133,388	100,312	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25)	0	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,900	20,776	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	152,288	121,088	
19 Revenue less expenses Subtract line 18 from line 12	-22,412	96,557	
	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	2,292,579	2,375,407	
21 Total liabilities (Part X, line 26)	0	0	
22 Net assets or fund balances Subtract line 21 from line 20	2,292,579	2,375,407	

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 John Sulentic Date 5/2/2011
 Signature of officer
JOHN SULENTIC VICE PRESIDENT & TAX DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Donald J Roman	<u>[Signature]</u>	5/9/2011		P00364310
Firm's name ▶ PRICEWATERHOUSECOOPERS, LLP	Firm's EIN ▶ 13-4008324			
Firm's address ▶ 600 GRANT STREET 15219-2777	Phone no (888) 730-4933			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

(HTA)

ENVELOPE POSTMARK DATE MAY 09 2011

SCANNED JUN 02 2011

RECEIVED
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 IRS 501(C)(3)

G17 608

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 \$ 105,785 including grants of \$ 100,312) (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 ▶ 105,785

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? (see instructions)	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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>		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a 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
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		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
b 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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 (see instructions)</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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="0"/>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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. <input type="text" value="0"/>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. <input type="text" value="N/A"/>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text" value="N/A"/>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text" value="N/A"/>		
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders. <input type="text" value="N/A"/>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <input type="text" value="N/A"/>		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <input type="text" value="N/A"/>		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <input type="text" value="N/A"/>		
c	Enter the amount of reserves on hand. <input type="text" value="N/A"/>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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	The governing body?	X	
8b	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	
11a		X
11b		
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 **WI**
- 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
 Own website Another's website 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 888-730-4933**
 1919 DOUGLAS ST 2ND FL MAC N8000-027

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DAVID ALDAG DIRECTOR	1	X					0	0	0	
(2) TOM BELOT DIRECTOR	1	X					0	0	0	
(3) ELDON BOHROFEN DIRECTOR	1	X					0	0	0	
(4) FRANK BROTZ DIRECTOR	1	X					0	0	0	
(5) JIM DANIELSEN DIRECTOR	1	X					0	0	0	
(6) MURPHY GLASS DIRECTOR	1	X					0	0	0	
(7) BARBARA GRUBER DIRECTOR	1	X					0	0	0	
(8) MIKE LARSON DIRECTOR	1	X					0	0	0	
(9) STEVE LARSON DIRECTOR	1	X					0	0	0	
(10) ROBERT LEVERENZ DIRECTOR	1	X					0	0	0	
(11) D J LOHMANN DIRECTOR	1	X					0	0	0	
(12) GARY MAPLES DIRECTOR	1	X					0	0	0	
(13) SETH MINSTER DIRECTOR	1	X					0	0	0	
(14) MIKE MRDJENOVICH DIRECTOR	1	X					0	0	0	
(15) ROLAND NEUMANN DIRECTOR	1	X					0	0	0	
(16) 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 (describe hours for related organizations in Schedule O)	(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			
(17) WAYNE SATHER DIRECTOR	1	X					0	0	0	
(18) ALICE SENTY DIRECTOR	1	X					0	0	0	
(19) JERRY TENHAKEN DIRECTOR	1	X					0	0	0	
(20) TOM TESTWUIDE JR DIRECTOR	1	X					0	0	0	
(21) ROMAN WAGNER DIRECTOR	1	X					0	0	0	
(22) STEVE WOODS DIRECTOR	1	X					0	0	0	
(23) WELLS FARGO BANK N A TRUSTEE	4		X				18,659	0	0	
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							18,659	0	0	
1c Total from continuation sheets to Part VII, Section A							0	0	0	
1d Total (add lines 1b and 1c)							18,659	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**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		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

