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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.

Open to Public Inspection

A	For the	2012 cale	endar year, or tax year beginnir	ng September 1	, 2012, a	ınd ending	1 Aug	ust 31	, 20 13			
В	Check if	applicable.	C Name of organization Racine Se	ociety For Christian Ir	struction			D Employer identification number				
	Address	change	Doing Business As						39 0932603			
	Name ch	nange	Number and street (or P O box if	mail is not delivered to str	eet address)	Room/suit	е	E Telephor	ne number			
	Initial ret	urn	912 Virginia Street						262 634 0961			
	Terminat	ted	City, town or post office, state, an	d ZIP code								
	Amende	d return	Racine, WI 53406					G Gross re	eceipts \$	758,242		
	Applicat	on pending	F Name and address of principal off	icer David Webster			H(a) is this	a group return	for affiliates? 🔲 Yes	☐ No		
			3817 Contessa Ct. Sturtevant,	, WI 53177			H(b) Are a	ll affiliates ir	ncluded? 🗌 Yes	□ No		
<u></u>	Tax-exe	mpt status	✓ 501(c)(3)) () ◀ (insert no) [4947(a)(1) or	527	If "N	lo," attach a	i list (see instructio	ns)		
J	Website	: ▶					H(c) Group	p exemption	number ▶			
K	Form of	organization	Corporation Trust Associ	ciation ☐ Other ►	L Yea	ar of formation	on: 1924	M State	of legal domicile	WI		
P	art I	Summ	nary									
	1	Briefly de	escribe the organization's mis	ssion or most signific	cant activities:	Elemen	tary Christia	an Educat	ion			
0		Kinderga	rten Through Eighth Grade									
anc												
Ë	1											
Activities & Governance	2		ns box ▶□ if the organizatio			sposed o	f more thar	1 1	its net assets.			
& Ø	3		of voting members of the government		•					9		
es	4		of independent voting memb							9		
Ξ	5		mber of individuals employed					5		25		
Act	6		mber of volunteers (estimate					6		125		
-	7a		related business revenue from	· · · · · · · · · · · · · · · · · · ·	•			7a		0		
	b	Net unre	lated business taxable incom	ne from Form 990-T,	line 34	<u> </u>		7b		0		
							Prior Y		Current Ye			
9	8		tions and grants (Part VIII, lin	· - ·				157,648		125,362		
Revenue	9	-	service revenue (Part VIII, lin			_		621,701		582,271		
ě	10		ent income (Part VIII, column					45,556		42,709		
	11		venue (Part Will column M)					4,897		3,609		
	12		enue add lines 8 through 11					829,802		753,951		
	13 14	Grants a	nd sımılarlamounts paıd (Par paıd to Anfor members (Part	Tex, continu (A), lines	š 1−3)	· ·	 					
	45		other compensation, employe	COE 252		603 500						
Expenses	16a	Drofocci	onal fundraising fees (Pan IX	polymeta) line 11	iumm (A), imes :	5-10) <u> </u>		605,352		603,588		
ĕ	lua		ndraising expenses (Part IX, c									
Ĕ	17		penses (Part IX, column (A), I	• • •				203,303		173,186		
	18		penses. Add lines 13–17 (mus		•	<u>, </u>		808,655		776,775		
	19		e less expenses. Subtract line	•		· –		21,147		(22,823)		
		Hoveride	ress expenses. Cubiract inte	7 10 110111 11110 12 .			Beginning of C					
Net Assets or	20	Total ass	sets (Part X, line 16)			h		1,759,948		1,737,125		
Ass	21		oilities (Part X, line 26)			: : 		1,000		1,000		
ž	22		ets or fund balances. Subtrac	t line 21 from line 20		: : :		1,758,948		1,736,125		
	art II		ture Block					1/1 5 2/2_10	1	.,,		
			ury, I declare that I have examined th	is return, including accom	panying schedules	s and stater	nents, and to	the best of	my knowledge and	belief, it is		
trı	ue, correc	t, and comp	olete. Declaration of preparer (other the	nan officer) is based on all	information of whi	ch preparer	has any know	rledge.				
			Ed L. Frem					ZAN	13, Z014			
Si	gn	Sıgr	nature of officer	•			D	ate				
He	ere	R	ANDY L. FRIESE	44. TREAS	URER							
		Тур	e or print name and title	· · · · · · · · · · · · · · · · · · ·								
D-	aid	Print/Ty	ype preparer's name	Preparer's signature		Da	te	Check	□ if PTIN			
	aio epare	<u>. </u>						self-em				
	repare se On	I	name 🕨	•			Fin	m's ElN ▶	•			
U:	se Uil	עי עי	address ▶					one no				
Ma	ay the II		s this return with the prepare	er shown above? (see	e instructions)	<u></u> .	<u> </u>		<u> </u> Ye:	s 🗌 No		
Fo	r Panen	work Redi	iction Act Notice, see the sens	rate instructions.		Cat N	n 11282Y		Form 9	990 (2012)		

