

. 990 Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

➤ Do not enter social security numbers on this form as it may be made public.

2017

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	, , , , , , , , , , , , , , , , , , , 	2011 0010	nual year, or tax year beginning , 2017, and ending			, 20						
В												
	Address change Doing business as 39-1087210											
	Name c	hange	E	E Telephone number								
	Initial ref	turn	1		262-637-8377							
$\overline{\Box}$	Final retu	rn/terminated										
H	Amended return RACINE, WI 53402 G Gross receipts \$ 8,127,238											
H		tion pending	F Name and address of principal officer									
لسا	Applicat	ton bearing	\ \			subordinates ⁹ Yes No						
			ESSIE ALLEN 2113 NORTH WISCONSIN STREET, RACINE, WI 53402	- 1		s included? Yes No						
<u> </u>		mpt status	✓ 501(c)(3)	-		a list (see instructions)						
<u>J</u>	Website		w rkcaa org	H(c) Group ex								
		organization	✓ Corporation Trust Association Other ► 1 L Year of formation	n 1966	M State	of legal domicile WI						
2	art I	Summ										
	1	Briefly di	escribe the organization's mission or most significant activities. To impri	ove lives by p	rovidin	g quality programs						
ce	1	and inno	vative solutions for individuals and families									
Activities & Governance	1											
ē	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of	more than 2	5% of	its net assets						
ó	3	Number	of voting members of the governing body (Part VI, line 1a)		3	17						
ತ	4		of independent voting members of the governing body (Part VI, line 1b)		4	17						
es	5		mber of individuals employed in calendar year 2017 (Part V, line 2a)	, ,	5	66						
Κį	6		mber of volunteers (estimate if necessary)		6							
Ę	7a		elated business revenue from Part VIII, column (C), line 12		7a	59						
~	1		lated business taxable income from Form 990=T, line 34		7b	66,807						
	b	Net unite		Prior Year		Current Year						
		C = =4b										
æ	8		tions and grants (Part VIII, line 1h) AAY 24 2318	7,8	33,251	7,835,138						
en/	9	_			69,700	69,918						
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d), -0,		172	324						
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,385	66,807						
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,7	38,508	7,972,187						
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	2,7	44,198	3,189,783						
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		O	0						
ç	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	3.8	68,241	3,785,360						
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0	0						
be	ь		draising expenses (Part IX, column (D), line 25) ▶	3 - 3 - 3	J. J. J.	は野は大きの						
Ä	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		00,146	943,684						
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		12,585							
	19		less expenses Subtract line 18 from line 12		25,923							
- 43		. 10 0 0 1 1 0 0		ginning of Curre		End of Year						
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)									
Asse Bala	21				14,404							
E et	21		ulities (Part X, line 26)		42,807	1,328,649						
_			ts or fund balances Subtract line 21 from line 20	3	71,597	424,957						
	art II		ture Block									
			iry, I declare that I have examined this return, including accompanying schedules and statem lete Declaration of preparer (other than officer) is based on all information of which preparer h			my knowledge and belief, it is						
		T, and comp	lete Declaration of preparer (over than officer) is based on an information of which preparer	as any knowled								
C:-												
Sig		Sign	ature of officer	Date	Al.	12018						
He	re	1 二	Essie Allen CEO		"	3/00.0						
			e or print name and title									
Pa	id	Print/Ty	pe preparer's name Preparer's signature Date	$I = I_{-}$	Check	If PTIN						
	epare	r 1/0	y 2. Marine, CPA To EMano, CPA 5	114/18	self-em							
	e On		ame Baker Tilly Virchow Krause, LLP	Firm's	EIN ▶	39-0459910						
			ddress > 777 E Wisconsin Ave. 32nd Floor Milwaukee, W1 53202-53	13 Phone	no 4	14-277-5500						
Ма	y the IF		s this return with the preparer shown above? (see instructions) .			. Yes No						
For	Paperv	work Redu	ction Act Notice, see the separate instructions. Cat No	11282Y		Form 990 (2017)						

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To improve lives by providing quality programs and innovative solutions for individuals and families.

