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SCANNED FEB 1 7

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

Form 990-EZ (2009

	Α	For the	2009 calend	ar year,	or tax year beginnin	g 07/01/09	, and ending	06/	30/10	<u> </u>				
RACINE ARTS COUNCIL, INC 39-6102948 Name change Specific Propriet	В	Check if	applicable		C Name of organizat	ion					D Em	ployer identification number		
Interior termination See Amended return See Sec STATEMENT For See			ŭ	label or	RACINE ART	rs COUNCIL,	INC				39-6102948			
Application pending Section Strict City or trem, sales or country, and 2IP = 4 MI 53403-1117 Number Number Application pending Section Strict(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Concept City Cit	\Box	Initial ret	urn	i	Number and street (or I	P O box, if mail is not de						ephone number		
Agreement prending to the control and cont		Terminat	tion	I JOS BIRIN DI						2	52-635-0261			
Appealance pending leans RACINE WI 53403-1117 Number Section 501(2)3 organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). GR Accounteg member a completed Schedule A (Form 990 or 990-EZ). University Tax-creement televations and variety S01(c) 3]		Amende	d return		City or town, state or co	ountry, and ZIP + 4					F Gr	oup Exemption		
Website: RACINEARTSCOUNCIL.ORG		Applicati	on pending	tions	RACINE		WI 5	<u>3403-</u>	<u>-1117</u>		Nu			
Website: ► RACTINEARTSCOUNCTL.ORG Taxexempt status invex ony one; — X 501(c) (3)		• Sec	tion 501(c)(3)	organiz	zations and 4947(a)(1) nonexempt charita	ıble trusts mu	st attach		G Accounting	g method	Cash X Accrual		
K Check ▶).							
K Check ▶	1	_						_		H Check ► required to	o attach Se	ne organization is not chedule B (Form 990.		
Form 990-EZ or Form 990 return is not required, but if the conjunction chooses to file a return, be sure to file a complete return.	<u>1</u>													
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	K				-				-		-	nore than \$25,000 A		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	_									ile a complete i		67 617		
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Form 990-EZ (2009) RACINE ARTS COUNCIL, INC		-6102948			Page 2
Part III Statement of Program Service Accomplishments (Se	ee the instruction	ons for Part III.		Ex	penses
What is the organization's primary exempt purpose?			1	(Required	
SEE STATEMENT 5					nd 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a cl manner, describe the services provided, the number of persons benefited, or other rele				-	ns and section trusts, optional
each program title	vani unomiation ioi			for others)	
28 TEACHING ART AND POETRY IN PRISON		····	+	lor outers)	
				}	
(Grants \$) If this amount includes foreign grants, check	ck here	<u></u>	28	a	
29 SUMMER YOUTH JOBS PROGRAM					
				:	
(Crante C	ak bara	~ 1	 	_	863
(Grants \$) If this amount includes foreign grants, check 30	x nere		23	a	003
•••					
				1	
(Grants \$) If this amount includes foreign grants, chec	ck here		30	a	
31 Other program services (attach schedule) SEE STATEMENT 6					
(Grants \$) If this amount includes foreign grants, check	ck here	•	31		33,118
32 Total program service expenses (add lines 28a through 31a)			▶ 3:		33,981
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	h one even if not co (b) Title and average	mpensated (See the compensation (C)	he instru (d) Con	tributions to	'art IV) (e) Expense
(a) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee t	enefit plans & ompensation	account and other allowances
MICHAEL RUDE	PRGM DIRECTR	enter -o/	uelelleu c	ompensauon	Otter anowances
		12,925		0	0
EMILY MUELLER	BOARD			-	
		0		0	0
MAX DERSHEM	PRESIDENT				
		0		0	0
DONALD CRESS	TREASURER	_		0	0
MARK DENMAM	BOARD	0			
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DAVE BLANK	BOARD				
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KEN CIMBALNIK	BOARD				
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·		0		0	0
DENISE MCKEE	BOARD				
		0		0	0
JESSIKA MIKOL	EXEC DIRECTR	15.050		•	
DONNIA MENCARD	SECRETARY	15,253		0	0
DONNA NEWGORD	SECRETARI			0	o
MAUREEN FRITCHEN	BOARD				
		О		0	
TIM ETES	VICE PRSDNT				
		0		0	
PAT LEVINE	BOARD		Ì		
		0	-	0	
JANET POBAR	BOARD	_		^	1 .
· · · · · · · · · · · · · · · · · · ·		0		0	

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

"Yes," Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form 990-EZ (2009)

