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### **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

Department of the Treasury Internal Revenue Service

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

Comparison   Com	A	For the	2011 cale	endar year, or tax year b		Septememb			d ending	Augı	ıst 31	, 20 12	
Name change   Initial return   Terminated   Teminated return   Teminated return   Teminated return   Teminated	В	Check if a	applicable	C Name of organization R	acine Soc	iety For Christia	n Instructio	on			D Employe	er identificatio	n number
Install return   Terminated		Address o	change									39 0932603	3
Terminated Racine, WI 53405 Application pending   False and address of principal officer.   Chris Hage   High Is the a group return for affiliated?   Yes   No   No   No   No   No   No   No   N		Name cha	ange	Number and street (or P	O box if ma	il is not delivered to	street addres	ss)	Room/suite		E Telephon	ne number	
Amended return   Racine, Wi 53405   Racine, Wi 53405   Rapheaton pending   F Name and address of principal officer: Chris Hage   Tax-exempt status   Soticity   Sot		Initial retu	ım	912 Virginia Street								262 634 096	i1
Application pending   F Name and address of principal officer. Chris Hage   T13 Imperial Drive, Racine, WI 53402   T13 Imperial Drive, Racine, WI 53402   T14 Imperial Drive, Racine, WI 53402   T15 Imperial Drive, Racine, Racine, WI 53402   T15 Imperial Drive, Racine,		Terminate	ed ed	City or town, state or cou	untry, and Zi	P + 4						•	_
Tax-exempt status		Amended	l retum	Racine, WI 53405							<b>G</b> Gross re	ceipts \$	832,958
Tax-exempt status		Application	on pending	F Name and address of prin	ncipal officer	. Chris Hage				H(a) Is this a	group return f	or affiliates?	Yes 🗌 No
Website:   High Group exemption number   Part   Summary				713 Imperial Drive, Rad	cine, WI 53	402				H(b) Are all	affiliates in	cluded?	Yes 🗌 No
Part   Summary	<u> </u>	Tax-exem	npt status	✓ 501(c)(3)	501(c) (	) ◀ (insert n	o.) 🔲 4947(a)	)(1) or [	527	If "N	o," attach a	list. (see instru	ictions)
Briefly describe the organization's mission or most significant activities: Elementary Christian Education  Kindergarten Through Eighth Grade  2 Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)	J	Website:	<b>•</b>							H(c) Group	exemption	number 🕨	
Briefly describe the organization's mission or most significant activities: Elementary Christian Education  Kindergarten Through Eighth Grade  2 Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, lipe 1a) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	K	Form of o	rganization:	✓ Corporation ☐ Trust	Associat	on ☐ Other ▶		L Year	of formation	1924	M State	of legal domici	le: WI
Rindergarten Through Eighth Grade	Pa	art I	Summ	ıary									
Total number of volunteers (estimate if necessary)  Net unrelated business revenue from Part VIII, line 1h)  Representations and grants (Part VIII, line 1h)  Representations and grants (Part VIII, line 2h)  Representations and grants (Part VIII, line 3h)  Representations and grant		1	Briefly de	escribe the organization	on's missi	on or most sigi	nificant acti	ivıties:	Element	ary Christia	an Educat	ion	
Number of independent voting members of the governing body (Part-Vt, line-1b)   4   9	_		Kinderga	arten Through Eighth G	rade								
Number of independent voting members of the governing body (Pair VI, line 1b)	<u> </u>												
Number of independent voting members of the governing body (Part-Vt, line-1b)	<u>و</u> ا												
Number of independent voting members of the governing body (Part-Vt, line-1b)	8	2	Check th	າເຣ box ▶ 🔲 if the orga	inization o	liscontinued its	operations	s or dis	posed of	more than	25% of i	its net asse	ts.
Number of independent voting members of the governing body (Part Vt, Inte-1b)		3	Number (	of voting members of	the gover	ning body (Par	t VI, line 1a		J [ ] [ ]	<u> </u>	]   3		9
Total number of individuals employed in calendar year 2011   (Fart V, line 2a)   Total number of volunteers (estimate if necessary)   Total unrelated business revenue from Part VIII, column (C), line 12   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxable income from Form 990-T, line 34   Total unrelated business taxab	80	4	Number (	of independent voting	member	of the govern	ıng body <del>(</del> P	?art VI, I	ine b)		4	· · · · ·	9
