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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

**2011**

**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 2011 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 - PO Box 53456 MAC S4101-22G  
 City or town, state or country, and ZIP + 4  
 Phoenix AZ 85072-3456

**D Employer identification number** 39-6045566  
**E Telephone number** 888-730-4933

**F Name and address of principal officer** WELLS FARGO BANK N.A 1919 DOUGLAS ST 2ND FL MAC N800-  
**G Gross receipts \$** 546,955

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

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

**J Website:** ▶ N/A **H(c) Group exemption number** ▶

**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  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	36,105	17,156
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	181,540	109,980
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,645	127,136
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	100,312	148,830
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,776	21,967
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	121,088	170,797
<b>19</b> Revenue less expenses Subtract line 18 from line 12	96,557	-43,661

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,375,407	2,326,497
<b>21</b> Total liabilities (Part X, line 26)	0	0
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,375,407	2,326,497

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: John Sulentic Date: 4/27/2012  
 Type or print name and title: JOHN SULENTIC VP AND TAX DIRECTOR

**Paid Preparer Use Only**  
 Print/Type preparer's name: JOSEPH J CASTRIANO Preparer's signature: [Signature] Date: 5/9/2012 Check  if self-employed PTIN: P01251603  
 Firm's name ▶ PricewaterhouseCoopers, LLP Firm's EIN ▶ 13-4008324  
 Firm's address ▶ 600 GRANT STREET, PITTSBURGH, PA 15219-277 Phone no (412) 355-6000

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

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**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 154,542 including grants of \$ 148,830 ) (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 ▶ 154,542

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*
- 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? *If "Yes," complete Schedule C, Part II*
- 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? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 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? *If "Yes," complete Schedule D, Part VI*
  - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
  - 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? *If "Yes," complete Schedule D, Part VIII*
  - 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? *If "Yes," complete Schedule D, Part IX*
  - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part 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)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
- b Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*
- 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? *If "Yes," complete Schedule F, Parts II and IV*
- 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? *If "Yes," complete Schedule F, Parts III and IV*
- 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? *If "Yes," complete Schedule G, Part I (see instructions)*
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a		X
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

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

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

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

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

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	1a 22		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  WI
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public
- 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  
 P O BOX 53456 MAC S4101-22G, OMAHA, NE 68102-1317

**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID ALDAG DIRECTOR	1.00	X					0	0	0	
(2) TOM BELOT DIRECTOR	1.00	X					0	0	0	
(3) ELDON BOHROFEN DIRECTOR	1.00	X					0	0	0	
(4) FRANK BROTZ DIRECTOR	1.00	X					0	0	0	
(5) JIM DANIELSEN DIRECTOR	1.00	X					0	0	0	
(6) MURPHY GLASS DIRECTOR	1.00	X					0	0	0	
(7) BARBARA GRUBER DIRECTOR	1.00	X					0	0	0	
(8) MIKE LARSON DIRECTOR	1.00	X					0	0	0	
(9) ROBERT LEVERENZ DIRECTOR	1.00	X					0	0	0	
(10) DJ LOHMANN DIRECTOR	1.00	X					0	0	0	
(11) GARY MAPLES DIRECTOR	1.00	X					0	0	0	
(12) SETH MINSTER DIRECTOR	1.00	X					0	0	0	
(13) MIKE MRDJENOVICH DIRECTOR	1.00	X					0	0	0	
(14) ROLAND NEUMANN DIRECTOR	1.00	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SANDY SACHSE DIRECTOR	1.00	X						0	0	0
(16) WAYNE SATHER DIRECTOR	1.00	X						0	0	0
(17) ALICE SENTRY DIRECTOR	1.00	X						0	0	0
(18) JERRY TENHAKEN DIRECTOR	1.00	X						0	0	0
(19) TOM TESTWUIDE JR DIRECTOR	1.00	X						0	0	0
(20) ROMAN WAGNER DIRECTOR	1.00	X						0	0	0
(21) STEVE WOODS DIRECTOR	1.00	X						0	0	0
(22) WELLS FARGO BANK, N A TRUSTEE	4.00		X					19,533	0	0
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								19,533	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								19,533	0	0