44

45

Yes

No

X

Form 990-FZ

can 47 Did 48 Is ti 49a Did b If "\ 50 Coi em	and complete the tables for lines 50 and 51. The organization engage in direct or indirect political campaign activities addidates for public office? If "Yes," complete Schedule C, Part I the organization engage in lobbying activities? If "Yes," complete Schedule organization operating a school as described in section 170(b)(1)(A)(I) the organization make any transfers to an exempt non-charitable related eyes," was the related organization a section 527 organization? Implete this table for the organization's five highest compensated employ ployees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more than \$100,000	dule C, Part II (ii)? If "Yes," complete d organization? rees (other than officer	Schedule E s, directors, trus re is none, ente e (c) Compens	er "None."	ontributions to e benefit plans & d compensation	46 47 48 49a 49b (e) Experiment account other allow	X X X
can 47 Did 48 Is ti 49a Did b If "\ 50 Coi em	indidates for public office? If "Yes," complete Schedule C, Part I the organization engage in lobbying activities? If "Yes," complete Schedule organization operating a school as described in section 170(b)(1)(A)(a) the organization make any transfers to an exempt non-charitable related organization a section 527 organization? Implete this table for the organization's five highest compensated employeloyees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more	dule C, Part II (ii)? If "Yes," complete d organization? rees (other than officer the organization If the (b) Title and averag hours per week	Schedule E s, directors, trus re is none, ente e (c) Compens	er "None."	ontributions to e benefit plans &	46 47 48 49a 49b (e) Experience account	X X X X
47 Did 48 Is ti 49a Did b If " 50 Coi em	the organization engage in lobbying activities? If "Yes," complete Schedine organization operating a school as described in section 170(b)(1)(A)(a) the organization make any transfers to an exempt non-charitable related ergs," was the related organization a section 527 organization? Implete this table for the organization's five highest compensated employ ployees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more	(ii)? If "Yes," complete d organization? rees (other than officer the organization If the (b) Title and averag hours per week	s, directors, trus re is none, ente e (c) Compens	er "None."	ontributions to e benefit plans &	47 48 49a 49b	X X X
48 Is the state of	the organization operating a school as described in section 170(b)(1)(A)(a) the organization make any transfers to an exempt non-charitable relate Yes," was the related organization a section 527 organization? mplete this table for the organization's five highest compensated employ ployees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more	(ii)? If "Yes," complete d organization? rees (other than officer the organization If the (b) Title and averag hours per week	s, directors, trus re is none, ente e (c) Compens	er "None."	ontributions to e benefit plans &	48 49a 49b	X X
49a Did b If "Y 50 Coi em NONE	the organization make any transfers to an exempt non-charitable related fes," was the related organization a section 527 organization? mplete this table for the organization's five highest compensated employ ployees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more	rees (other than officer the organization If the (b) Title and average hours per week	s, directors, trus re is none, ente e (c) Compens	er "None."	ontributions to e benefit plans &	49a 49b	X
b If "\ 50 Col em	Yes," was the related organization a section 527 organization? mplete this table for the organization's five highest compensated employ ployees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more	rees (other than officer the organization If the (b) Title and average hours per week	re is none, ente	er "None."	ontributions to e benefit plans &	(e) Expe	ense
50 Coi em	mplete this table for the organization's five highest compensated employ ployees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more	the organization If the	re is none, ente	er "None."	ontributions to e benefit plans &	(e) Expe	and
NONE	ployees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more	the organization If the	re is none, ente	er "None."	ontributions to e benefit plans &	account	and
NONE	(a) Name and address of each employee paid more	(b) Title and average hours per week	e (c) Compens	sation (d) C employe	e benefit plans &	account	and
		hours per week	1	employe	e benefit plans &	account	and
f Tot			1				
f To							
	tal number of other employees paid over \$100,000 mplete this table for the organization's five highest compensated indepe 20,000 of compensation from the organization. If there is none, enter "No		each received	more than			
	(a) Name and address of each independent contractor paid more than \$100,000		(b) Type of service	ce	(c) C	Compensation	<u> </u>
NONE							
·	· · · · · · · · · · · · · · · · · · ·						
	A.,						
	•					•	
d To	tal number of other independent contractors each receiving over \$100,0	00					
Sign Here	Under penalties of perjury, I declare that I have examined this return, incluand belief it is true, correct, and complete Declaration of preparer (other to Signature of officer Type or print name and title						
	Preparer's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	Chec setf-	ck if	Preparer's Iden	ntrfying Number	(See instr.)
Paid	signature / W //////		4 🖂 / 4 4	loyed 🕨	P0053		
Prepar	/ / / / / / / / / / / / / / / / / / /			E	ın <u></u> ▶ 3	<u> 39-159</u>	<u> 7990</u>
Use Or		፯.		PI	hone		
	address, and ZIP+4 RACINE, WI 53406			no	▶ 262	<u> -886-</u>	<u>3536</u>
May the	IRS discuss this return with the preparer shown above? See instructions	S				Yes	No

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Name of the organization

6

Department of the Treasury

Public Charity Status and Public Support

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.

OMB No 1545-0047

Employer Identification number

2009

Open to Public Inspection

RACINE ARTS COUNCIL, INC

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.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name.