Total unrelated business revenue from Part VIII, column (C), line 12	ŧ	i i		_		_	- 1001			0	5		23
Total unrelated business revenue from Part VIII, column (C), line 12	妄									13  Ö	6		125
B   Net unrelated business taxable income from Form 990-T, line 34   Contributions and grants (Part VIII, line 1h)   151,381   157,648	⋖										7a		0
8 Contributions and grants (Part VIII, line 1h)									· II · A II ·		7b	<del></del>	0
9 Program service revenue (Part VIII, line 2g)	$\neg \neg$			· · · · · · · · · · · · · · · · · · ·			i l			Prior Ye	ar	Currer	nt Year
9 Program service revenue (Part VIII, line 2g)		8	Contribu	tions and grants (Part	VIII, line 1	ih)			[		151,381		157,648
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	휠										664,502		621,701
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Š		_	•							40,064		45,556
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	œ			•								_	
13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)											864,114		829,802
14 Benefits paid to or for members (Part IX, column (A), line 4)											0		0
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)				· ·	•		-				0		0
16a   Professional fundraising fees (Part IX, column (A), line 11e)				•	· ·		•				619.377		605,352
17 Other expenses (Part IX, Coldinii (A), lines 11a-11d, 11i-24e)	ışe			· · · · · · · · · · · · · · · · · · ·		=			_		0		0
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11i-24e) 107,746 107,74	ped			_ ·			-		0				
18         Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         807,125         808,655           19         Revenue less expenses. Subtract line 18 from line 12         56,989         21,147           Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         1,759,948           21         Total liabilities (Part X, line 26)         1,000         1,000           22         Net assets or fund balances. Subtract line 21 from line 20         1,737,801         1,758,948	ŭ										187,748		203,303
19   Revenue less expenses. Subtract line 18 from line 12   56,989   21,147								line 25)	· ·				
Beginning of Current Year   End of Year		1			•	•		-			56.989		<del></del>
22 Net assets or fund balances. Subtract line 21 from line 20	- 8		110101140	TOOS OXPONIGOO! CODE!	400 1110 11	7 II O I I I I I I I I I I I I I I I I I	<del></del>			ginning of Cu		End o	
22 Net assets or fund balances. Subtract line 21 from line 20	and and	20	Total ass	sets (Part X_line 16)						1	.738.801		1.759.948
22 Net assets or fund balances. Subtract line 21 from line 20 1,737,801 1,758,948	Ass	21		• • •									
	Fee									1			
Taritale Signature Diuck	Pa	irt II						• •	<del></del> -	<del></del>	,1		-,,- 10
												.,	
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	_	·· · · · · · · · · · · · · · · · · · ·		Pd L. Th			<del></del>						
	Sia	ın	Sian	nature of officer						Da		, ,	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Date	_				RIESO	=mA	TRA	9 SUR	60		//	12/13	,
Sign  True, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date			Type			<del>- · · · /</del>	, , , , ,		-/-				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Signature of officer  Date					· · · · · · · · · · · · · · · · · · ·	Preparer's signatu	re		Date		T	PTIN	
Sign Here  RANDY L. FRIESEMA, TREASURER  Type or print name and title  Print/Type preparer's name		_	1	re e central de commune		.p.:						f	
Sign Here    Print/Type preparer's name   Preparer's signature   Date   Check   from the preparer's name   Preparer's signature   Date   Check   from the preparer's name   Print/Type preparer's name   Preparer's signature   Date   Check   from the preparer's name   Preparer's name   Preparer's signature   Date   Check   from the preparer's name   Preparer's name   Date   Check   from the preparer's name   C		-							l	1-			<del></del>
Sign Here  RANDY L. FRIESEMA, TREMSURER  Print/Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check   frieself-employed  PTIN	Us	e Only	y	· · · · · · · · · · · · · · · · · · ·		<del></del>							
Sign Here    RANDT L. FRIESEMA TREASURER     Print/Type preparer's name     Print/Type prepa	1400	, the ID			20000000	hours shous?	loop instru	tions)		Pho	ne no		Von 🗆 No
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign	ivia	y une iH	S UISCUS	a una return with the p	oreparer s	nown above?	SUITUC	JUUIS)	· · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	· · ·	<u>···</u>	Yes No