	Did the executation undertake any cignificant program continue dument the year which were not that do us
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,141,164 including grants of \$ 2,486,309) (Revenue \$ 23,443)
	WEATHERIZATION:
	THE WEATHERIZATION ASSISTANCE PROGRAM PROVIDES SERVICES TO LOW AND MODERATE INCOME RACINE AND KENOSHA
	COUNTY RESIDENTS. THE FOCUS OF THE PROGRAM IS TO REDUCE ENERGY CONSUMPTION, EDUCATE CUSTOMERS IN
	ENERGY CONSERVATION TECHNIQUES AND HELP IMPROVE THE HEALTH AND SAFETY OF RESIDENTIAL BUILDINGS WHILE UTILIZING MECHANICAL MEASURES, INSPECTION, AND QUALITY ASSURANCE. SERVICES MAY CONSIST OF INSULATION, PIPE
	WRAP, HEATING SYSTEM REPAIR OR REPLACEMENT, REFRIGERATOR UPGRADE WITH ENERGY STAR PRODUCTS AND AIR
	SEALING. SERVICES ARE PROVIDED CONTINUOUSLY THROUGHOUT ALL TWELVE MONTHS OF THE YEAR. 1,024 INDIVIDUALS IN
	485 HOUSEHOLDS WERE SERVED IN 2017.
	(Code:) (Expenses \$ 1,767,939 including grants of \$ 660,733) (Revenue \$ 6,080)
	NUTRITION AND FOOD SECURITY:
	THE WOMEN, INFANTS AND CHILDREN PROGRAM (WIC) PROVIDES FOOD AND NUTRITION INFORMATION TO HELP KEEP PREGNANT AND BREASTFEEDING WOMEN, INFANTS, AND CHILDREN UNDER FIVE YEARS OF AGE HEALTHY AND STRONG.
	CLINICS ARE SUPPORTED TO MEET THE NEEDS OF PARTICIPATING INCOME ELIGIBLE KENOSHA FAMILIES. IN 2017, AN
	AVERAGE OF 3,614 INDIVIDUALS PARTICIPATED IN WIC EACH MONTH. FOOD SECURITY PROGRAMS HAVE INCREASED ACCESS
	TO SAFE, NUTRITIOUS, AND LOCALLY GROWN FOOD FOR LOW INCOME FAMILIES AND SENIOR CITIZENS IN RACINE AND
	KENOSHA COUNTIES. THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) DISTRIBUTED OVER 878,000 POUNDS OF FOOD
	AND LEVERAGED OVER 2.41 MILLION POUNDS DISTRIBUTED BY PARTICIPATING FOOD PANTRIES TO FAMILIES IN NEED IN
	RACINE AND KENOSHA. CUPBOARD BOUND DISTRIBUTED 12,536 BOXES OF NUTRITIOUS FOOD AND LOCALLY GROWN
	PRODUCE TO RACINE LOW INCOME SENIOR CITIZENS. SENIOR FRUIT & VEGETABLE VOUCHER PROJECT PROVIDED 469
	KENOSHA SENIOR CITIZENS WITH LOCALLY GROWN FRESH PRODUCE. HOLIDAY FOOD BASKET DISTRIBUTED 860 BASKETS TO
4c	RACINE FAMILIES, SENIOR CITIZENS AND DISABLED INDIVIDUALS. (Code:) (Expenses \$ 333,559 including grants of \$ 7,596) (Revenue \$ 27,442)
	HEALTHY FAMILIES:
	HEALTHY FAMILIES PROGRAMS PROVIDE SERVICES TO LOW INCOME FAMILIES TO PROMOTE HEALTHY INTERACTIONS,
	RELATIONSHIPS, AND LIFESTYLES. INITIATIVES INCLUDE FATHER INVOLVEMENT, BREASTFEEDING, HEALTH INSURANCE,
	BLOOD LEAD TESTING, AND SEXUAL RESPONSIBILITY.
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	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 465,178 including grants of \$ 35,145) (Revenue \$ 12,953)
4e	Total program service expenses ►

ABPI M O

Part	V Checklist of Required Schedules			7
			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	✓	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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, 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 ⁹ 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	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
	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	10	,	
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	12a 12b	•	√
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		→
	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		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>·</u> ✓
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		<u>·</u> ✓
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		<u>·</u> ✓
	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		<u>·</u> ✓