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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)

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

section 170(b)(1)(A)(iv). (Complete Part II.)

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).

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 ____ Type II ___ C ___ Type III—Functionally integrated _____ d ___ Type III—Ott ____ 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)

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)
11g(ii)
11g(iii)

Provide the following information about the supported organization(s) (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in roanization in col organization support col (i) of your (i) organized in the above or IRC section governing document? support? 1152 (see instructions)) Yes No No Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Pa	rt II Support Schedule for Or				1)(A)(iv) and 17	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support		,			······	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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				<u> </u>		
<u>Sec</u>	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					· ·	
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)	<u> </u>			12	
13	First five years. If the Form 990 is for the	•	second, third, fourt	n, or fifth tax vear a	as a section 501(c)	·	
	organization, check this box and stop here	-		•	` `	• •	▶ [
Sec	tion C. Computation of Public Su		age				
14	Public support percentage for 2009 (line 6,	column (f) divided	by line 11, column ((f))		14	%
15	Public support percentage from 2008 Sche		-	.,,		15	%
16a				3. and line 14 is 33	1/3 % or more, che		
	and stop here. The organization qualifies a			,			>
b	33 1/3 % support test—2008. If the organi		•	or 16a, and line 15	ıs 33 1/3 % or mon	 e. check this	
•	box and stop here. The organization qualif				10 00 170 70 01 more	o, onook ano	▶ [
17a	10%-facts-and-circumstances test—200				or 16h, and line 14	 Lis 10% or	, _
	more, and if the organization meets the "fac	-					
	organization meets the "facts-and-circumst			-	•		▶ □
h	10%-facts-and-circumstances test—200		-		-	no 15 ie 10% or	F (_
þ	more, and if the organization meets the "fac	-					
	organization meets the "facts-and-circumst		•	•	•	¥ 1104¥ UIG	▶ □
18	Private foundation if the organization did		•		•	netra ictione	

Page 2

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,256	113,774	111,805	100,455	66,887	456,177
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	4,492	1,616	161	300	725	7,294
3	Gross receipts from activities that are not an unrelated trade or business under section 513					3,100	3,100
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						1
6	Total. Add lines 1 through 5	67,748	115,390	111,966	100,755	70,712	466,571
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						· · · · · · · · · · · · · · · · · · ·
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		ı	•	·		
	amount on line 13 for the year						
C	Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·
8	Public support (Subtract line 7c from line 6)			i .			466,571
	tion B. Total Support	(-) 0005	(L) 0000	(-) 2007	(4) 2000	(-) 2000	/D Total
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	67,748	115,390	111,966	100,755	70,712	466,571
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	192	487	229	52	5	965
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	192	487	229	52	5	965
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)						
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12)	67,940	115,877	112,195	100,807		467,536
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourtl	h, or fifth tax year a	s a section 501(c)((3)	.
Sec	ction C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column ((f))		15	99.79%
16	Public support percentage from 2008 Sche					16	99.75%
Sec	tion D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f) d	ivided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2008 S	Schedule A, Part III,	line 17			18	
19a b	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	ox and stop here. T	he organization qu	alifies as a publicly	supported organiz	ation	▶ [X
	line 18 is not more than 33 1/3 %, check th	•	ū				<u> </u>
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	·	<u> </u>

39-6102948

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Schedule A (Form 990 or 990-EZ) 2009 RACINE ARTS COUNCIL, INC

Part IV Supplemental Information. Complete this part to provide the second seco Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

610 RACINE ARTS COUNCIL, INC

39-6102948

Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	 <u>Amount</u>
MEMBERSHIP	DUES	\$ 2,375
TOTAL		\$ 2,375

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
OFFICE	2,528
CONFERENCES/MEETINGS	137
UTILITIES	716
DUES & SUBSCRIPTIONS	344
INSURANCE	1,110
GRANTS AWARDED	6,253
MAIN GALLERY	863
REPAIRS & MAINTENANCE	965
SAND CASTLES	1,112
LINK PROGRAM	196
QUICK DRAW	1,920
LICENSE & FEES	266
BANK FEES	557
MARKETING	378
QUILTS ON BARNS	849
TELEPHONE & FAX	1,144
MISCELLANEOUS	2,428
ARTIST COMMISSIONS	982
TOTAL	\$ 22,748

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	eginning of Year		End of Year
GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES SECURITY DEPOSIT	\$ 2,743 1,619 800	\$	3,448 1,402 800
	 5,162	_	5,650

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	 End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 7,427	\$ 3,049
	7,427	3,049

610 RACINE ARTS COUNCIL, INC

1/17/2011 7:08 AM

. 39-6102948 FYE: 6/30/2010 **Federal Statements**

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

COORDINATES AND PROMOTES ARTS PROGRAMS IN THE RACINE, WISCONSIN AREA

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

OTHER ARTISTIC PROMOTIONS