		age Z
Part	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response to any question in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	To provide covenant youth with instruction that is fully in harmony with the word of God, and that will equip them to serve God	
	effectively in His world.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	l No
	If "Yes," describe these new services on Schedule O.	, 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	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.	ed by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 759,836 including grants of \$ 11,900 ) (Revenue \$ 667,257 )	
	Drouido Christian advection for grades Kindergorten through 9 for 162 students	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	, , , , , , , , , , , , , , , , , , ,	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	***************************************	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<del>4e</del>	Total program service expenses ► 759,836	

Part	IV , Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<del>'</del>	1
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	3		1
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	4		1
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	5		1
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	6	-	1
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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	1
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	9		1
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	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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	11b		1
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	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
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.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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	14b		1
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	15		1
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	16		1
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)	17		1
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	18		1
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	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	Ť

Part	V , Checklist of Required Schedules (continued)			ugo .
•			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? If "Yes," complete Schedule I, Parts I and II	21		✓
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? If "Yes," complete Schedule I, Parts I and III	22	✓	
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? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L., Part I	24d 25a		<b>√</b>
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? If "Yes," complete Schedule L, Part I	25b		1
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? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
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	38	,	

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   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
00	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 23			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	ĺ
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	$\vdash$
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ا ہے ا		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<b></b> -
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
L	and services provided to the payor?	7a 7b		<b>-</b>
b b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		<del> </del>
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			Ť
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 <b>f</b>		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b> </b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			}
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	İ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<b> </b>
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b	<u> </u>	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management			
	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			İ
	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.			İ
р 2	Enter the number of voting members included in line 1a, above, who are independent .   1b 9  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<b> </b>		
2	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b></b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<b>√</b>	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	,	l
	one or more members of the governing body?	7a	<b>✓</b>	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<b>\</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ĺ <u>,                                    </u>	<u> </u>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae.) Yes	No
400	Did the organization have local chapters, branches, or affiliates?	10a	163	<b>√</b>
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		┞ <b>~</b>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	T .	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		/
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?	16b		
Section	on C. Disclosure	1.00	I	<del></del>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 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	of inter	rest p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Barbara Vanderleest, 1711 Heinze Drive, Racine, WI 53406			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
			•	(0	C)			<u> </u>		
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust			compensation from	amount of
	week (describe	유	sul	₽	8	a.≝	₽	from the	related organizations	other compensation
	hours for	Individual trustee or director	titut	Officer	Key employee	Ploy hes	Former	organization	(W-2/1099-MISC)	from the
	related organizations	함	lone		힣	8 6		(W-2/1099-MISC)		organization and related
	ın Schedule	l izi	ᅔ		yee	mg				organizations
	O)	8	Institutional trustee			Highest compensated employee				
			Ľ			8.	<u> </u>			
(1) Chris Hage - President										
713 Imperial Drive, Racine, WI 53402	2	1	ļ	✓				o		0
(2) David Webster - Vice President										
3817 Contessa Court, Sturtevant, WI 53177	2	1		✓	ļ		<u>.                                    </u>	0		0
(3) Steve Nichols - Secretary										
506 Sara Lane, Racine, WI 53402	1	1		✓	_			0		0
(4) Randy Friesema - Treasurer					Ĭ					
105 Indiana Street, Racine, WI 53405	5	✓		✓				0		0
(5) Garry Friesema	]									
6345 South Drive, Racine, WI 53406	2	1	<u> </u>	ļ		L	<u> </u>	0		0
(6) Scott Tiesman				İ						
3614 16th Street, Racine, WI 53406	1	1	_	L				0		0
(7) Andrew Vallejos	]									
809 Cleveland Avenue, Racine, WI 53405	1	/	<u> </u>		ļ		_	0		0
(8) Steve Martin		,		1			l	_		
6330 Kinzie Avenue, Racine, WI 53405	1	<b>_</b>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0		0
(9) Al Hafeman		١,								
3860 Debby Lane, Franksville, WI 53126	1	<u> </u>	ـــ	ļ	<u> </u>		<u> </u>	0		0
(10)	1									
(11)						<del></del>				···
(12)										
(13)										
(14)										