Form 99	90 (2012)				Page 2
Part		ment of Program Service A			
			sponse to any question in this Part	<u> </u>	<u>.</u> 🗍
1	Briefly desc	cribe the organization's mission	:		
	To provide	covenant youth with instruction t	hat is fully in harmony with the word of	God, and that will equip them to serve	God
	effectively i	n his world.			
2	Did the ord	janization undertake any signific	cant program services during the year	er which were not listed on the	
-			· · · · · · · · · · · · · · · · · · ·		es 🗹 No
		escribe these new services on S			C3 <u>. 110</u>
3			or make significant changes in he	ow it conducts, any program	
					es 🗹 No
	If "Yes," de	escribe these changes on Sche	dule O.	_	_
4		-	ice accomplishments for each of its	three largest program services, as m	neasured by
	expenses.	Section 501(c)(3) and 501(c)(4)	organizations are required to report		
	the total ex	penses, and revenue, if any, fo	r each program service reported.		
	 		· · · · · · · · · · · · · · · · · · ·		
4a			32,172 including grants of \$		
	Provided Cl	hristian education for grades Kin	dergarten through 8th grade for 162 stu	dents.	
					
					•••
				.=	
_					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				•======================================	
				·	••
				· 	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	}
				••••••	
					·
				••••	
			·		
				·	
4d	Other prog	ram services (Describe in Sche	dule O.)		
	(Expenses			\$)	
4e		ram service expenses ▶	732,172		-

Part	V 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	✓	
0	· ·	2	V	/
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
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? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	\	
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
С	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	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	ļ	✓
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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		For	m 99	0 (2012

	0 (2012)		ſ	Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	1	
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 24c		√
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		1
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, highest 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		✓
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√ ·
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	28b 28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		✓
32	Part I	31		√
33	complete Schedule N, Part II	32		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	$\vdash \vdash \vdash$	✓
b	If "Yes" to line 35a, 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	35a		✓
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? If "Yes," complete Schedule R,	-		

Part				_
	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		res	NO
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 25	. 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	i _		,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	i l		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		-	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	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	1		
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		./
d	If "Yes," indicate the number of Forms 8282 filed during the year	/C		✓
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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	ا ۾ ا		
9	organization, have excess business holdings at any time during the year?	8		
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	ļĺ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			ŀ
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	{		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
	The state of the s		n 99 0	(2012)

Form **990** (2012)

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	ee ins	truct	ions.			
Section	on A. Governing Body and Management	<u>···</u>	•	<u> </u>			
occi,	on A. Governing body and Management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	$\overline{}$					
	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.			,			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		,			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<u>√</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓			
6							
7a	one or more members of the governing body?						
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	✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	1				
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		1			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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.	1					
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	✓	<u> </u>			
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	✓				
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		1			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		1			
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?	16h					
Secti	on C. Disclosure	16b		L			
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 available for public inspection. Indicate how you made these available. Check all that apply.	า 501((c)(3)s	only)			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	Э				
	Organization: ► Rarbara Vandorloost, 1711 Hoinzo Drivo, Pacino, WI 53406						