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals 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			l
	employees? If "Yes," complete Schedule J	23	ŀ	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 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		1
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		_	<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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,			
ZI	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,	15241	Parties.	. Hav. 1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	. 其连		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		-
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	28b		1
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		<u> </u>	
	conservation contributions? If "Yes," complete Schedule M	30	ŀ	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
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			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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.	35b		
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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			4
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		. [
			Yes	No
1a		15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	이		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	72222		
2a	Enter_the_number_of_employees_reported_on_Eorm_W-3,_Transmittal_of_Wage_and_Tax_	1c	/	12850
				28
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	6 2b	/	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	4.317	The state of
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	132
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		Ť	├-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		1512	17.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
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		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		,	,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	 	✓
	gifts were not tax deductible?	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).	THE SECOND	ÇEÇAN	zalej.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Blemik	· Lakiti
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ť
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	K-O		1276 1476
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
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	(462 Y2b-4)	9 <u>. 191</u> 342
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			1000
9	Sponsoring organizations maintaining donor advised funds.	8	THE LAND	Ports f. f.r.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	13.3	
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	M		330.74
11	Section 501(c)(12) organizations. Enter		liffi.	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		THE S	
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3725, 389 5	Per Proban
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	翻翻		Hill
	Section 501(c)(29) qualified nonprofit health insurance issuers.	图线路		334
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Mar Can	1.1268
b	Enter the amount of reserves the organization is required to maintain by the states in which	機網		
	the organization is licensed to issue qualified health plans	植物		插
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	3F 99 3c. 7	√ √
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	s in Schedule O.	See ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI				. 🗹
Secti	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 1			
b 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 any other officer, director, trustee, or key employee?		7 11 2		₹ /
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 98 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? elect or appoint	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b	_	√
8	Did the organization contemporaneously document the meetings held or written actions until the year by the following:	dertaken during			
а	The governing body?		8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	t be reached at	8b		√
Secti	on B. Policies (This Section B requests information about policies not required by the			ide.)	<u> </u>
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			T.II	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the processing describe in Schedule O how this was done		12c	1	
13	Did the organization have a written whistleblower policy?		13	✓	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	nd approval by and decision?	14		
a b	The organization's CEO, Executive Director, or top management official		15a 15b	√ √	
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 simil with a taxable entity during the year?	ar arrangement	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	to evaluate its safeguard the			
	organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b		
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar available for public inspection. Indicate how you made these available. Check all that apply.		501(0	:)(3)s	only)
19	Own website Another's website Upon request Other (explain in School Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.		erest p	olicy	, and
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords:	>	

Laura Brown, CFO, 2113 North Wisconsin Street, Racine, WI 53402, 262-637-8377

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

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

Check this box if neither the organization	nor any relate	d org	anız			ompe	nsa	ated any currer	t officer, directo	r, or trustee.
	İ	İ		(6	C)					
(A)	(B)	(do s	Position (do not check more than one					(D)	(E)	(F)
Name and Title	Average					e trian d i is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	irect	or/trust	tee)	compensation	compensation from	
	hours for	유표	lns:	Officer	G G	BH	Former	the	related organizations	other compensation
	related	livid	trtut	Cer	en	ploy	Her	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trustee	ļ	Key employee	e co	,	(W-2/1099-MISC)		organization and related
	line)	ast.	2		8	npe	l			organizations
		8	stee			Highest compensated employee	l			
	- 			-	-	e.	-	<u> </u>		
(1) Nyles Jackson	1									
President		✓		✓				0	o	0
(2) Marcia Banke	11		•							
Vice-President		>		✓					0	0
(3) Teri Jacobson	11							ļ		
Treasurer		✓		✓	L	L	L	0	0	0
(4) Carmen Ayers	11		l i							
Secretary		✓		✓			_	0	0	0
(5) Waleed Ahmad	111							1		
Board Member		✓						0	0	0
(6) Yusuf Buckley	11					{		Į		
Board Member		✓			L			0	0	0
(7) Joseph Cardinallı	11]						İ	
Board Member		✓		-				0	0	0
(8) Karl Erickson	11	,						ļ	, i	
Board Member		✓_	-	-	<u> </u>	<u> </u>	_	0	9	0
(9) Gary Flynn	11	,					ŀ			
Board Member		✓					-	0	<u>0</u>	0
(10) Melissa Kaprelian-Becker	11	1				} {		1		
Board Member			Н			\vdash	-	0		0
(11) Melissa Lemke	1	1						١ .		
Board Member (12) Jan Michalski	 	<u>_</u>			_			0	0	0
E1		1								•
Board Member (13) Dominique Pritchett	1		_				-	0	0	0
Board Member		1							0	•
(14) Travis Richardson	1		\vdash	\vdash	-		\vdash			0
	-	1						٥	o	^
Board Member			ш	لـــا	لـــا		لـــا		- 0	0