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

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	36,105				
	g	Noncash contributions included in lines 1a-1f:	\$	0				
	h	Total. Add lines 1a-1f		36,105				
Program Service Revenue			Business Code					
	2a	-----		0				
	b	-----		0				
	c	-----		0				
	d	-----		0				
	e	-----		0				
	f	All other program service revenue		0				
g	Total. Add lines 2a-2f		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		101,446			101,446	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
			0	0				
					0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses	1,972,709	0				
	c	Gain or (loss)	80,094	0				
	d	Net gain or (loss)			80,094			80,094
	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	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	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	0				
		c	Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue		Business Code						
11a	-----		0					
b	-----		0					
c	-----		0					
d	All other revenue		0					
e	Total. Add lines 11a-11d		0					
12	Total revenue. See instructions			217,645	0	0	181,540	

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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	100,312	100,312		
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				
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	808	808		
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 (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	TRUSTEE FEES	18,659	4,665	13,994	
b	PARTNERSHIP EXPENSES	446		446	
c	FOREIGN TAX WITHHELD	863		863	
d		0			
e		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	121,088	105,785	15,303	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1 Cash—non-interest-bearing	9,097	1	0
	2 Savings and temporary cash investments	50,476	2	86,829
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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	1,983,855	11	2,288,578
	12 Investments—other securities See Part IV, line 11	249,151	12	0
	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	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,292,579	16	2,375,407	
Liabilities	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 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	2,292,579	30	2,357,407
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,292,579	33	2,357,407
34 Total liabilities and net assets/fund balances	2,292,579	34	2,357,407	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	217,645
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,088
3	Revenue less expenses Subtract line 2 from line 1	3	96,557
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,292,579
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-13,729
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,375,407

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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

SHEBOYGAN YMCA ENDOW TR

Employer identification number

39-6045566

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?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
 - (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?
 - 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	
(A) SHEBOYGAN COUN	39-0830271	9	X		X		X		100,312
(B)									0
(C)									0
(D)									0
(E)									0
Total									100,312

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total. 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 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 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
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

- 19a **33 1/3% support tests--2010.** 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--2009.** 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

SHEBOYGAN YMCA ENDOW TR

39-6045566

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SHEBOYGAN COUNTY YMCA PO BOX 609 SHEBOYGAN, WI 53081	39-0830271	501(C)(3)	100,312	0			CHARITABLE
(2)			0	0			
(3)			0	0			
(4)			0	0			
(5)			0	0			
(6)			0	0			
(7)			0	0			
(8)			0	0			
(9)			0	0			
(10)			0	0			
(11)			0	0			
(12)			0	0			

2 Enter total number of section 501(c)(3) and government organizations **1**

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(HTA)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SHEBOYGAN YMCA ENDOW TR

39-6045566

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

Form 990 Part Part VI Section B Line 12C ORGANIZATION COMPLIES WITH THE SAME POLICY AND

ENFORCEMENT PROCEDURES AS ITS TRUSTEE

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

Form 990 Part Part XI Line 5 NET ADJUSTMENTS FOR COST BASIS, MUTUAL FUNDS, PARTNERSHIPS, AND

PRIOR YEAR RETURN OF CAPITAL

Name of the organization

Employer identification number

SHEBOYGAN YMCA ENDOW TR

39-6045566

Area with horizontal dashed lines for supplemental information.



Account Statement For
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2010 - December 31, 2010
Account Number 50248102

ASSET DETAIL

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
CASH							
PRINCIPAL			\$620.00	\$620.00	\$0.00		
INCOME			71.40	71.40	0.00		
Total Cash			\$691.40	\$691.40	\$0.00		
MONEY MARKET							
WELLS FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106	6,854.200		\$6,854.20	\$6,854.20	\$0.00	0.14%	\$0.20
<i>Asset held in Invested Income Portfolio</i>							
WELLS FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106	3,813.350		3,813.35	3,813.35	0.00	0.14	0.12
<i>Asset held in Invested Income Portfolio</i>							
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	0.000		0.00	0.00	0.00	0.00	0.05
<i>Asset held in Invested Income Portfolio</i>							
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	0.000		0.00	0.00	0.00	0.00	0.02
Total Money Market			\$10,667.55	\$10,667.55	\$0.00	0.14%	\$0.39
Total CASH & EQUIVALENTS			\$11,358.95	\$11,358.95	\$0.00	0.13%	\$0.39