Part	Section A. Officers, Directors, Trust (A)	tees, Key E	mploy	/ees	(6	nd F C) Ition	lighe	st C			continu	•	/ES	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	office or directo	unles	s pe	rson	e than of the both or/true Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatior related organizatio (W-2/1099-N	n from ons	Estri amo comp fro orga and	(F) mated punt of ther ensatio m the nization related	<b>1</b>
(15)							8.						·	· · ·
(16)								ļ					_	
(17)														
(18)												··· <u>·</u>		
(19)				_		-								
(20)							-	-					<del></del>	
(21)			<u> </u>											
(22)								-				_		
(23)														
(24)								_				·	•	
(25)								-						
1b c	Sub-total	-		•	•	 	•	<b>&gt;</b>	0		0			0
d 2	Total (add lines 1b and 1c)		to th					<u>►</u> e) w	ho received me	ore than \$1	00,000	of		0
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," <i>complete</i> 5	ficer, dırec	tor, c					-	oloyee, or high	-	nsated	3	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,	000	? /i 	f "Ye:	s," 	complete Sch	edule J fo 	r such	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization'											5		1
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
None				-										
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

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
क क	1a	Federated campaigns 1a					<u></u>
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					•
Q E	C	Fundraising events 1c					
at 7	d	Related organizations 1d			l		
o, ∰	e	Government grants (contributions) 1e			Į.		
Si is	f	All other contributions, grfts, grants,					
돌	-	and similar amounts not included above	157,648				
돌하	g	Noncash contributions included in lines 1a-1f: \$	107,010				
5 5	b h	<b>Total.</b> Add lines 1a–1f		157,648			
	- ''	Total: Add lines to 11	Business Code	107,040		<del></del>	
	2a	Tuition	611600	621,701	621,701		-
ě	b		011000	021,701	021,701	<del></del>	
9							
Ž	c d						
Š	_						····-
<u> </u>	e f	All other program service revenue .					
Program Service Revenue	g	<b>Total.</b> Add lines 2a–2f	•	621,701			<u> </u>
	3	Investment income (including divide		021,701	· · · · · · · · · · · · · · · · · · ·		
	•	and other similar amounts)		45,556	45,556		•
	4	Income from investment of tax-exempt be		0	43,330	· · · · · · · · · · · · · · · · · · ·	
	5	Royalties		0	0	· ···	
	Ū	(i) Real	(ii) Personal	<del>-</del>			
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)			•		
	d	Net rental income or (loss)	•	o	o		
	7a	Gross amount from sales of (i) Securities	(ii) Other	· · · · · · · · · · · · · · · · · · ·			
		assets other than inventory					
	ь	Less: cost or other basis					
		and sales expenses .	į				
	С	Gain or (loss)					
	d	Net gain or (loss)	•	o	اه		
e	8a	Gross income from fundraising					
venue	- Ca	events (not including \$		Í			
		of contributions reported on line 1c).					
F		See Part IV, line 18 a	8,053				
Other Re	ь	Less: direct expenses b	<del></del>				
0		Net income or (loss) from fundraising		4,897			
		Gross income from gaming activities.		,,,,,,			
		See Part IV, line 19 a		İ			
	ь	Less: direct expenses b					
	C	Net income or (loss) from gaming acti		o	О		
	_	Gross sales of inventory, less					
	. –	returns and allowances a					
	ь	Less: cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inve		o	o		
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	đ	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	▶	829,802	667,257		ł