Part VII	Compensation of Officers, Direct	ors, Trustees, Key Employees	s, 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 orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles	s pe	rson	than one that the thick th	an (ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David Webster - President	2									
3817 Contessa Court, Sturtevant, WI 53177	ļ	✓	<u> </u>	✓	<u> </u>			0	0	0
(2) Steve Nichols - Vice President	1 1			١.			ĺ			
506 Sara Lane, Racine, WI 53402		✓	<u> </u>	1				0	Ó	0
(3) Reilly Hage - Secretary	2			١ ـ			l			
713 Imperial Drive, Racine, WI 53402		/		✓	_	ļ	<u> </u>	0	0	0
(4) Randy Friesema - Treasurer	5			١.						
105 Indiana Street, Racine, WI 53405		✓	lacksquare	✓	L	ļ	<u> </u>	0	0	0
(5) Steve Martin	2	1					1			
6330 Kinzie Avenue, Racine, WI 53405		/	<u> </u>	L				0	0	0
(6) Al Hafeman	11]			ĺ					
3860 Debby Lane, Franksville, WI 53126	ļ	✓	<u> </u>			<u> </u>		0	0	0
(7) Andrew Vallejos	11]								
809 Cleveland Avenue, Racine, WI 53405	<u> </u>	✓						0	0	0
(8) Scott Brauer	11				i					
15231 Kingston Way, Franksville, WI 53126		✓						0	0	0
(9) Tim Joosse	11]								
4232 Garden Drive, Racine, WI 53403		✓					<u>l</u>	0	0	0
(10)		-								
(11)				<u> </u>	<u> </u>		<u> </u>			
(12)										
(13)		-								
(14)				\vdash	\vdash	-				

Part	Section A. Officers, Directors, Trust (A)	ees, Key E (B)			(0 Pos	C) ition			compensated E	imployees (d (E)	continu		(F)	
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, of lindividual	unles	s pe	rson	e than of the state of the stat	n an	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensation related organizatio (W-2/1099-M	ortable sation from amou ated czations (99-MISC) compet from organic and re		mated ount of ther	ı
(15)							<u>a</u> _							
(16)			·					-						
(17)							-					-		
(18)								ļ <u>.</u>						
(19)									-					
(20)				-										
(21)						-		-						
(22)			 		 	-								
(23)														
(24)														
(25)			-							-				
1b c d	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section		· ·		•	· ·	> > >	0		0			0
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w		'		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	ployee, or high	nest compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000)? /	f "Ye	es, "	complete Sci					1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	fro	m an	y ur	nrelated organi					<i>'</i>
Section	on B. Independent Contractors													<u></u>
1	Complete this table for your five highest compensation from the organization. Repear.													ax
	(A) Name and business add	dress							(B) Description of	services		(C) Compens	ation	
None								1						
			-					+-		<u> </u>				
		<u> </u>							· · · · · · · · · · · · · · · · · · ·					
2	Total number of independent contractor							o ti	hose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the c	rga	nıza	tion	▶		0					

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a resp	onse to any quest	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c					
tions, Gif er Similar	d e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,					
Contribu and Oth	g h	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	125,362	125,362			
			Business Code				
Program Service Revenue	2a b	Tuition	611600	582,271	582,271		
ည်	С						
Ser	d						
툹	е						
g	f	All other program service revenue.					
4	g	Total. Add lines 2a-2f		582,271			.,
	3	Investment income (including dividend other similar amounts)	▶	42,709	42,709		
	4	Income from investment of tax-exempt to					
	5	Royalties					
	_	(i) Real	(ii) Personal	İ			
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	•				
evenue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18	a 7,900				
ō	i		b 4,291				
		Net income or (loss) from fundraising Gross income from garning activities.		3,609			
	L	See Part IV, line 19					
		Less: direct expenses	b tivities ▶				
	102	Gross sales of inventory, less					
		returns and allowances	a				
	b	•	b				
	<u>c</u>	Net income or (loss) from sales of in					
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a						
	b						
	C	All all and an arrangement of the state of t					
	d	All other revenue	L	<u> </u>			-
	l .	Total Add lines 11a-11d			****	 	
	12	Total revenue. See instructions	▶	i 753.951i	624.980		I

Form 990 (2012) Page 10 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). Check if Schedule O contains a response to any question in this Part IX . (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. general expenses expenses 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 . . . 17,000 17,000 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 27,771 479,151 451,380 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 14,929 14,929 9 Other employee benefits 73,795 73,795 10 Payroll taxes 3,425 35,713 32,289 11 Fees for services (non-employees): Management а Legal b С Accounting 7,153 7,153 Lobbying d Professional fundraising services. See Part IV, line 17 e Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion . 5,950 5,950 13 Office expenses 26,838 26,838 14 Information technology 630 630 15 Royalties 16 69,947 Occupancy 69,947 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,780 3,780 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 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.)