Account Statement For:
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248102

**WELLS
FARGO**

ASSET DETAIL (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	YIELD TO MATURITY	ACCRUED INCOME
CORPORATE OBLIGATIONS							
DU PONT ELDE NEMOURS MED TERM NOTE TRANCHE # TR 00194 DTD 03/06/03 4 125 03/06/2013 CUSIP 26353LJB8 MOODY'S RATING A2 STANDARD & POOR'S RATING A	25,000,000	\$106.073	\$26,518.25	\$25,639.00	\$879.25	1.29%	\$329.43
PITNEY BOWES INC DTD 09/27/02 4.625 10/01/2012 CUSIP 724479AF7 MOODY'S RATING A2 STANDARD & POOR'S RATING BBB+	25,000,000	104.927	26,231.75	25,537.00	694.75	1.75	289.06
Total Corporate Obligations			\$52,750.00	\$51,176.00	\$1,574.00		\$618.49

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
PREFERRED SECURITIES							
BB&T CAPITAL TRUST VII 8.100% PFD CUSIP 05531H208 STANDARD & POOR'S RATING BBB	500,000	\$27.490	\$13,745.00	\$12,995.00	\$750.00	7.37%	\$0.00
US BANCORP CUSIP: 902973882 STANDARD & POOR'S RATING BBB+	500,000	26.990	13,495.00	13,977.00	-482.00	7.46	251.57
Total Preferred Securities			\$27,240.00	\$26,972.00	\$268.00	7.41%	\$251.57



Account Statement For:
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2010 - December 31, 2010
Account Number 50248102

ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
DOMESTIC MUTUAL FUNDS							
DODGE & COX INCOME FD COM CUSIP: 256210105	968 703	\$13 230	\$12,815 94	\$13,000 00	- \$184 06	4 88%	\$0 00
DREYFUS EMERGING MARKETS DEBT LOCAL CURRENCY FUND CLASS I #6083 CUSIP: 261980494	439 655	14 460	6,357 41	6,630 00	- 272 59	2 36	0 00
ISHARES IBOXX \$ INVESTMENT GRADE CORPORATE BOND FUND CUSIP: 464287242	125 000	108 440	13,555 00	14,104 88	- 549 88	4 87	0 00
LAUDUS MONDRIAN INTERNATIONAL FIXED INCOME FUND CLASS INST #2940 CUSIP: 51855Q655	3,212 922	11 790	37,880 35	38,245 00	- 364 65	1 76	0 00
RIDGEWORTH SEIX HIGH YIELD BOND FUND CLASS I #5855 CUSIP: 76628T645	1,077 586	9 830	10,592 67	10,000 00	592 67	7 91	4 43
T ROWE PRICE SHORT TERM BOND FUND #55 CUSIP: 77957P105	3,092 784	4 850	15,000 00	15,000 00	0 00	2 72	0 00
Total Domestic Mutual Funds			\$96,201.37	\$96,979.88	- \$778.51	3.48%	\$4.43
Total FIXED INCOME			\$176,191.37	\$175,127.88	\$1,063.49	0.00%	\$874.49



Account Statement For.
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248102