#### 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 respons		n this Part IX	<del></del>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	11,900	11,900		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	481,878	451,925	29,953	
9	section 401(k) and 403(b) employer contributions) Other employee benefits	13,372 74,148	13,372 74,148		
10 11	Payroll taxes	35,954	32,681	3,273	
a	Management				
b	Legal	6,762		6,762	
đ	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		1		<del> </del>
g g	Other				· ··· · · · · · · · · · · · · · · · ·
12	Advertising and promotion	5,842	5,842		
13	Office expenses	35,157	35,157		
14	Information technology	11,095	11,095		
15 16	Royalties	76,747	76,747		
17	Travel				·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	254	254		
20	Interest				
21 22	Depreciation, depletion, and amortization .				
23	Insurance				
24	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.)				
а	Textbooks	18,080	18,080		
b	Teacher Training	2,685	2,685		
C	All Other Expenses ( Miscellaneous)	34,781	25,951	8,830	
d e	All other expenses		<del></del>		
25	Total functional expenses. Add lines 1 through 24e	808,655	759,837	48,819	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X (A) (B) Beginning of year End of year 224,239 220,126 1 Savings and temporary cash investments . . . . . . 18,340 2 2 8.396 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . 6 7 8 8 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 825,940 Less: accumulated depreciation . . . . 10b 10c 825.940 b 674,395 701,373 11 Investments—publicly traded securities . . . . . 11 12 Investments—other securities. See Part IV, line 11 . . . . . 12 13 Investments—program-related. See Part IV, line 11... 13 14 14 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 1.738.801 16 1,759,948 17 Accounts payable and accrued expenses . . . . . . . . . . 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Pavables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties . . . 23 1,000 23 1.000 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 \_\_. 26 1,000 26 1,000 Organizations that follow SFAS 117, check here ▶ ☑ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . 27 1.061.037 27 1.056,674 28 28 677.764 29 703,274 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 Total net assets or fund balances . . . . . . . . . . . . . . . . . . 33 1,737,801 33 1,758,948 1,738,801 1,759,948 34 34

	Pa	ge <b>12</b>
<u> </u>	<u></u>	
	00	0.000
 		9,802
	80	8,655
 	2	1,147
	1,73	7,801
		0
	1,75	8,948
	Yes	No
2a	1	
2b		<b>✓</b>

Part				-		
•	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			829	9,802
2	Total expenses (must equal Part IX, column (A), line 25)	2			808	B,655
3	Revenue less expenses. Subtract line 2 from line 1	3			2	1,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,73	7,801
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0
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			1,75	8,948
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<del></del>	٠,		
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain	ın			
_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	<b>✓</b>	
Ь	Were the organization's financial statements audited by an independent accountant?		· 🗀	b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	_				
	•		<u> </u>	c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar we	re	ł	i	
	issued on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				- 1	
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?		.   3	la		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne 🗀			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		1	ь		
				Form	990	(2011)

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

Department of the Treasury Internal Revenue Service

#### **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.

20**11** 

Open to Public Inspection

Employer identification number Name of the organization 39 0932603 **Racine Society For Christian Instruction** 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). 2 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, city, and state: 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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. c Type III-Functionally integrated **b** Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting  $\Box$ 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 Yes No 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization col (i) of your governing document? (i) organized in the above or IRC section support? US.? (see instructions)) Yes No Yes Nο Yes No (A) (B) (C) (D) (E)

Schedu	le A (Form 990 or 990-EZ) 2011						Page 2
Part	. Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(	vi)
•	(Complete only if you checked the						ualify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support		·····			,	<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1	-
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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a sect	ion 501(c)(3)
	organization, check this box and stop he			<u> </u>			<u> ▶ □</u>
Secti	on C. Computation of Public Suppor					<del></del>	<del></del>
14	Public support percentage for 2011 (line to					14	<u>%</u>
15	Public support percentage from 2010 Sch					15	%
16a	331/3% support test—2011. If the organization qua						
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is 33¹/a9	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ai	nd stop here	. Explaın ın
Ь	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the	e "facts-and-ci	ircumstances"	test, check ti	his box and	stop here.