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 of 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 17,156				
	g Noncash contributions included in lines 1a-1f.	\$ 0				
	h Total. Add lines 1a-1f	▶ 17,156				
	Program Service Revenue	2a Business Code	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)	▶ 92,643			92,643	
	4 Income from investment of tax-exempt bond proceeds	▶ 0				
	5 Royalties	▶ 0				
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)	▶ 0				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	437,156	0		
		b Less cost or other basis and sales expenses	419,819	0		
		c Gain or (loss)	17,337	0		
	d Net gain or (loss)	▶ 17,337			17,337	
	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	▶ 127,136	0	0	109,980		

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	148,830	148,830		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	0			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
<b>9</b> Other employee benefits	0			
<b>10</b> Payroll taxes	0			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	0			
<b>c</b> Accounting	829	829		
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other	0			
<b>12</b> Advertising and promotion	0			
<b>13</b> Office expenses	0			
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	0			
<b>17</b> Travel	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings	0			
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	0	0	0	0
<b>23</b> Insurance	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FOREIGN TAX WITHHELD	990		990	
<b>b</b> PARTNERSHIP EXPENSES	615		615	
<b>c</b> WELLS FARGO TRUSTEE FEES	19,533	4,883	14,650	
<b>d</b> -----	0			
<b>e</b> All other expenses	0			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	170,797	154,542	16,255	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing		<b>1</b>	1,335
	<b>2</b> Savings and temporary cash investments	86,829	<b>2</b>	72,808
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 0		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities	2,288,578	<b>11</b>	2,252,354
	<b>12</b> Investments—other securities. See Part IV, line 11.	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,375,407	<b>16</b>	2,326,497	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	0
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D.		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds	2,375,407	<b>30</b>	2,326,497
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	2,375,407	<b>33</b>	2,326,497	
<b>34</b> Total liabilities and net assets/fund balances	2,375,407	<b>34</b>	2,326,497	

**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	127,136
2	Total expenses (must equal Part IX, column (A), line 25)	2	170,797
3	Revenue less expenses. Subtract line 2 from line 1	3	-43,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,375,407
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,249
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	2,326,497

**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

**2011**

**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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SHEYBOYGAN COUN	39-0830271	9	X		X		X		148,830
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>	<b>1</b>								<b>148,830</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 <b>Total support.</b> Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	0.00%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0 00%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 00%

19a 33 1/3% support tests—2011. 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—2010. 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  
Name of the organization

**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

**2011**

Open to Public  
Inspection

SHEBOYGAN YMCA ENDOW TR

Employer identification number

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?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**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 539-0830271	39-0830271	501(C)(3)	148,830	0			GENERAL SUPPORT
(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 listed in the line 1 table . . . . . 1
- 3** Enter total number of other organizations listed in the line 1 table . . . . . 1



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

SHEBOYGAN YMCA ENDOW TR

39-6045566

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

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

PROCEDURES AS ITS TRUSTEE

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

Form 990 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.