11,225

5,250

25,413

776,775

11,225

5,250

19,160

732,172

6,253

44,603

Textbooks

b

C

e

25

Teacher Training

All other expenses Miscellaneous

Total functional expenses. Add lines 1 through 24e

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

I if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year	_	(B) End of year
	1	Cash—non-interest-bearing	224,239	1	219,806
	2	Savings and temporary cash investments	8,396	2	8,025
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	_
	5	Loans and other receivables from current and former officers, directors,	·		
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	<u> </u>	5	
S	6	Loans and other 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). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	-
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment: cost or			
	ь	Less: accumulated depreciation	825,940	100	825,940
	11	Investments—publicly traded securities	701,373		683,354
	12	Investments—other securities. See Part IV, line 11	701,373	12	003,334
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	•
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,759,948		1,737,125
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	1,000		1,000
	24	Unsecured notes and loans payable to unrelated third parties	1,000	24	1,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			<u> </u>
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,000	26	1,000
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	1,056,674	27	1,010,668
Bal	28	Temporarily restricted net assets		28	
ਣੂ	29	Permanently restricted net assets	703,274	29	726,457
ᆵ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ☐			
5		complete lines 30 through 34.	-		
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĭ,	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	1,758,948		1,736,125
	34	Total liabilities and net assets/fund balances	1,759,948	34	1,737,125

Page 12	Page	12
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					3-	_
Part						
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		. [<u>」</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			753,9	<u>51</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			776,7	<u>75</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			(22,82	:3)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,758,9	48
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1	,736,1	25
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				. <u>[</u>	ユ
				Ye	s No	<u> </u>
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	(plain i	ın 📗	1		
	Schedule O.		1			,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	ı	<u>'</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or 🗀			_
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2l	<u> </u>	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:					i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			-		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of			-	İ	
	of the audit, review, or compilation of its financial statements and selection of an independent acco	untant1	? 20	>	<u>′ </u>	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	ın			
	Schedule O.				_	,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın			
	the Single Audit Act and OMB Circular A-133?		. 3	3	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits	31)		
			F	orm 9	90 (20	12)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Racin Par			tian Instruction	rity Status (All orga	nizations	must o	omploto	thic par	+ \ Soo i	39 093			
				ition because it is: (Fo			<u>-</u>			ristructio	115.		
1 2 3	□ A ☑ A	church, con school desc	vention of church ribed in section	hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza	churches h Schedu	describe	ed in sec	tion 170(b)(1)(A)(i)-			
4	□ A ho	medical rese ospital's nam	earch organizatione, city, and state	on operated in conjunc e:	ction with	a hospita	al descri	oed in se	ction 170				
5	se	ection 170(b)(1)(A)(iv). (Com	•	_	_				vernment	al unit c	lescrit	oed in
6 7	☐ Ar	n organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	n the ge	neral	public
8	□ A	community 1	rust described i	n section 170(b)(1)(A))(vi). (Con	nplete Pa	rt II.)						
9	re su	ceipts from upport from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions—sub lated bus	oject to d siness tax	ertain e kable ind	come (les	s, and (2) ss sectio	no more	than 3	3¹/₃%	of its
10 11	☐ Ai pi 50	n organization organization of one of	on organized and one or more publick the box that or	operated exclusively of operated exclusive olicly supported organ describes the type of	ely for th nizations o supportin	e benefit described g organiz	t of, to of the sect tation an	perform t ion 509(a d comple	the funct a)(1) or se te lines 1	tions of, of ection 509 11e throug	9(a)(2). S gh 11h.	See s €	ection
e	☐ By of or	ther than four section 509	ndation manage (a)(2).	that the organization ers and other than one	is not coi e or more	ntrolled deputies publicly	lirectly or support	r indirectl ed organi	y by one zations o	described	dısqualıf in secti	ied pe on 50	ersons 9(a)(1)
f	10	rganization, o	check this box .								e III su	pporti 	ng · 🔲
g	fo	llowing pers	ons?	he organization accep		_			-				
	(i)			ndirectly controls, eithody of the supported of							11g(i	Yes	No
		_		on described in (ı) abo							11g(i	i)	<u> </u>
h	-	-	•	a person described in on about the support							11g(ii	i)	
(i)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the orga	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(vii) Amou s	int of m upport	onetary
		<u> </u>		-	Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
			1	I	i	1	1	1	1	1	i		