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, aı	nd F	lighe	st C	ompensated E	mployees (co	ntinued)	
					•	C)						
	(A)	(B) Position (do not check more than						000	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportable		Estimated
		hours per week (list any	—	er and	_	_	or/trus		compensation from	compensation for related	mo	amount of other
		hours for	일필	Inst	Officer	Key employee	en H	Former	the	organizations	3 0	compensation
		related	l rec	ğ	Ger	g	bloy	l mer	organization (W-2/1099-MISC)	(W-2/1099-MIS	' I	from the
		organizations below dotted	학	ona		탕	8 8	ļ	(44-271099-141130)	}		organization and related
		line)	Individual trustee or director	Institutional trustee		è	nper	ì	i	}		organizations
			8	stee			Highest compensated employee			ļ		
(15) R	obert Strausser	1				-	Ī	\vdash				
Board	Member		1			L	<u> </u>		0		0	
(16) A	ntoinette Tolefree-Campbell	11						l				
Board	Vlember	<u> </u>	/						0		0	
(17) V	ermetrias Warner	11		1			:					
Board	Vlember	ļ	✓			_		<u> </u>	0		0	0
(18) E	ssie Allen	40				i						
Chief E	xecutive Officer						✓	<u> </u>	117,333		_0	14,352
(19) L	aura Brown	40					,					
	inancial Officer					ļ	_	.	101,390		0	17,808
	incent Montgomery	40					,					
_	rization Program Director	ļ			-		√	-	102,472		_0	13,312
(21)												
(00)		ļ.—			-							
(22)												
(00)		 -		\vdash	-	-						
(23)												
(24)		 				\vdash					\rightarrow	
124)											İ	
(25)		 				\vdash						
120)												
1b	Sub-total	L			•	<u>.</u>			321,195		 	45,472
	Total from continuation sheets to Part		n A					▶				
	Total (add lines 1b and 1c)							▶	321,195			45,472
2	Total number of individuals (including but							W (غ			.000 of	
	reportable compensation from the organi							,	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
												Yes No
3	Did the organization list any former of							emp	loyee, or high	est compens	ated 🕎	600 小家 小家妈
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	indi	vidu	ıal .				. [3 🗸
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater that	an \$1	50,	000	? If	"Yes	s,"	complete Sch	edule J for s	such	
	indıvidual			•			•					4 🗸
5	Did any person listed on line 1a receive of	r accrue co	mper	nsat	ion	fror	n any	uni	related organiz	ation or indivi	1	增加。
	for services rendered to the organization	? If "Yes," c	ompl	ete :	Sch	edu	le J f	or s	uch person .	· · · ·	<u></u>	5 🗸
Sectio	n B. Independent Contractors											
1	Complete this table for your five highest of											
	compensation from the organization. Rep	ort comper	nsatio	n to	or tn	ie ca	alend	ar y	ear ending with	n or within the	organiz	ation's tax
	year.											
	(A) Name and business add	roce							(B) Description of se	nuces		(C) pensation
					_					NVICES -		
	NSIN FUEL AND HEATING INC: 5609 49th SI						_	_	atherization			498,919
	DABLE COMFORT HEATING AND COOLING								atherization			450,551
	ERIZATION SERVICES LLC: 1101 W Layton					1			atherization			399,659
	HEATING AND COOLING LLC: PO Box 813								atherization			281,815
	APPLIANCE INC: 10301 Enterprise Way, St Total number of independent contracto	urtevant, W	5317	/ + n/	ot B	mi+			atherization	wo) who	F174253	141,625
2	received more than \$100,000 of compens							U IV		WE) WITO E	建筑	
	1000, voc more than \$ 100,000 or compens		3.1	3-111					6	F.8-25	O.F. 25. 4 255	Form 990 (2017)
												. 5 556 (2011)

Form **990** (2017)