SHEBOYGAN YMCA ENDOW TR  
 39-6045566  
 12/31/2011

Security Description	Security Category	Account #	CUSIP	Asset Name	FMV	Fed Cost
Bond Paying Periodic In	Invest - Corp Bonds	50248100	85771SAA4	STATOILHYDRO ASA 5 250% 4/15/19	17,359	15,174
Bond Paying Periodic In	Invest - Corp Bonds	50248100	539473AG3	LLOYDS TSB BANK PLC 4 875% 1/21/16	73,094	75,166
MLP	Invest - Other	50248100	73935S105	POWERSHARES DB COMMODITY INDEX	53,680	47,570
Money Market Fund	Savings & Temp Inv	50248100	VP0528308	FEDERATED TREAS OBL FD 68	29,423	29,423
Money Market Fund	Savings & Temp Inv	50248100	VP0528308	FEDERATED TREAS OBL FD 68	13,104	13,104
Mutual Fund	Invest - Other	50248100	256210105	DODGE & COX INCOME FD COM #147	266,356	266,700
Mutual Fund	Invest - Other	50248100	589509108	MERGER FD SH BEN INT #260	40,263	40,805
Mutual Fund	Invest - Other	50248100	693390700	PIMCO TOTAL RET FD-INST #35	56,507	57,015
Mutual Fund	Invest - Other	50248100	464287804	ISHARES TR SMALLCAP 600 INDEX FD	107,914	69,779
Mutual Fund	Invest - Other	50248100	464287200	ISHARES S & P 500 INDEX FUND	260,737	174,217
Mutual Fund	Invest - Other	50248100	464287507	ISHARES TR S & P MIDCAP 400 ID FD	101,715	54,758
Mutual Fund	Invest - Other	50248100	464287465	ISHARES MSCI EAFE	198,368	161,041
Mutual Fund	Invest - Other	50248100	448108100	HUSSMAN STRATEGIC GROWTH FUND #601	54,848	56,349
Mutual Fund	Invest - Other	50248100	464287168	ISHARES DOW JONES SELECT DIVIDEND FD	192,497	176,293
Mutual Fund	Invest - Other	50248100	922908553	VANGUARD REIT VIPER	56,086	23,774
Mutual Fund	Invest - Other	50248100	922042858	VANGUARD MSCI EMERGING MARKETS ETF	53,303	36,739
Mutual Fund	Invest - Other	50248100	949917744	WF ADV ULTR SHORT-TRMINCOME-#3104	11,648	11,772
Mutual Fund	Invest - Other	50248100	683974505	OPPENHEIMER DEVELOPING MKT-Y #788	53,874	55,335
Mutual Fund	Invest - Other	50248100	87463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	31,830	37,230
Mutual Fund	Invest - Other	50248100	870297801	MLN ELEMENTS ROGERS TOTAL RETURN	49,758	48,259
Mutual Fund	Invest - Other	50248100	76628T645	RIDGEWORTH SEIX HY BD-I #5855	159,385	162,230
Other Assets	Other Assets	50248100	MS6319235	PRINCIPAL MUTUAL LIFE INS #995 6 SFK	-	1
Other Assets	Other Assets	50248100	MS6319243	LINCOLN LIFE #20-7200359 SFK	-	1
Other Assets	Other Assets	50248100	MS6319250	NORTHWESTERN MUTUAL LIFE #163333 SFK	-	1
Other Assets	Other Assets	50248100	MS6319268	NORTHWESTERN MUTUAL LIFE #625278 SFK	-	1
Other Assets	Other Assets	50248100	MS6319276	NORTHWESTERN MUTUAL LIFE #799169 SFK	-	1
Other Assets	Other Assets	50248100	MS6319284	NORTHWESTERN MUTUAL LIFE #167243 SFK	-	1
Preferred Stock	Invest - Corp Stock	50248100	09656G201	BANK OF NEW YORK CAP IV 6 875	25,980	25,320
Preferred Stock	Invest - Corp Stock	50248100	06423W204	BANK ONE CAPITAL TR VI 7 2%	38,250	36,358
Preferred Stock	Invest - Corp Stock	50248100	05531H208	BB&T CAPITAL TRUST VII 8 100% PFD	26,600	26,325
Preferred Stock	Invest - Corp Stock	50248100	055188205	BAC CAPITAL TR II	20,890	24,110
Preferred Stock	Invest - Corp Stock	50248100	539439802	LLOYDS BANKING GROUP PLC 7 75% PFD	25,570	26,356
Preferred Stock	Invest - Corp Stock	50248100	38145X111	GOLDMAN SACHS INC 6 125% PFD	37,155	35,396
Preferred Stock	Invest - Corp Stock	50248100	902973882	US BANCORP	27,330	25,055
REIT	Invest - Other	50248100	25537M100	DIVIDEND CAPITAL TOTAL REALTY TRUST	60,229	58,196
Cash	Cash	50248100			1,245	1,245
	<b>Total</b>				<b>2,144,996</b>	<b>1,871,100</b>
	Cash				1,245	1,245
	Invest - Other				1,808,997	1,538,062
	Invest - Corp Stock				201,775	198,920
	Savings & Temp Inv				42,527	42,527
	Invest - Corp Bonds				90,452	90,340
	Other Assets				-	6