Total

Part							-
	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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>				
	on B. Total Support			1	T		1
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carned on		ļ			-	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	<u></u>
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere	<u></u>				
	on C. Computation of Public Suppo		<u> </u>			T 44 1	
14	Public support percentage for 2012 (line		-			14	<u>%</u>
15 16a	Public support percentage from 2011 Sci 33¹/3% support test—2012. If the organi box and stop here. The organization qua	ization did not	check the box	on line 13, an	nd line 14 is 33	1/3% or more,	check this
b	331/3% support test—2011. If the organicheck this box and stop here. The organic	nization did n	ot check a bo	x on line 13 o	or 16a, and line		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	ets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zatıon qualifies	nd stop here. as a publicly:	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	ition meets th	e "facts-and-c ts-and-circums	ercumstances' stances" test.	' test, check t The organization	his box and son the son qualifies as	top here. a publicly
18	Private foundation. If the organization d						_

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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	1.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨 🛭	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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						
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
	on B. Total Support						
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	n's first, secon				
Secti	on C. Computation of Public Suppor	t Percentag	je <u> </u>				
15	Public support percentage for 2012 (line 8						%
16 Socti	Public support percentage from 2011 Sch				· · · · ·	16	<u>%</u>
	on D. Computation of Investment Inc			v lpo 12 ostr	mp (fl)	17	
17 18	Investment income percentage for 2012 (Investment income percentage from 2011)			-			<u>%</u>
18 19a	331/2% support tests—2012. If the organi 17 is not more than 331/2%, check this box	zation did not	t check the box	k on line 14, a	nd line 15 is n	nore than 331/3	%, and line
b	331/3% support tests—2011. If the organiz line 18 is not more than 331/3%, check this l	ation did not o	check a box on	line 14 or line	19a, and line 16	6 is more than	33 ¹ /3%, and
~~	Private foundation If the organization di						

	Form 990 or 990-EZ) 2012 Supplemental Information Complete this part to provide the evalenations required by Part II. line 10:	Page 4
Part IV	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).	
		-

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization **Employer identification number** Racine Society For Christian Instruction Part I 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 1 Total number at end of year 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 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 Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ 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 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, 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 XIII, 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

Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar Ass	iets (coi	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of the	follov	ving that are a sig	gnificant	use of its
а	☐ Public exhibition		d [Loan	or exchang	e progi	rams		
b	☐ Scholarly research								
С	☐ Preservation for future generations	S							
4	Provide a description of the organizar		and expla	in how th	hey further t	the org	anization's exem	pt purpo	se in Part
	XIII.		•		•	•	•		
5	During the year, did the organization	solicit or receive	donations	of art.	historical tre	easure	s. or other simılaı	r	
_	assets to be sold to raise funds rather								s 🗌 No
Part			•						
, en	line 9, or reported an amour				aLatioi.			000,	,
	Is the organization an agent, trustee				or contributi	ons or	other assets no	· · · · · · · · · · · · · · · · · · ·	
								_	s 🗌 No
h	If "Yes," explain the arrangement in P								3 🗀 110
þ	ir res, explain the arrangement in P	art Alli allu compi	ere rue ioi	lowing ta	abie.		Δn	nount	
_	Decimana halanaa					4.			
C	Beginning balance					10		<u> </u>	
d	5 5					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou								s 🗌 No
	If "Yes," explain the arrangement in P								
Par	V Endowment Funds. Compl								
		(a) Current year	(b) Pno	r year	(c) Two year	s back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance	703,274		677,764	6	48,573	622,254		589,218
b	Contributions	29,519		28,269		30,492	31,799		39,102
С	Net investment earnings, gains, and								
	losses	42,681	:	45,500		39,985	37,520		35,919
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs	45,793		42,000		41,000	40,500		40,247
f	Administrative expenses	3,224		6,260	· ·	286	· · · · · · · · · · · · · · · · · · ·	1	1,738
g	End of year balance	726,457	• 	703,274		77,764	<u> </u>		622,254
2	Provide the estimated percentage of						<u> </u>	· · · · · · · · · · · · · · · · · · ·	,
a	Board designated or quasi-endowme	-	%	· (,,	,,			
b	Permanent endowment ▶	100%	′ ັ						
c	Temporarily restricted endowment ▶								
•	The percentages in lines 2a, 2b, and		10%						
3a	Are there endowment funds not in the			zation th	at are held	and ad	Iministered for the	.	
-	organization by:	. о россооног с. к	o.ga						Yes No
	(i) unrelated organizations							3a(i)	✓
	(ii) related organizations							3a(ii)	1
h	If "Yes" to 3a(ii), are the related organ							3b	- *
ь 4	Describe in Part XIII the intended use							30	
Par		1				4.3	A	4-0.0	
	Description of property	(a) Cost or o		· ·	or other basis other)		Accumulated epreciation	(d) Bool	c value
1a	Land		75,000						75,000
b	Buildings		750,940				0		750,940
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	Add lines 1a through 1e. (Column (d)	must equal Form 9	990, Part 2	K, columi	n (B), line 10)(c).)	•		825,940

Part VII	Investments—Other Securities	. See Form 990, Part X	, line 12.	
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	al derivatives			
_	-held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)			· · · · · · · · · · · · · · · · · · ·	
(G)				
(H)				
(I)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments – Program Related	J. See Form 990, Part	K, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)		·		
(5)				
(6)				· · ·
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.	······	
		a) Description	(b) B	ook value
(1)				
(2)				
(3)				
(5)				
(6)		····		
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, o		· · · · · · · · · · · >	
Part X	Other Liabilities. See Form 990	, Part X, line 25. (b) Book value		
1. (1) Fodor	(a) Description of liability al income taxes	(b) Book value		
(2)	al income taxes		_	
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	n (b) must equal Form 990, Part X, col (B) line 25.)	1		
			organization's financial statements that reports the of the footnote has been provided in Part XIII.	e organization's
nationity 101	andonam tax positions under 1 114 40 (ASC	. 10). OHOUR HEID II LIE LEAL	or are received mas been provided in rear All	<u>···</u>

Schedui	e D (Form 990) 2012		Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Retu	
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		
C	Recoveries of pnor year grants		
d	Other (Describe in Part XIII.)		
e	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:		· I
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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	XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Re	turn
1	Total expenses and losses per audited financial statements	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
đ	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	<u> </u>
	XIII Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa		
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	prov	de any additional
ınform	ation.		
The in	tended use of the Endowment Fund is to lower tuition cost for all students by using the investment income	to off	set operational
costs	of the school		
End of	Part XIII		

SCHEDULE E (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

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

Schools

OMB No. 1545-0047

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Racine Society For Christian Instruction