 

#### 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.)

0 4-	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support		r			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities					1	
	furnished in any activity that is related to the					Ì	
	organization's tax-exempt purpose			ļ <u></u>			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf					ļ	ļ
5	The value of services or facilities			1	]	1	
	furnished by a governmental unit to the		ļ				
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5			ļ		ļ	
7a	Amounts included on lines 1, 2, and 3		1	1			
	received from disqualified persons .		ļ				
b	Amounts included on lines 2 and 3			1		1	
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000			-			
	or 1% of the amount on line 13 for the year		ļ <u>.</u>	ļ			
-	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1			]	-
	line 6.)		<u> </u>	<u> </u>	l	l	<u></u>
	on B. Total Support			T	1		
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
	•					<del>                                     </del>	
b	Unrelated business taxable income (less section 511 taxes) from businesses			1			
	acquired after June 30, 1975		1	]			]
_			<del> </del>			<del>                                     </del>	
_			<u> </u>			<u> </u>	
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on				}		ļ
12			<u> </u>	<del> </del>	<del> </del>	<del> </del>	
12	Other income. Do not include gain or loss from the sale of capital assets		1	1	1	1	1
	(Explain in Part IV.)		1		1	1	
13	Total support. (Add lines 9, 10c, 11,		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>
	and 12.)		1		1		
14	First five years. If the Form 990 is for the	ne organizatioi	n's first, secon	id, third, fourth	n, or fifth tax v	ear as a section	on 501(c)(3)
- •	organization, check this box and stop he	-			_		
Secti	on C. Computation of Public Suppor					<del> </del>	
15	Public support percentage for 2011 (line		<del></del>	13, column (f))		15	%
16	Public support percentage from 2010 Sci		-				%
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (	·	<del> </del>	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010						%
19a	331/3% support tests - 2011. If the organ						%, and line
	17 is not more than 331/3%, check this box	-	_	-		_	
b	331/3% support tests-2010. If the organiz						
	line 18 is not more than 331/3%, check this	box and <b>stop</b> h	<b>nere.</b> The organ	ization qualifies	s as a publicly s	supported orga	nization 🕨 🔲
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🗌

Part IV	Pag  . 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. Also complete this part for any additional information. (See instructions).
	<u></u>
<b></b>	

#### SCHEDULE D (Form 99Q)

#### **Supplemental Financial Statements**

OMB № 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number **Racine Society For Christian Instruction** 39 0932603 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Page	2

Part	III Organizations Maintaining 0	Collections of A	Art, Historica	Treasures, or	r Ott	ner Similar Ass	ets (continued)
3,	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her records, ch	eck any of the fo	ollow	ing that are a sig	nificant use of its
а	☐ Public exhibition		d 🗌 Loa	ın or exchange p	orogra	ams	
b	☐ Scholarly research						
C	☐ Preservation for future generations						
4	Provide a description of the organization	on's collections a	ınd explain how	they further the	orga	anization's exemp	t purpose in Part
	XIV.						
5	During the year, did the organization s	solicit or receive	donations of ar	t, historical treas	sures	, or other similar	
	assets to be sold to raise funds rather t	han to be mainta	ined as part of	he organization'	s col	lection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arrar	ngements. Cor	nplete if the o	rganization ans	swer	ed "Yes" to For	m 990, Part IV,
	line 9, or reported an amount	on Form 990, F	Part X, line 21.				
1a	Is the organization an agent, trustee,	custodian or oth	er intermediary	for contribution	s or	other assets not	
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par	rt XIV and comple	ete the following	table:			
		·				Am	ount
C	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e	<u> </u>	
f	Ending balance				1f		
2a	Did the organization include an amount					·	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par		•				_
	V Endowment Funds. Comple		ation answere	d "Yes" to For	m 99	0, Part IV, line 1	0.
	·	(a) Current year	(b) Prior year	(c) Two years ba		(d) Three years back	(e) Four years back
1a	Beginning of year balance	677,764	648,57	3 622,	254	589,218	
b	Contributions	28,269	30,49	<del></del>	799	39,102	<del></del>
С	Net investment earnings, gains, and		<u> </u>	<u> </u>			
	losses	45,500	39,98	37.	520	35,919	
d	Grants or scholarships					•	
e	Other expenditures for facilities and				$\neg$		
	programs	42,000	41,00	10 40.	500	40,247	
f	Administrative expenses	6,260	<del></del>	<del></del>	500	1,738	<del> </del>
g g	End of year balance	703,274	677,70	<del></del>	<del></del>	622,254	
2	Provide the estimated percentage of th		<del> </del>	1			
a	Board designated or quasi-endowment	-	%	.g, colamii (a)/ 11	ola a		
b		0 %	'				
c	Temporarily restricted endowment ▶	%					
_	The percentages in lines 2a, 2b, and 2c		0%.				
3a	Are there endowment funds not in the	· ·		hat are held and	d adn	ninistered for the	
	organization by:	•	_				Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations		. <i>.</i>				3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organiz						3b
4	Describe in Part XIV the intended uses	of the organization	n's endowmen	t funds.			
Part	VI Land, Buildings, and Equipr	nent. See Form	990, Part X, I	ine 10.			
-	Description of property	(a) Cost or oth		t or other basis (other)		ccumulated preciation	(d) Book value
1a	Land		75,000	·			75,000
b	Buildings		750,940			0	750,940
C	Leasehold improvements						
đ	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) mi	ust equal Form 99	90, Part X, colui	nn (B), line 10(c).	.) .	▶	825,940