**SHEBOYGAN YMCA ENDOW TR**

39-6045566

12/31/2011

<b>Security Description</b>	<b>Security Category</b>	<b>Account #</b>	<b>CUSIP</b>	<b>Asset Name</b>	<b>FMV</b>	<b>Fed Cost</b>
Money Market Fund	Savings & Temp Inv	50248101	VP4560000	WF ADV GOVT MM FD-INSTL #1751	11,237	11,237
	Cash	50248101			-	-

**SHEBOYGAN YMCA ENDOW TR**

39-6045566

12/31/2011

Security Description	Security Category	Account #	CUSIP	Asset Name	FMV	Fed Cost
Bond Paying Periodic In Invest - Corp Bonds	Invest - Other	50248102	724479AF7	PITNEY BOWES INC 4.625% 10/01/12	25,632	25,537
Bond Paying Periodic In Invest - Corp Bonds	Invest - Other	50248102	26353LJB8	DU PONT E I DE NEMOU 4.125% 3/06/13	25,956	25,639
Bond Paying Periodic In Invest - Corp Bonds	Invest - Other	50248102	539473AG3	LLOYDS TSB BANK PLC 4.875% 1/21/16	24,365	25,112
MLP	Invest - Other	50248102	73935S105	POWERSHARES DB COMMODITY INDEX	13,688	11,705
Money Market Fund	Savings & Temp Inv	50248102	VP4560000	WF ADV GOVT MM FD-INSTL #1751	6,047	6,047
Money Market Fund	Savings & Temp Inv	50248102	VP4560000	WF ADV GOVT MM FD-INSTL #1751	6,188	6,188
Mutual Fund	Invest - Other	50248102	04314H204	ARTISAN INTERNATIONAL FUND #661	12,810	11,490
Mutual Fund	Invest - Other	50248102	256210105	DODGE & COX INCOME FD COM #147	12,884	13,000
Mutual Fund	Invest - Other	50248102	411511504	HARBOR CAPITAL APRCTION-INST #2012	23,906	19,520
Mutual Fund	Invest - Other	50248102	589509108	MERGER FD SH BEN INT #260	10,156	10,000
Mutual Fund	Invest - Other	50248102	87234N849	TCW SMALL CAP GROWTH FUND-I #4724	6,286	5,575
Mutual Fund	Invest - Other	50248102	464287200	ISHARES S & P 500 INDEX FUND	12,470	8,456
Mutual Fund	Invest - Other	50248102	51855Q655	LAUDUS MONDRIAN INTL F-INST #2940	27,367	27,965
Mutual Fund	Invest - Other	50248102	256206103	DODGE & COX INT'L STOCK FD #1048	11,651	11,640
Mutual Fund	Invest - Other	50248102	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	5,786	6,630
Mutual Fund	Invest - Other	50248102	56063J302	MAINSTAY EP US EQUITY-INS #1204	15,250	15,225
Mutual Fund	Invest - Other	50248102	339128100	JP MORGAN MID CAP VALUE-I #758	5,953	4,890
Mutual Fund	Invest - Other	50248102	38142Y401	GOLDMAN SACHS GRTH OPP FD-I #1132	6,840	6,320
Mutual Fund	Invest - Other	50248102	922908553	VANGUARD REIT VIPER	6,960	6,592
Mutual Fund	Invest - Other	50248102	922042858	VANGUARD MSCI EMERGING MARKETS ETF	3,439	2,307
Mutual Fund	Invest - Other	50248102	683974505	OPPENHEIMER DEVELOPING MKT-Y #788	3,716	3,780
Mutual Fund	Invest - Other	50248102	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	6,207	6,730
Mutual Fund	Invest - Other	50248102	76628T645	RIDGEWORTH SEIX HY BD-I #5855	10,140	10,000
Mutual Fund	Invest - Other	50248102	466001864	IVY ASSET STRATEGY FUND CLASS I #473	8,416	8,967
Mutual Fund	Invest - Other	50248102	487300808	KEELEY SMALL CAP VAL FD CL I #2251	6,740	5,495
Preferred Stock	Invest - Corp Stock	50248102	05531H208	BB&T CAPITAL TRUST VII 8.100% PFD	13,300	12,995
Preferred Stock	Invest - Corp Stock	50248102	38145X111	GOLDMAN SACHS INC 6.125% PFD	12,385	12,015
Preferred Stock	Invest - Corp Stock	50248102	902973882	US BANCORP	13,665	13,977
REIT	Invest - Other	50248102	25537M100	DIVIDEND CAPITAL TOTAL REALTY TRUST	8,989	8,686
Cash		50248102			-	-
<b>Total</b>					<b>347,191</b>	<b>332,483</b>
Invest - Corp Stock					39,350	38,987
Invest - Other					219,654	204,973
Savings & Temp Inv					12,235	12,235
Invest - Corp Bonds					75,952	76,288