**WELLS
FARGO**

ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
DOMESTIC MUTUAL FUNDS							
GOLDMAN SACHS GROWTH OPPORTUNITY FUND INSTITUTIONAL SHARES #1132 SYMBOL GGOIX CUSIP 38142Y401	309 804	\$24 350	\$7,543 73	\$6,320 00	\$1,223 73	0.00%	\$0.00
HARBOR CAPITAL APPRECIATION FUND CLASS INST #2012 SYMBOL HACAX CUSIP 411511504	647 859	36 720	23,789 38	19,520 00	4,269 38	0.21	0.00
ISHARES S & P 500 INDEX FUND SYMBOL IW CUSIP 464287200	99 000	126 250	12,498 75	8,456 07	4,042 68	1.77	0.00
JP MORGAN MID CAP VALUE FUND-CLASS I #758 SYMBOL FLMVX CUSIP 339128100	250 641	23 470	5,882 54	4,890 00	992 54	1.21	0.00
KEELEY SMALL CAP VALUE FUND CLASS I #2251 SYMBOL KSCIX CUSIP 487300808	288 755	25 110	7,250 64	5,495 00	1,755 64	0.33	0.00
MAINTAY EPOCH U S EQUITY FUND CLASS INS #1204 SYMBOL EPLCX CUSIP 56063J302	1,258 264	12 840	16,156 11	15,225 00	931 11	0.59	0.00
TCW SMALL CAP GROWTH FUND CLASS I #4724 SYMBOL TGSCX CUSIP 87234N849	241 866	29 350	7,098 77	5,575 00	1,523 77	0.00	0.00
Total Domestic Mutual Funds			\$80,219.92	\$65,481.07	\$14,738.85	0.58%	\$0.00



Account Statement For:
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248102

ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
INTERNATIONAL MUTUAL FUNDS							
ARTISAN INTERNATIONAL FUND #661 SYMBOL ARTIX CUSIP 04314H204	646.012	\$21.700	\$14,018.46	\$11,490.00	\$2,528.46	0.82%	\$0.00
DODGE & COX INTERNATIONAL STOCK FUND SYMBOL DODFX CUSIP 256206103	398.446	35.710	14,228.51	11,640.00	2,588.51	1.39	0.00
OPPENHEIMER DEVELOPING MKT-Y #788 SYMBOL ODVYX CUSIP. 683974505	128.266	36.070	4,626.55	3,780.00	846.55	0.40	0.00
VANGUARD EMERGING MARKETS ETF SYMBOL VWO CUSIP: 922042858	90.000	48.146	4,333.14	2,307.45	2,025.69	1.69	0.00
Total International Mutual Funds			\$37,206.66	\$29,217.45	\$7,989.21	1.09%	\$0.00
Total EQUITIES			\$117,426.58	\$94,698.52	\$22,728.06	0.74%	\$0.00
OTHER							
HUSSMAN STRATEGIC GROWTH FUND #601 SYMBOL HSGFX CUSIP- 448108100	742.922	\$12.290	\$9,130.51	\$8,669.90	\$460.61	0.14%	\$0.00
MERGER FD SH BEN INT SYMBOL MERFX CUSIP 589509108	651.466	15.780	10,280.13	10,000.00	280.13	0.00	0.00
Total Other			\$19,410.64	\$18,669.90	\$740.74	0.07%	\$0.00
Total COMPLEMENTARY STRATEGIES			\$19,410.64	\$18,669.90	\$740.74	0.07%	\$0.00



Account Statement For:
SHEBOYGAN YMCA LOHMANN LEGACY FUND

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248102

**WELLS
FARGO**

ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
REAL ASSET FUNDS							
DIVIDEND CAPITAL TOTAL REALTY TRUST CUSIP: 25537M100	1,063,830	\$10,000	\$10,638,30	\$9,158,44	\$1,479,86	5.50%	\$0.00
POWERSHARES DB COMMODITY INDEX SYMBOL: DBC CUSIP: 739355105	510,000	27,550	14,050,50	11,705,14	2,345,36	0.00	0.00
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	195,000	38,930	7,591,35	6,729,60	861,75	6.04	0.00
SYMBOL RWX CUSIP 78463X863							
VANGUARD REIT VIPER	120,000	55,370	6,644,40	6,592,15	52,25	3.41	0.00
SYMBOL VNQ CUSIP: 922908553							
Total Real Asset Funds			\$38,924.55	\$34,185.33	\$4,739.22	3.26%	\$0.00
Total REAL ASSETS			\$38,924.55	\$34,185.33	\$4,739.22	3.26%	\$0.00