Par	Viii	Statement of Reve	enue								
ı aı		Check if Schedule O contains a response or note to any line in this Part VIII									
Tear-	5216F9	Oneck ii Sonecule C	Comains a res	ponse of note t			(C)	· · · · · · · · · · · · · · · · · · ·			
					(A) Total revenue	(B) Related or	(C) Unrelated	Revenue			
						exempt function	business revenue	excluded from tax under sections			
	1523	是表现的主义的	usista anta		r. desemble and dry well it can't	revenue	A Transport of the State of the	512-514			
s, Grants Amounts	1a	Federated campaigns									
ara ou	b	Membership dues .		.	医多种质						
	c_	_Eundraising-events—.				A designation					
Sift ar	ď	Related organizations	s <u>1d</u>								
S.E	е	Government grants (cor	ntributions) 1e	7,771,661							
io S	f	All other contributions, g	rifts, grants,								
bet The		and similar amounts not inc	luded above 1f	63,477							
وَ يَتِ	g	Noncash contributions include	ded in lines 1a-1f \$	667,950	The state of the s						
Contributions, Gifts, and Other Similar A	h	Total. Add lines 1a-1	•		7,835,138						
		101011/100 111100 12 1	' · · · · · · · · · · · · · · · · · · ·	Business Code	7,033,130	10-721-10-12					
ᇎ	2a	Weatherization Revenu	10		22.442	22.442					
ě	b	Nutrition Revenue	ne	624200	23,443			<u> </u>			
9		Community Services R		624210	6,080						
Σ̈́	C .	Community Services H	kevenue	624200	40,395	40,395					
လိ	đ	***************************************		<u> </u>		ļ		ļ			
am.	е	^		ļ							
Program Service Revenue	f	All other program ser		<u> </u>							
<u>-a</u>	g	Total. Add lines 2a-2			69,918						
	3	Investment income		ends, interest,							
		and other similar amo	ounts)	•	324			324			
	4	Income from investmen	t of tax-exempt b	ond proceeds ►							
	5	Royalties		. i ▶							
		•	(i) Real	(ii) Personal	AND THE PARTY OF T			and had a second			
	6a	Gross rents	221,858								
	b	Less: rental expenses	155,051								
	c	Rental income or (loss)	66,807								
	d	Net rental income or (<u> </u>	CC 007	in a live of the l	ELITATION OF CO.				
	7a	Gross amount from sales of	(i) Securities	(II) Other	66,807	and the little of the con-	66,807	The of Grenous as a Coloral			
	14	assets other than inventory	(,, 0000	(17 0 11 11							
)	L	Less cost or other basis									
	b										
		and sales expenses .									
	С	Gain or (loss)	L	l							
	d	Net gain or (loss) .	· · · · ·	<u> </u>	frame is to a company of the		d a hard same and the figure of	and the second to the second s			
م											
Ž	8a	Gross income from fu	ındraising								
Š		events (not including \$									
æ		of contributions reporte	ed on line 1c).				A SECTION				
ē		See Part IV, line 18 .	\cdots a								
Other Revenu	b	Less: direct expenses	s b								
١	С	Net income or (loss) fi	rom fundraising	events . ►							
Ì	9a	Gross income from ga	ımıng activities.		HARAGE HARAGE	ESTABLEMENT	THE PROPERTY.	HER WELL WELL			
		See Part IV, line 19 .									
- 1	b	Less: direct expenses									
	c	Net income or (loss) fr		vities		Cristanian in Contraction					
		Gross sales of in			aria de la companio della companio della companio de la companio della companio d	AND AND A SECURITY OF	PERMIT	Street Steward House Williams			
- 1		returns and allowance									
ļ	h		_								
	b	Less: cost of goods s		nton							
}	<u>c</u> _	Net income or (loss) fr		Business Code	édités de médites de la compansión de la	Adamoptes (ALLINETTER)	(3 t y - 7 tm - 4 tm - 2 mm -	- Control of the second			
}		wiscellaneous H	evenue	pusiness Code			waringer:	14970世紀1498			
- (11a			· · · · ·							
ļ	b										
	С										
1	d	All other revenue .									
	е	Total. Add lines 11a-	11d	🕨		WHEN THE					
	12	Total revenue. See in	etructions	▶ [7.070.407	50.040	00.007				

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 respon				<u>, , , , , , , , , , , , , , , , , , , </u>
Do no 8b, 9b	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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,189,783	3.189 783		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,.05,7.05	, , , , , ,		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				1945年內部 1945年
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	Other salaries and wages	2,846,879	2,191,862	525,562	129,455
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,988	128,840	36,243	8,905
9	Other employee benefits	551,339			
10	Payroll taxes	213,154			
11	Fees for services (non-employees):				
a	Management				
þ	Legal	5,788	5,788		0
C	Accounting	35,307	35,307		
q	Lobbying		was entired to the control of the control	100 Jan 100 Ta 48 Long Long Long Long Long Long Long Long	
e	Professional fundraising services. See Part IV, line 17		到可能的性的。 第		
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .	98,505	90,161		
12	Advertising and promotion	48,515			
13	Office expenses	54,617	41,396		T'
14	Information technology	8,378	6,950	1,154	274
15 16	Royalties	245.254	100 504	20.042	2 01 0
16 17	Occupancy	215,364			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	29,164	28,806	237	121
19	Conferences, conventions, and meetings .	64,543	61,800	918	1,825
20	Interest	7,094	4,964	1,786	344
21	Payments to affiliates		·		
22	Depreciation, depletion, and amortization .	68,913	63,609	4,459	845
23	Insurance	48,973	43,910	4,293	770
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.)				
	• •		ADMINONALARITA	ENGINE CHARLES	MANAGEMENT OF THE
a	Equipment Repairs and Maintenance	68,485	68,250		
b	Telephone and Internet WISCAP Dues	55,356	43,263 3,201		
c d	Other	11,432 123,250			
e	All other expenses Administration	123,230	707,959		
25	Total functional expenses. Add lines 1 through 24e	7,918,827	7,707,840		
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 following SOP 98-2 (ASC 958-720)	7,010,027	.,,,,,,,,,	55,	Fa 990 (1047)
_	- -				- 000