39 0932603

 Does the organization have a racially nondiscriminatory policy toward bylaws, other governing instrument, or in a resolution of its governing beto described by the organization include a statement of its racially nondiscriminate brochures, catalogues, and other written communications with the put programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy threading the period of solicitation for students, or during the registration put in a way that makes the policy known to all parts of the general condescribed if "No," please explain. If you need more space, use Part II. Advertisements state that the school does not discriminate based on race. 	atory policy toward students in all its iblic dealing with student admissions,	3	YES	NO
 bylaws, other governing instrument, or in a resolution of its governing both the organization include a statement of its racially nondiscriminal brochures, catalogues, and other written communications with the put programs, and scholarships?	atory policy toward students in all its iblic dealing with student admissions,	3	✓	
brochures, catalogues, and other written communications with the put programs, and scholarships?	rough newspaper or broadcast media period if it has no solicitation program, ommunity it serves? If "Yes," please	3		
Has the organization publicized its racially nondiscriminatory policy thre during the period of solicitation for students, or during the registration period in a way that makes the policy known to all parts of the general condescribe. If "No," please explain. If you need more space, use Part II. Advertisements state that the school does not discriminate based on race. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, a Records documenting that scholarships and other financial assistance.	rough newspaper or broadcast media benod if it has no solicitation program, ommunity it serves? If "Yes," please	3		
during the period of solicitation for students, or during the registration p in a way that makes the policy known to all parts of the general co- describe. If "No," please explain. If you need more space, use Part II Advertisements state that the school does not discriminate based on race. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, a Records documenting that scholarships and other financial assis	penod if it has no solicitation program, ornmunity it serves? If "Yes," please		1	
Advertisements state that the school does not discriminate based on race. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, a Records documenting that scholarships and other financial assis	and administrative staff?			
Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, a Records documenting that scholarships and other financial assis	and administrative staff?			
Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, a Records documenting that scholarships and other financial assis	and administrative staff?			1
Records documenting that scholarships and other financial assis		1 40	/	
		4a 4b	\ \ \	-
Copies of all catalogues, brochures, announcements, and other written with student admissions, programs, and scholarships?		4c	1	
Copies of all material used by the organization or on its behalf to solicit	contributions?	4d	1	Г
Does the organization discriminate by race in any way with respect to:		-		
Students' rights or privileges?		5a 5b		\ \ \
Employment of faculty or administrative staff?		5c		1
Scholarships or other financial assistance?		5d		1
Educational policies?		5e	_	1
Use of facilities?		5f		_
Athletic programs?		5g	<u> </u>	1
Other extracurricular activities?		5h	<u> </u>	1
a Does the organization receive any financial aid or assistance from a gov	vernmental agency?	6a		,
b Has the organization's right to such aid ever been revoked or suspender		6b	 	+7

chedule E (F	orm 990 or 990-EZ) (2012) Page 2
Part II	Supplemental Information. 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).
	

SCHEDULE (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

% □

Employer identification number √ Yes 39 0932603 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Racine Society For Christian Instruction Department of the Treasury Internal Revenue Service Name of the organization Partl

Part II		sistance to Go	vernments and	Organizations i	n the United St	tates. Complete	is and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,	ered "Yes" to Form 990,
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed.	recipient that	received more th	an \$5,000. Part	Il can be duplica	ated if additional	space is needed.	
-	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ξ								
(2)								
(3)								
3						:		
(2)						:		
(9)								
3								
(8)								
6								:
(10)								
(11)								
(12)								
04 60	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	vernment organizat in the line 1 table	ions listed in the	ine 1 table			A A
, 유	For Paperwork Reduction Act Notice, see the Instructions for Form	ee the Instruction			Ö	Cat. No. 50055P		Schedule I (Form 990) (2012)

Page 2 art IV, line 22.	(f) Description of non-cash assistance								her additional							
շ Form 990, Pն									(b), and any otl							
n the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	(e) Method of valuation (book, FMV, appraisal, other)								to provide the information required in Part I, line 2, Part III, column (b), and any other additional and the radditional third party organization.							
plete if the organiz	(d) Amount of non-cash assistance								required in Part I	Ġ.	nce.					
nited States. Com	(c) Amount of cash grant	17,000							vide the information	v funds will be allocate	esponsible for the bala					
idividuals in the U		14							ete this part to provente prov	hool to determine hov	ınt and the family is re				1	
Grants and Other Assistance to Individuals in	(a) Type of grant or assistance	1 Need based tuition assistance							Part IV Supplemental Information. Complete this part to provide the information. Information. Individual family financial need assessment is done by an independent third party organization.	This unbiased third party assessment is used by the school to determine how funds will be allocated.	Awarded funds are credited to the family's tuition account and the family is responsible for the balance.					
Schedule I (Form 990) (2012) Part III Grants a		1 Need base	8	8	4	5	9	7	Part IV Sin	This unbiased t	Awarded funds		111111111111111111111111111111111111111			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Employer identification number

39 0932603

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Racine Society For Christian Instruction

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.

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. proposed Constitution Ammendment).
Part VI Section B Item 11b - The Form 990 is reviewed by the Treasurer and Finance Committee before submittal, it is also available for review 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 conflict
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 the 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 organization's 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.
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End Of Schedule O