ACCOUNT VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
\$363,312.09	\$334,040.58	\$29,271.51	\$874.88
TOTAL ASSETS			

Account Statement For:
SHEBOYGAN YMCA UNRESTRICTED FUND

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248101



ASSET DETAIL

ASSET DESCRIPTION

MONEY MARKET

WELLS FARGO ADVANTAGE
HERITAGE MONEY MARKET
INSTITUTIONAL #3106

Asset held in Invested Income Portfolio

WELLS FARGO ADVANTAGE CASH
INVESTMENT MONEY MARKET SERVICE
#250

Asset held in Invested Income Portfolio

Total Money Market

Total CASH & EQUIVALENTS

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
WELLS FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106	41,074.880		\$41,074.88	\$41,074.88	\$0.00	0.14%	\$1.33
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	0.000		0.00	0.00	0.00	0.00	0.42
Total Money Market			\$41,074.88	\$41,074.88	\$0.00	0.14%	\$1.75
Total CASH & EQUIVALENTS			\$41,074.88	\$41,074.88	\$0.00	0.14%	\$1.75

ACCOUNT VALUE
AS OF 12/31/10

\$41,074.88

COST BASIS
\$41,074.88

UNREALIZED
GAIN/LOSS
\$0.00

ACCRUED
INCOME
\$1.75

TOTAL ASSETS

Account Statement For
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248100



ASSET DETAIL

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
CASH							
PRINCIPAL			\$4,015.00	\$4,015.00	\$0.00		
INCOME			1,492.26	1,492.26	0.00		
Total Cash			\$5,507.26	\$5,507.26	\$0.00		
MONEY MARKET							
WELLS FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106	10,881.580		\$10,881.58	\$10,881.58	\$0.00	0.14%	\$1.54
WELLS FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106 <i>Asset held in Invested Income Portfolio</i>	15,484.310		15,484.31	15,484.31	0.00	0.14	0.21
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250 <i>Asset held in Invested Income Portfolio</i>	0.000		0.00	0.00	0.00	0.00	0.01
WELLS FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	0.000		0.00	0.00	0.00	0.00	0.10
Total Money Market			\$26,365.89	\$26,365.89	\$0.00	0.14%	\$1.86
Total CASH & EQUIVALENTS			\$31,873.15	\$31,873.15	\$0.00	0.12%	\$1.86

Account Statement For:
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248100

**WELLS
FARGO**

ASSET DETAIL *(continued)*

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	YIELD TO MATURITY	ACCURED INCOME
CORPORATE OBLIGATIONS							
STATOIL HYDRO ASA DTD 04/23/09 5 250 04/15/2019 CUSIP: 857715AAA4 MOODY'S RATING: AA2 STANDARD & POOR'S RATING: AA-	15,000,000	\$111.389	\$16,708.35	\$15,174.30	\$1,534.05	3.65%	\$166.25
Total Corporate Obligations			\$16,708.35	\$15,174.30	\$1,534.05		\$166.25
INTERNATIONAL OBLIGATIONS							
LLOYDS BANKING GROUP PLC 7.75% PFD CUSIP: 539439802 STANDARD & POOR'S RATING: A	1,000,000	\$25.950	\$25,950.00	\$26,356.00	-\$406.00	0.00%	\$480.00
Total International Obligations			\$25,950.00	\$26,356.00	-\$406.00		\$480.00

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCURED INCOME
PREFERRED SECURITIES							
BAC CAPITAL TR II PREF CUSIP: 055188205 STANDARD & POOR'S RATING: BB+	1,000,000	\$24.400	\$24,400.00	\$24,110.00	\$290.00	7.17%	\$0.00
BANK OF NEW YORK CAP IV SER E 6875 CUSIP: 096566G201 STANDARD & POOR'S RATING: A-	1,000,000	25.210	25,210.00	25,320.30	-110.30	6.82	0.00
BANK ONE CAPITAL TR VI 7.2% PREF CUSIP: 06423W204 STANDARD & POOR'S RATING: N/R	1,000,000	25.510	25,510.00	23,606.00	1,904.00	7.06	0.00



ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
PREFERRED SECURITIES (continued)							
BB&T CAPITAL TRUST VII 8 100% PFD CUSIP: 05531H208	1,000,000	27.490	27,490.00	26,325.00	1,165.00	7.37	0.00
STANDARD & POOR'S RATING BBB							
GOLDMAN SACHS INC 6 125% PFD CUSIP: 38145X111	1,000,000	23.150	23,150.00	23,181.00	- 31.00	6.61	0.00
MOODY'S RATING A1 STANDARD & POOR'S RATING A							
US BANCORP CUSIP: 902973882	1,000,000	26.990	26,990.00	25,054.70	1,935.30	7.46	503.13
STANDARD & POOR'S RATING BBB+							
Total Preferred Securities			\$152,750.00	\$147,597.00	\$5,153.00	7.10%	\$503.13
DOMESTIC MUTUAL FUNDS							
DODGE & COX INCOME FD COM CUSIP: 256210105	20,026.755	\$13.230	\$264,953.97	\$266,700.00	-\$1,746.03	4.88%	\$0.00
ISHARES IBOXX \$ INVESTMENT GRADE CORPORATE BOND FUND CUSIP: 464287242	785,000	108.440	85,125.40	87,254.93	- 2,129.53	4.87	0.00
PIMCO TOTAL RETURN FUND INSTITUTIONAL SHARES #35 CUSIP: 693390700	5,198.450	10.850	56,403.18	57,015.01	- 611.83	3.24	0.00
RIDGEWORTH SEIX HIGH YIELD BOND FUND CLASS I #5855 CUSIP: 76628T645	16,937.854	9.830	166,499.10	162,230.00	4,269.10	7.91	69.63
T ROWE PRICE SHORT TERM BOND FUND #55 CUSIP: 77957P105	12,101.279	4.850	58,691.20	59,175.26	- 484.06	2.72	0.00
Total Domestic Mutual Funds			\$631,672.85	\$632,375.20	-\$702.35	5.33%	\$69.63
Total FIXED INCOME			\$827,081.20	\$821,502.50	\$5,578.70	0.00%	\$1,219.01

Account Statement For
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248100

**WELLS
FARGO**

ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
DOMESTIC MUTUAL FUNDS							
ISHARES DOW JONES SELECT DIVIDEND FD SYMBOL DVY CUSIP 464287168	3,580,000	\$49.860	\$178,498.80	\$176,293.43	\$2,205.37	3.42%	\$0.00
ISHARES S & P 500 INDEX FUND SYMBOL IW CUSIP 464287200	2,070,000	126.250	261,337.50	174,216.66	87,120.84	1.77	0.00
ISHARES TR S & P MIDCAP 400 INDEX FD SYMBOL IJH CUSIP 464287507	1,161,000	90.690	105,291.09	54,758.23	50,532.86	1.05	0.00
ISHARES TR SMALLCAP 600 INDEX FD SYMBOL IJR CUSIP 464287804	1,580,000	68.470	108,182.60	69,778.71	38,403.89	1.08	0.00
Total Domestic Mutual Funds			\$653,309.99	\$475,047.03	\$178,262.96	1.99%	\$0.00
INTERNATIONAL MUTUAL FUNDS							
ISHARES MSCI EAFE SYMBOL EFA CUSIP 464287465	4,005,000	\$58.220	\$233,171.10	\$161,041.08	\$72,130.02	2.40%	\$0.00
OPPENHEIMER DEVELOPING MKT-Y #788 SYMBOL ODVYX CUSIP 683974505	1,479,980	36.070	53,382.88	43,615.00	9,767.88	0.40	0.00
VANGUARD EMERGING MARKETS ETF SYMBOL VWO CUSIP 922042858	1,060,000	48.146	51,034.76	23,489.60	27,545.16	1.69	0.00
Total International Mutual Funds			\$337,588.74	\$228,145.68	\$109,443.06	1.98%	\$0.00
Total EQUITIES			\$990,898.73	\$703,192.71	\$287,706.02	1.99%	\$0.00



ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
OTHER							
ELEMENTS ROGERS TOTAL RETURN SYMBOL RJ1 CUSIP: 870297801	5,847,000	\$9.240	\$54,026.28	\$48,259.38	\$5,766.90	0.00%	\$0.00
HUSSMAN STRATEGIC GROWTH FUND #601 SYMBOL HSGFX CUSIP: 448108100	5,124,845	12.290	62,984.35	64,847.19	-1,862.84	0.14	0.00
MERGER FD SH BEN INT SYMBOL: MERFX CUSIP: 589509108	2,582,595	15.780	40,753.35	40,805.00	-51.65	0.00	0.00
Total Other			\$157,763.98	\$153,911.57	\$3,852.41	0.06%	\$0.00
Total COMPLEMENTARY STRATEGIES			\$157,763.98	\$153,911.57	\$3,852.41	0.06%	\$0.00

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
REAL ASSET FUNDS							
DIVIDEND CAPITAL TOTAL REALTY TRUST CUSIP: 25537M100	7,127,660	\$10.000	\$71,276.60	\$61,361.37	\$9,915.23	5.50%	\$0.00
POWERSHARES DB COMMODITY INDEX SYMBOL DBC CUSIP: 739355105	2,000,000	27.550	55,100.00	47,569.65	7,530.35	0.00	0.00
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF SYMBOL: RWX CUSIP: 78463X863	1,000,000	38.930	38,930.00	37,230.00	1,700.00	6.04	0.00
VANGUARD REIT VIPER SYMBOL: VNQ CUSIP: 922908553	1,250,000	55.370	69,212.50	36,584.65	32,627.85	3.41	0.00
Total Real Asset Funds			\$234,519.10	\$182,745.67	\$51,773.43	3.68%	\$0.00
Total REAL ASSETS			\$234,519.10	\$182,745.67	\$51,773.43	3.68%	\$0.00

Account Statement For.
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248100



ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	VALUED CARRIED AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
OTHER					
LINCOLN LIFE #20-7200359 INSURED ROBERT H LEVERENZ FV \$10,000 NOT ADMINISTERED BY BANK, SAFEKEEPING/REFERENCE PURPOSES ONLY	1 000	\$0,000	\$1 00	-\$1 00 0.00%	\$0 00
NORTHWESTERN MUTUAL LIFE #16333357 INSURED O HENRY JUNG FV \$13,000 NOT ADMINISTERED BY BANK, SAFEKEEPING/REFERENCE PURPOSES ONLY	1 000	0 000	1 00	- 1 00 0 00	0 00
NORTHWESTERN MUTUAL LIFE #16724353 INSURED DONNA WENDLANDT FV \$50,000 NOT ADMINISTERED BY BANK, SAFEKEEPING/REFERENCE PURPOSES ONLY	1 000	0 000	1 00	- 1 00 0 00	0 00
NORTHWESTERN MUTUAL LIFE #6252787 INSURED O HENRY JUNG FV \$10,000 NOT ADMINISTERED BY BANK, SAFEKEEPING/REFERENCE PURPOSES ONLY	1 000	0 000	1 00	- 1 00 0 00	0 00
NORTHWESTERN MUTUAL LIFE #7991696 INSURED O HENRY JUNG, FV \$10,000 NOT ADMINISTERED BY BANK, SAFEKEEPING/REFERENCE PURPOSES ONLY	1 000	0 000	1 00	- 1 00 0 00	0 00

Account Statement For:
SHEBOYGAN YMCA ENDOW TR

Period Covered January 1, 2010 - December 31, 2010
Account Number 50248100



ASSET DETAIL (continued)