F	200 (0	2. T			,
_	n 990 (2 art X				Page 1
نا	aitA	Check if Schedule O contains a response or note to any line in this Pa	art Y		-
		Official in Concodic O contains a response of note to any line in this re	(A) Beginning of year	Ė	(B) End of year
	1	Cash—non-interest-bearing	90,962	1	216,25
	2	Savings and temporary cash investments	105,202		150,52
	3	Pledges and grants receivable, net	678,164	+	589,05
	4	-Accounts-receivable, net	26,363	+	21,27
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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	
Ä	8	Inventories for sale or use	277,895	_	170,23
	9	Prepaid expenses and deferred charges	119,181	9	68,19
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 1,869,152			
	b	Less: accumulated depreciation 10b 1,331,098	616,637	10c	538,05
	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	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,914,404		1,753,60
	17	Accounts payable and accrued expenses	514,812		435,44
	18	Grants payable		18	
	19	Deferred revenue	741,700		651,37
	20	Tax-exempt bond liabilities		20	
,	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	nermanikalisi di birinte	21	LANZ"Liensiske Writh this
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	242,869		201 421
	24	Unsecured notes and loans payable to unrelated third parties	242,009	24	201,43
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26		43,426	_	40,398
	20	Total liabilities. Add lines 17 through 25	1,542,807	26	1,328,649
Jces	~ =	complete lines 27 through 29, and lines 33 and 34.			
alaı	27	Unrestricted net assets	172,902		276,161
Ä	28	Temporarily restricted net assets	198,695		148,796
Net Assets or Fund Balances	29	Permanently restricted net assets		29 1111	
S	30	Capital stock or trust principal, or current funds	THE RESERVED TO SERVE AND ASSESSMENT OF THE PERSON OF THE	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Net	33	Total net assets or fund balances	371,597	33	424,957

Total liabilities and net assets/fund balances

1,753,606 Form **990** (2017)

424,957

1,914,404 34

E0	വാ	(2017)

Page **12**

Par	Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI			Г	٦
1	Total revenue (must equal Part VIII, column (A), line 12)	11		7,972,1	≓ 87
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,918,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		53,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		371,5	97
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	} }			
Dout	33, column (B))	10		424,9	57
Part				_	_
	Check if Schedule O contains a response or note to any line in this Part XII			T	7
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		********	Yes No	<i>।</i> इन्ह
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			
	Schedule O.	ordin in	H.S		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	127-127-1617	3
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or	证 押:	HI THE THE	Ŧ.
	reviewed on a separate basis, consolidated basis, or both:			Mar 138	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	1111		H
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	_
	If the organization changed either its oversight process or selection process during the tax year, expected the O.	olain in			13. 14.
0 -		,	拉链		1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?				
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		3a	✓	_
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		3ь		
	Together and states, explain they in contour of and decombe any steps taxen to undergo such at	uits.		990 (201)	_
			Form	1 330 (201)	1)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

	RACINE KENOSHA COMMUNITY ACTION AGENCY, INC 39-1087210							
	rt I Reason for Public Char						ons.	
	organization-is-not-a-private-founda		· ·		•	•		
1	A church, convention of church						A-	1
2	A school described in section					•	()	/
4	☐ A hospital or a cooperative hos☐ A medical research organization							tar tha
-	hospital's name, city, and state		orijunction with a nos	pital desi	Shbed in	section 170(b)(1)(A	Mini. En	ter trie
5	☐ An organization operated for t		college or university	owned o	or operat	ed by a governmen	tal unit	described in
	section 170(b)(1)(A)(iv). (Comp				-, -,,-	an ay a gerenmien		1000,1200,1
6	☐ A federal, state, or local govern	nment or govern	mental unit described	ın secti	on 170(b)(1)(A)(v).		
7	An organization that normally						n the g	eneral public
	described in section 170(b)(1)	(A)(vi). (Comple	te Part II.)				•	•
8	☐ A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organi							
	or university or a non-land-grai	nt college of agr	iculture (see instruction	ons). Ent	er the nar	ne, city, and state o	f the co	llege or
40	university: An organization that normally r		21422001207272					·
10	receipts from activities related	to its exempt fu	nctions-subject to c	ertain ex	ceptions.	and (2) no more that	in 331/39	% of its
	support from gross investment	: income and un	related busıness taxa	ble incon	ne (less s	ection 511 tax) from	busine	sses
11	acquired by the organization at An organization organized and							
12		•	•	•		· · · ·	m, out t	the purposes
-	of one or more publicly suppo							
	Check the box in lines 12a throi							
а	☐ Type I. A supporting organi	ization operated	l, supervised, or contr	olled by	its suppo	rted organization(s),	typicall	ly by giving
	the supported organization					the directors or trust	ees of t	he
	supporting organization. Yo	•						
b								
	control or management of t				persons	that control or man	age the	supported
_	organization(s). You must o	=				manada amada sa mada ama	-U !4	
С	its supported organization(s						any me	grated with,
d	_		•		-		orted or	canization/e\
-	that is not functionally integ	rated The orga	nization generally mu	st satisfy	a distribi	ution requirement ar	nd an att	gariization(s) tentiveness
	requirement (see instruction							
е	Check this box if the organi	ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Typ	e III
	functionally integrated, or T				organizat	ion.		
f	Enter the number of supported o						[
g						,		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization or governing	(v) Amount of monetary support (see		Amount of support (see
			above (see instructions))	docu	ment?	instructions)		tructions)
				Yes	No			
/A)								
(A)								
(B)				·				
					[
(C)				-				
(D)								
							·	
(E)			*****					
Total		推进压制部制						