**SHEBOYGAN YMCA ENDOW TR**

39-6045566

12/31/2011

Security Description	Security Category	Account #	CUSIP	Asset Name	FMV	Fed Cost
Bond Paying Periodic In Invest - Corp Bonds	Invest - Other	50248103	674599BX2	OCCIDENTAL PETROLEUM 4.125% 6/01/16	11,166	10,296
Bond Paying Periodic In Invest - Corp Bonds	Invest - Other	50248103	539473AG3	LLOYDS TSB BANK PLC 4.875% 1/21/16	9,746	10,045
Money Market Fund	Savings & Temp Inv	50248103	VP4560000	WF ADV GOVT MM FD-INSTL #1751	2,332	2,332
Money Market Fund	Savings & Temp Inv	50248103	VP4560000	WF ADV GOVT MM FD-INSTL #1751	4,477	4,477
Mutual Fund	Invest - Other	50248103	04314H204	ARTISAN INTERNATIONAL FUND #661	2,797	3,231
Mutual Fund	Invest - Other	50248103	256210105	DODGE & COX INCOME FD COM #147	17,681	17,811
Mutual Fund	Invest - Other	50248103	411511504	HARBOR CAPITAL APPRCTION-INST #2012	3,910	4,039
Mutual Fund	Invest - Other	50248103	693390700	PIMCO TOTAL RET FD-INST #35	7,477	8,000
Mutual Fund	Invest - Other	50248103	464287200	ISHARES S & P 500 INDEX FUND	2,519	2,664
Mutual Fund	Invest - Other	50248103	51855Q655	LAUDUS MONDRIAN INTL FI-INST #2940	15,279	16,021
Mutual Fund	Invest - Other	50248103	256206103	DODGE & COX INT'L STOCK FD #1048	2,540	3,182
Mutual Fund	Invest - Other	50248103	552983694	MFS VALUE FUND-CLASS I #893	1,891	2,036
Mutual Fund	Invest - Other	50248103	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	2,561	2,910
Mutual Fund	Invest - Other	50248103	56063J302	MAINSTAY EP US EQUITY-INS #1204	1,803	2,035
Mutual Fund	Invest - Other	50248103	262028855	DRIEHAUS ACTIVE INCOME FUND	2,667	3,000
Mutual Fund	Invest - Other	50248103	339128100	JP MORGAN MID CAP VALUE-I #758	1,039	1,087
Mutual Fund	Invest - Other	50248103	38142Y401	GOLDMAN SACHS GRTH OPP FD-I #1132	937	1,095
Mutual Fund	Invest - Other	50248103	922908553	VANGUARD REIT VIPER	2,610	2,646
Mutual Fund	Invest - Other	50248103	949917744	WF ADV ULTR SHORT-TRMINCOME-#3104	3,301	3,336
Mutual Fund	Invest - Other	50248103	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	1,114	1,385
Mutual Fund	Invest - Other	50248103	870297801	MLN ELEMENTS ROGERS TOTAL RETURN	1,489	1,795
Mutual Fund	Invest - Other	50248103	76628T645	RIDGEWORTH SEIX HY BD-I #5855	7,799	8,164
Cash	Cash	50248103			90	90
<b>Total</b>					<u>107,224</u>	<u>111,676</u>
Savings & Temp Inv					6,809	6,809
Cash					90	90
Invest - Other					79,413	84,437
Invest - Corp Bonds					20,912	20,341