ASSET DESCRIPTION	VALUED CARRIED AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
OTHER (continued)				
PRINCIPAL MUTUAL LIFE INS #995 655 INSURED ROMAN F WAGNER, JR FV \$1,000	1 000	1 00	- 1 00	0 00
NOT ADMINISTERED BY BANK SAFEKEEPING/REFERENCE PURPOSES ONLY		\$6.00	- \$6.00	\$0.00
Total Other		\$6.00	- \$6.00	\$0.00
Total MISCELLANEOUS		\$6.00	- \$6.00	\$0.00

ACCOUNT VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
\$2,242,136.16	\$1,893,231.60	\$348,904.56	\$1,220.87

TOTAL ASSETS



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

Period Covered January 1, 2010 - December 31, 2010
 Account Number 50248103

ASSET DETAIL

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
CASH							
PRINCIPAL			\$15.00	\$15.00	\$0.00		
Total Cash			\$15.00	\$15.00	\$0.00		
MONEY MARKET							
WELLS FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106	2,012.060		\$2,012.06	\$2,012.06	\$0.00	\$2.83	0.14%
WELLS FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106	495.410		495.41	495.41	0.00	0.70	0.14
Total Money Market			\$2,507.47	\$2,507.47	\$0.00	\$3.53	0.14%
Total CASH & EQUIVALENTS			\$2,522.47	\$2,522.47	\$0.00	\$3.53	0.14%

Asset held in Invested Income Portfolio

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
CORPORATE OBLIGATIONS							
OCCIDENTAL PETROLEUM COR DTD 05/15/09 4.125 06/01/2016 CUSIP 674599BX2	10,000,000	\$107.857	\$10,785.70	\$10,296.40	\$489.30	\$412.50	2.56%
MOODY'S RATING A2 STANDARD & POOR'S RATING A							
Total Corporate Obligations			\$10,785.70	\$10,296.40	\$489.30	\$412.50	



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

Period Covered January 1, 2010 - December 31, 2010

Account Number 50248103



ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
DOMESTIC MUTUAL FUNDS							
DODGE & COX INCOME FD COM CUSIP 256210105	1,424.232	\$13.230	\$18,842.59	\$19,050.00	-\$207.41	\$918.63	4.88%
DREYFUS EMERGING MARKETS DEBT LOCAL CURRENCY FUND CLASS I #6083 CUSIP 261980494	194.586	14.460	2,813.71	2,910.00	-96.29	66.35	2.36
ISHARES IBOXX \$ INVESTMENT GRADE CORPORATE BOND FUND CUSIP 464287242	75.000	108.440	8,133.00	8,462.25	-329.25	396.08	4.87
LAUDUS MONDRIAN INTERNATIONAL FIXED INCOME FUND CLASS INST #2940 CUSIP 51855Q655	1,861.935	11.790	21,952.21	22,700.00	-747.79	385.42	1.76
PIMCO TOTAL RETURN FUND INSTITUTIONAL SHARES #35 CUSIP 693390700	687.876	10.850	7,463.45	8,000.00	-536.55	242.13	3.24
RIDGEWORTH SEIX HIGH YIELD BOND FUND CLASS I #5855 CUSIP 76628T645	1,026.619	9.830	10,091.66	10,118.77	-27.11	798.71	7.91
T ROWE PRICE SHORT TERM BOND FUND #55 CUSIP 77957P105	4,728.776	4.850	22,934.56	23,000.00	-65.44	624.20	2.72
Total Domestic Mutual Funds			\$92,231.18	\$94,241.02	-\$2,009.84	\$3,431.52	3.72%
Total FIXED INCOME			\$103,016.88	\$104,537.42	-\$1,520.54	\$3,844.02	0.00%

ACCOUNT VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME
TOTAL ASSETS	\$107,059.89	-\$1,520.54	\$3,847.55

Item M (990) - State of Legal Domicile

State	Foreign Country
WI	United States

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
1 Federated Campaigns	1	
2 Membership dues	2	
3 Fundraising events	3	
4 Related organizations	4	
5 Government grants (contributions)	5	
6 All other contributions, gifts, grants, and similar amounts not included above		
OTHER CONTRIBUTIONS	36,105	
Other contributions total	6 36,105	0
7 Total	7 36,105	0