Part VII . Investments - Other Securities	s. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests	•		
(3) Other			
(A)			<del></del>
(B)			
(C)			<del> </del>
(D) (E)			
(E) (F)			
(G)			
(H)			
(1)			<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments - Program Relat		X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)			
(2)			
_(3)			
(4)			
(5)			
<u>(6)</u>		-	······································
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets. See Form 990,	Part X, line 15.		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)	<del> </del>		
(5) (6)			
(7)			
(8)			
(9)			
(10)		-	
Total. (Column (b) must equal Form 990, Part X,		<u> </u>	
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Book value	_	
(1) Federal income taxes			
(2)		<del>-</del>	
(4)			
(5)			
(6)		7	
(7)		<del></del>	
(8)		$\dashv$	
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
2 FINI 48 (ASC 740) Footpote In Part XIV, providence	do the text of the feetnete t	o the organization's financial states	nonte that reports the

	le D (Form 990) 2011  XI . Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	ents	Page (
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	··· · · · · · · · · · · · · · · · · ·
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	_
10	· · · · · · · · · · · · · · · · · · ·	10	
Part		Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1 1	
С	Recoveries of pnor year grants	1 1	
d	Other (Describe in Part XIV.)	1 1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	1	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
1	Total and an and leaves and suited formula statements		
_	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
	·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	1	
2 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	1	
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e	
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIV.)       2d		
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIV.)       2d         Add lines 2a through 2d	26	
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	26	
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	26	
2 a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	26	
2 a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e 3	
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e 3	
2 a b c d e 3 4 a b c 5 Part	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIV Supplemental Information  Selete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart III, lines 1a and 4; Fart III, lines 3, 5, and 9; Part III, lines 1a and 4; Fart III, lines 3, 5, and 9; Part III, lines 1a and 4; Fart III, lines 3, 5, and 9; Part III, lines 1a and 4; Fart III, lines 1a and 4; Fart III, lines 1a and 4; Fart III, lines 1a and 4; Fart III, lines 1a and 4; Fart IIII, lines 1a and 4; Fart III, lines 1	2e 3 4c 5	
2 a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIV Supplemental Information  Set this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also come	2e 3 4c 5	
2 a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIV Supplemental Information  Sete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also composition of the description 2e 3 4c 5 Part IV, lines 1t	to provide	
2 a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIV Supplemental Information  Set this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also come	2e 3 4c 5 Part IV, lines 1t	to provide
2 a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIV Supplemental Information  Sete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also composition of the description 2e 3 4c 5 Part IV, lines 1t	to provide	
a b c d a b c 5 Part Comport Vany ac	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIV Supplemental Information  Sete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also composition of the description 2e 3 4c 5 Part IV, lines 1t	to provide	
a b c d a b c 5 Part Vany ac	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e 3 4c 5 Part IV, lines 1t	to provide
a b c d a b c 5 Part Vany ac	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e 3 4c 5 Part IV, lines 1t	to provide
2 a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e 3 4c 5 Part IV, lines 1t	to provide
2 a b c d e 3 4 a b c 5 Part Comp art V iny ac	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e 3  4c 5  Part IV, lines 1t aplete this part e to offset oper	to provide
2 a b c d e 3 4 a b c 5 Part Comp Part V Iny ac	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e 3  4c 5  Part IV, lines 1t aplete this part e to offset oper	to provide
a b c d e 3 4 a b c 5 Part Vany ac	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e 3  4c 5  Part IV, lines 1t aplete this part e to offset oper	to provide