**Statement of Capital Gains and Losses From Sales**  
 (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

Account Id: 50248100

**CAMP Y-KODA OUTDR SKILLS & EDU ENDOW**  
 Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
256210105	DODGE & COX INCOME FD COM 147				<b>50248103</b>				
Sold		04/06/11	226 074	3,000 00					
Acq		10/27/10	226 074	3,000 00	3,033 91 <input type="checkbox"/>	3,033 91	-33 91	-33 91	S
	<b>Total for 4/6/2011</b>				3,033 91	3,033 91	-33 91	-33 91	
256210105	DODGE & COX INCOME FD COM 147				<b>50248103</b>				
Sold		04/18/11	89 82	1,200 00					
Acq		10/27/10	89 82	1,200 00	1,205 38 <input type="checkbox"/>	1,205 38	-5.38	-5 38	S
	<b>Total for 4/18/2011</b>				1,205 38	1,205 38	-5 38	-5 38	
448108100	HUSSMAN STRATEGIC GROWTH FUND 601				<b>50248100</b>				
Sold		03/16/11	5124 845	62,676 85					
Acq		12/05/08	3321 01	40,615 95	40,549 53 <input type="checkbox"/>	40,549 53	66 42	66 42	L
Acq		08/25/10	1803 835	22,060 90	24,297 66 <input type="checkbox"/>	24,297 66	-2,236 76	-2,236 76	S
	<b>Total for 3/16/2011</b>				64,847 19	64,847 19	-2,170 34	-2,170 34	
448108100	HUSSMAN STRATEGIC GROWTH FUND 601				<b>50248102</b>				
Sold		03/16/11	742 922	9,085 94					
Acq		12/02/08	742 922	9,085 94	8,669 90 <input type="checkbox"/>	8,669 90	416 04	416 04	L
	<b>Total for 3/16/2011</b>				8,669 90	8,669 90	416 04	416 04	
459200101	INTERNATIONAL BUSINESS MACHS CORP				<b>50248100</b>				
Sold		12/21/11	138	24,763 63					
Acq		01/01/50	138	24,763 63	1 00 <input checked="" type="checkbox"/>	1 00	24,762 63	24,762 63	L *
	<b>Total for 12/21/2011</b>				1 00	1 00	24,762 63	24,762 63	
464287242	ISHARES IBOXX \$ INV GR CORP BD FD				<b>50248100</b>				
Sold		02/08/11	785	83,901 15					
Acq		10/25/10	515	55,043 43	58,096 33 <input type="checkbox"/>	58,096 33	-3,052 90	-3,052 90	S
Acq		12/09/10	270	28,857 72	29,158 60 <input type="checkbox"/>	29,158 60	-300 88	-300 88	S
	<b>Total for 2/8/2011</b>				87,254 93	87,254 93	-3,353 78	-3,353 78	
464287242	ISHARES IBOXX \$ INV GR CORP BD FD				<b>50248102</b>				
Sold		02/08/11	125	13,358 82					
Acq		10/25/10	125	13,358 82	14,104 88 <input type="checkbox"/>	14,104 88	-746 06	-746 06	S
	<b>Total for 2/8/2011</b>				14,104 88	14,104 88	-746 06	-746 06	
464287242	ISHARES IBOXX \$ INV GR CORP BD FD				<b>50248103</b>				
Sold		04/06/11	18	1,951 52					
Acq		10/25/10	18	1,951 52	2,030 94 <input type="checkbox"/>	2,030 94	-79 42	-79 42	S
	<b>Total for 4/6/2011</b>				2,030 94	2,030 94	-79 42	-79 42	
464287242	ISHARES IBOXX \$ INV GR CORP BD FD				<b>50248103</b>				
Sold		04/15/11	57	6,206 04					
Acq		10/25/10	57	6,206 04	6,431 31 <input type="checkbox"/>	6,431 31	-225 27	-225 27	S
	<b>Total for 4/15/2011</b>				6,431 31	6,431 31	-225 27	-225 27	