	(Complete only if you checked the Part III. If the organization fails to						alify under
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,459,605	9,547,492	6,713,188	7,633,251	7,835,138	44,188,674
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	12,459,605	9,547,492	6,713,188	7,633,251	7,835,138	44,188,674
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				經過時間期時計	部的研究	44,188,674
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	12,459,605	9,547,492	6,713,188	7,633,251	7,835,138	44,188,674
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,878	282	205	172	324	10,861
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 VI.)					Water Company	
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the support of the Form 990 is for the support of the Form 990 is for the support of the sup	c. (see instruction	ons) ors first, secon	d, third, fourth	STATE THE PARTY OF	12 ar as a sectio	44,199,535 616,006 n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Support						
14	Public support percentage for 2017 (line			1, column (f))		14	99.98 %
15 16a	Public support percentage from 2016 Sci 331/3% support test—2017. If the organ box and stop here. The organization qua	hedule A, Part	l <mark>l, line 14 .</mark> check the box		 d line 14 is 33	15 31/3% or more,	99.96 % check this
þ	331/3% support test—2016. If the organithis box and stop here. The organization	ization did not i qualifies as a j	check a box o oublicly suppo	n line 13 or 16 rted organizati	a, and line 15 on	is 33 ¹ /3% or m	ore, check ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization.	eets the "facts "facts-and-circ 	-and-circumsta umstances" te 	ances" test, ch st. The organiz	eck this box azation qualifies	and stop here. s as a publicly	Explain in supported ►
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets th meets the "fact	e "facts-and-c ts-and-circums	orcumstances" stances" test.	' test, check t The organizati	this box and s	top here.
18	Private foundation. If the organization d	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see ▶ □

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax) (s	see separate instructions), t		y Tax) (see separat	te instructions) or Form 99	0-EZ, Part V, line 35c (Prox)
• Se	ection 501(c)(4), (5), or (6) orga	anizations. Complete Part III			
Name	of organization			Employer ide	ntification number
RACIN	E KENOSHA COMMUNITY	ACTION AGENCY, INC			39-1087210
Part	I-A Complete if th	e organization is exempt und	der section 501	c) or is a section 527	organization.
1	definition of "political car		•		,
2	Political campaign activit	ty expenditures (see instructions)			D
3	Volunteer nours for politi	cal campaign activities (see instru	ctions)		
Part		e organization is exempt und			<u> </u>
1		excise tax incurred by the organiz			D ^
2		excise tax incurred by organization			D
3	•	ed a section 4955 tax, did it file Fo	•		
4a	If "Yes," describe in Part				Yes No
b Dort		e organization is exempt und	ler section 501/	c) except section 50	1/0/(3)
					1(0)(0).
1		ly expended by the filing organi			`
		filing organization's funds contri			,
2	527 exempt function act	vities		▶ \$)
3		expenditures. Add lines 1 and 2			
)
4		n file Form 1120-POL for this year			
5	organization made paymethe amount of political co	ses and employer identification nuents. For each organization listed, ontributions received that were profund or a political action committed.	enter the amount emptly and directly	paid from the filing organ delivered to a separate p	ızation's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)			-		
(5)	·		-		
(6)	······································				

age 2

Parl	t II-A Complete if the organiz section 501(h)).	ation is exemp	ot under section 5	01(c)(3) and file	ed Form 5768 (el	ection under
A C	Check if the filing organization because it is a constant of the filing organization because it is a constant of the filing organization because it is a constant of the filing organization because it is a constant of the filing organization because it is a constant of the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization because it is a constant or the filing organization or the filing organ				filiated group mem	ber's name,
	address, EIN, expenses,			•		
B C	Check If the filing organization of			rovisions apply.		T
		Lobbying Expen			(a) Filing organization's totals	(b) Affiliated
	(The term "expenditure				Organization's totals	group totals
1a	, , , , , , , , , , , , , , , , , , , ,					
þ	, , , , , , , , , , , , , , , , , , , ,	•	body (direct lobbying	ng)		
C	, ,					
d						
е						
f	Lobbying nontaxable amount. Er columns.	nter the amount	from the followin	g table in both		
	If the amount on line 1e, column (a) or	(b) is: The lobby	ıng nontaxable amour	nt is:		TO STREET STREET
	Not over \$500,000	20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000	olus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,00	3175,000	olus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,0	00 \$225,000	olus 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (ent	er 25% of line 1f				
h	Subtract line 1g from line 1a. If zero	or less, enter -0				
i	Subtract line 1f from line 1c. If zero	or less, enter -0-				
j	If there is an amount other than reporting section 4911 tax for this		ne 1h or line 1i, dia	d the organization		Yes No
	(Some organizations that made	a section 501(h)	ng Period Under sed election do not hav estructions for lines	e to complete all	of the five colum	ns below.
	Lobb	ying Expenditu	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					<u>-</u>
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures				-	