#### SCHEDULE E (Form 990 pr 990-EZ)

**Schools** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2011 Open to Public Inspection

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

**Racine Society For Christian Instruction** 

39 0932603

	· · · · · · · · · · · · · · · · · · ·		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	1	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	<b>✓</b>	
	Advertisements state that the school does not discriminate based on race.			
4	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	<b> </b>	
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	1	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	1	
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		1
b	Admissions policies?	5b		1
С	Employment of faculty or administrative staff?	5c		1
d	Scholarships or other financial assistance?	5d		1
е	Educational policies?	5e		<b>✓</b>
f	Use of facilities?	5f		<b>✓</b>
g	Athletic programs?	5g		·
h	Other extracurncular activities?	5h		<b>/</b>
_				
6a b	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b		1
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II.	7	1	<del></del>

scheaule 🗈 (i	orm 990 or 990-EZ) (2011) Page ₄
Part II	. <b>Supplemental Information.</b> Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)
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# SCHEDULE (Form 990)

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

20

OMB No. 1545-0047

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

Open to Public Inspection

Schedule I (Form 990) (2011) **%** □ (h) Purpose of grant **Employer identification number** or assistance 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. ✓ Yes 39-0932603 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . . (g) Description of non-cash assistance . . . . (f) Method of valuation (book, FMV, appraisal, other) • Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. (d) Amount of cash grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (**p**) Racine Society for Christian Instruction (4) 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part II Partl 2 2 ව 9 9 € 9 5

	ine 22.	
	duals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
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	Part III Grants and Other Assistance to Indi	Part III can be duplicated if additional spa
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0) (2011)	ants an	r III can
Schedule I (Form 990) (2011)	ويتق	Pa
Schedule	Part II	

(a) Type of grant or assistance recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Need based tuition assistance	8	11,900			
2					
3					
4					3
5					
9					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ste this part to pro	ovide the information	required in Part I,	line 2, and any other add	litional information.
Individual family financial need assessment is done by an independent third party organization.	an independent thire	d party organization.	7		
Ins unblased third party assessment is used by the school to determine how turns will be allocated.  Awarded funds are credited to the family's tuition account and the family is responsible for the balance.	nool to determine no ant and the family is	responsible for the bala	eu. ance.		
					Schedule I (Form 990) (2011)

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

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

OMB № 1545-0047

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.

Open to Public Inspection

Name of the organization

**Racine Society For Christian Instruction** 

Employer identification number 39 0932603

Part VI Section A Item 6 - The organization has voting members that elect the Board Of Directors and also vote on any items of business
requiring a membership vote at the annual meeting.
Part VI Section A Item 7a - The organization has voting members that elect one third of the Board Of Directors for a three year term at the
annual meeting.
Part VI Section A Item 7b - The organization has voting members that approve the annual budget recommended by the Board Of Directors
and also any items of business requiring membership vote at the annual meeting (e.g. Constitution Amendment).
Part VI Section B Item 11b - The form 990 is reviewed by the Treasurer and Finance Committee before submittal, also upon request.
Part VI Section B Item 12c - As the new Board Of Directors is formed each year the Conflict Of Interest Policy is reviewed and any conflicts
of interest would require disclosure and non-participation in related decisions.
Part VI Section B Item 15 - There is only 1 compensated management employee and that is the Principal. None of the Board Of Directors
receive any compensation. The compensation for the Principal is established by the Finance Committee and approved by the Board Of
Directors. The Compensation Committee and Finance Committee use comparability data from Christian Schools International in establishing
employee salaries. The compensation of the Principal is well below the minimum IRS definition of salary of key employees.
Part VI Section C Item 19 - The organizations governing documents, conflict of interest policy and financial statements are available upon
request. A written notice to parents and organization members is given that the published financial statements are available upon request.
END Of Schedule O