**Statement of Capital Gains and Losses From Sales**  
 (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

Account Id: 50248100

**SHEBOYGAN YMCA ENDOW TR**  
 Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
466001864	IVY ASSET STRATEGY FUND CLASS I 473				<b>50248100</b>				
Sold		12/15/11	2585 99	56,193 56					
Acq		03/16/11	2585 99	56,193 56	61,856 89	61,856 89	-5,663 33	-5,663 33	S
	<b>Total for 12/15/2011</b>				61,856 89	61,856 89	-5,663 33	-5,663 33	
51855Q655	LAUDUS MONDRIAN INTL FI-INST 2940				<b>50248102</b>				
Sold		02/09/11	849 618	10,000 00					
Acq		10/27/10	849 618	10,000 00	10,280 38	10,280 38	-280 38	-280 38	S
	<b>Total for 2/9/2011</b>				10,280 38	10,280 38	-280 38	-280 38	
51855Q655	LAUDUS MONDRIAN INTL FI-INST 2940				<b>50248103</b>				
Sold		04/18/11	542 535	6,505 00					
Acq		10/15/10	542 535	6,505 00	6,678 60	6,678 60	-173 60	-173 60	S
	<b>Total for 4/18/2011</b>				6,678 60	6,678 60	-173 60	-173 60	
76628T645	RIDGEWORTH SEIX HY BD-I 5855				<b>50248103</b>				
Sold		04/06/11	197 824	2,000 00					
Acq		10/27/10	197 824	2,000 00	1,954 50	1,954 50	45 50	45 50	S
	<b>Total for 4/6/2011</b>				1,954 50	1,954 50	45 50	45 50	
77957P105	T ROWE PRICE SHORT TERM BD FD 55				<b>50248100</b>				
Sold		01/14/11	3086 42	15,000 00					
Acq		10/27/10	3086 42	15,000 00	15,092 60	15,092 60	-92 60	-92 60	S
	<b>Total for 1/14/2011</b>				15,092 60	15,092 60	-92 60	-92 60	
77957P105	T ROWE PRICE SHORT TERM BD FD 55				<b>50248102</b>				
Sold		02/09/11	3092 784	14,938 15					
Acq		05/25/10	3092 784	14,938 15	15,000 00	15,000 00	-61 85	-61 85	S
	<b>Total for 2/9/2011</b>				15,000 00	15,000 00	-61 85	-61 85	
77957P105	T ROWE PRICE SHORT TERM BD FD 55				<b>50248103</b>				
Sold		02/09/11	2070 393	10,000 00					
Acq		06/09/10	434 401	2,098 16	2,106 84	2,106 84	-8 68	-8 68	S
Acq		10/27/10	1635 992	7,901 84	8,000 00	8,000 00	-98 16	-98 16	S
	<b>Total for 2/9/2011</b>				10,106 84	10,106 84	-106 84	-106 84	
77957P105	T ROWE PRICE SHORT TERM BD FD 55				<b>50248100</b>				
Sold		02/17/11	9014 859	43,631 92					
Acq		10/27/10	9014 859	43,631 92	44,082 66	44,082 66	-450 74	-450 74	S
	<b>Total for 2/17/2011</b>				44,082 66	44,082 66	-450 74	-450 74	
77957P105	T ROWE PRICE SHORT TERM BD FD 55				<b>50248103</b>				
Sold		02/17/11	2658 383	12,866 57					
Acq		06/09/10	2658 383	12,866 57	12,893 16	12,893 16	-26 59	-26 59	S
	<b>Total for 2/17/2011</b>				12,893 16	12,893 16	-26 59	-26 59	
922908553	VANGUARD REIT VIPER				<b>50248100</b>				
Sold		10/18/11	283	14,971 23					
Acq		10/03/08	130	6,877 24	7,084 66	7,144 94	-207 42	-267 70	L
Acq		10/20/09	120	6,348 22	4,798 33	4,853 97	1,549 89	1,494 25	L

**Statement of Capital Gains and Losses From Sales**  
 (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

4/23/2012 13:48:20

Account Id: 50248100

**SHEBOYGAN YMCA ENDOW TR**  
 Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
922908553	VANGUARD REIT VIPER				<b>50248100</b>				
Sold		10/18/11	283	14,971 23					
Acq		03/17/09	33	1,745 76	796 03	811 33	949 73	934 43	L
			<b>Total for 10/18/2011</b>		12,679 02	12,810 24	2,292 21	2,160 99	
949917744	WF ADV ULTR SHORT-TRMINCOME-I3104				<b>50248103</b>				
Sold		04/06/11	350 058	3,000 00					
Acq		02/17/11	350 058	3,000 00	3,000 00	3,000 00	0 00	0 00	S
			<b>Total for 4/6/2011</b>		3,000 00	3,000 00	0 00	0 00	
949917744	WF ADV ULTR SHORT-TRMINCOME-I3104				<b>50248103</b>				
Sold		05/05/11	350 058	3,000 00					
Acq		02/17/11	350 058	3,000 00	3,000 00	3,000 00	0 00	0 00	S
			<b>Total for 5/5/2011</b>		3,000 00	3,000 00	0 00	0 00	
949917744	WF ADV ULTR SHORT-TRMINCOME-I3104				<b>50248103</b>				
Sold		06/03/11	408 879	3,500 00					
Acq		02/17/11	408 879	3,500 00	3,504 09	3,504 09	-4 09	-4 09	S
			<b>Total for 6/3/2011</b>		3,504 09	3,504 09	-4 09	-4 09	
949917744	WF ADV ULTR SHORT-TRMINCOME-I3104				<b>50248100</b>				
Sold		08/22/11	352 113	3,000 00					
Acq		02/17/11	352 113	3,000 00	3,017 61	3,017 61	-17 61	-17 61	S
			<b>Total for 8/22/2011</b>		3,017 61	3,017 61	-17 61	-17 61	
949917744	WF ADV ULTR SHORT-TRMINCOME-I3104				<b>50248100</b>				
Sold		08/30/11	940 071	8,000 00					
Acq		02/17/11	940 071	8,000 00	8,056 41	8,056 41	-56 41	-56 41	S
			<b>Total for 8/30/2011</b>		8,056 41	8,056 41	-56 41	-56 41	
949917744	WF ADV ULTR SHORT-TRMINCOME-I3104				<b>50248100</b>				
Sold		10/18/11	2120 141	18,000 00					
Acq		02/17/11	2120 141	18,000 00	18,169 61	18,169 61	-169 61	-169 61	S
			<b>Total for 10/18/2011</b>		18,169 61	18,169 61	-169 61	-169 61	
949917744	WF ADV ULTR SHORT-TRMINCOME-I3104				<b>50248100</b>				
Sold		12/19/11	294 811	2,500 00					
Acq		02/17/11	294 811	2,500 00	2,526 53	2,526 53	-26 53	-26 53	S
			<b>Total for 12/19/2011</b>		2,526 53	2,526 53	-26 53	-26 53	

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 funds or CTF's - See Tax Transaction Detail)

Account Id: 50248100

SHEBOYGAN YMCA ENDOW TR  
 Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
988498101	YUM BRANDS INC				50248100				
Sold		12/21/11	18	1,051 17					
Acq		01/01/50	18	1,051 17	1 00	1 00	1,050 17	1,050 17	L *
			Total for 12/21/2011		1 00	1 00	1,050 17	1,050 17	
Total for Account: 50248100					419,479 34	419,610 56	14,822 21	14,690 99	
Total Proceeds:									
						Fed	State		
					S/T Gain/Loss	-13,765 26	-13,765 26		
					L/T Gain/Loss	28,587 47	28,456 25		

CAUTION: One or more sales in this account may not have Tax Cost. The Gain/Loss from these sales are included in the totals above.