Schedule C (Form 990 or 990-EZ) 2017

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768		90
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(1	a)		(b)	
	iption of the lobbying activity.	Yes	No	А	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers?	 	1			
C	Media advertisements?		1			
d	Mailings to members, legislators, or the public?		1			
e	Publications, or published or broadcast statements?		√			
f	Grants to other organizations for lobbying purposes?		√			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-			
h ;	Other activities?		-			1 27
:			*# T.M# 7			1,27
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	OME	/	50°4'61	M INT	1,27
b	If "Yes," enter the amount of any tax incurred under section 4912		2737			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				114 E	
Part		(5), c	r se	tion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3_		<u>L</u>
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members	. [1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	.	2a			
b	Carryover from last year	-	2b			
C	Total	<u>, </u>	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3			
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	ing	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part			<u> </u>			
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part	II-A, II	nes 1	and
•	I-B, LINE 1, LOBBYING ACTIVITIES					
THE O	RGANIZATION PAID NATIONAL COMMUNITY ACTION FOUNDATION DUES TO THE WISCONSIN COMMUN	ITY A	CTION	I PROC	RAM	
ASSO	CIATION (WISCAP), A PORTION OF WHICH FUNDS THE ASSOCIATION'S LOBBYING ACTIVITIES.					
						 -

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number								
RACINE KENOSHA COMMUNITY ACTION AGENCY, INC 39-1087210								
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.							
		-Complete-if-the-organization-answered-	<u>'Yes"-on-Form-990, Part IV, Ilne 6.</u>					
	_		(a) Donor advised funds	(b) Funds and other accounts			
1	Total (number at end of year						
2	Aggre	gate value of contributions to (during year)						
3	Aggre	gate value of grants from (dunng year) .						
4		gate value at end of year						
5	Did th	e organization inform all donors and donor	advisors in writing that the assets h	eld in dor	or advised			
	funds	are the organization's property, subject to th	e organization's exclusive legal contro	ol?	· · · 🔲 Yes 🗌 No			
6		e organization inform all grantees, donors, a						
		or chantable purposes and not for the benef	fit of the donor or donor advisor, or fo	or any oth	er purpose			
	confe	ring impermissible private benefit?	<u></u> <u></u>		Yes 🔲 No			
Par	t II	Conservation Easements.						
		Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.					
1	Purpo	se(s) of conservation easements held by the						
	☐ Pr	eservation of land for public use (e.g., recreat	tion or education) Preservation of	a historic	ally important land area			
	☐ Pr	otection of natural habitat	☐ Preservation of	a certified	d historic structure			
	☐ Pre	eservation of open space						
2	Comp	lete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the fo	orm of a conservation			
	easem	nent on the last day of the tax year.			Held at the End of the Tax Year			
а	Total r	number of conservation easements		2	a			
b	Total a	acreage restricted by conservation easement	s	2t)			
С	Numb	er of conservation easements on a certified h	nistoric structure included in (a)	20	3			
ď	Numb	er of conservation easements included in	(c) acquired after 7/25/06, and not	on a				
	histori	c structure listed in the National Register .		20	i			
3	Numb	er of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by	the organization during the			
	tax ye	ar ▶						
4	Numb	er of states where property subject to conse	vation easement is located >					
5		the organization have a written policy reg						
	violation	ons, and enforcement of the conservation ea	sements it holds?		· · · 🔲 Yes 🗍 No			
6	Staff ar	nd volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing o	conservatio	n easements during the year			
	▶							
7		nt of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing o	conservatio	on easements during the year			
	▶\$							
8		each conservation easement reported on line	• • • • • • • • • • • • • • • • • • • •					
9		XIII, describe how the organization reports of						
		e sheet, and include, if applicable, the text of		ancial stat	ements that describes the			
_		zation's accounting for conservation easeme						
Par		Organizations Maintaining Collections		Other Si	milar Assets.			
		Complete if the organization answered '						
1a		organization elected, as permitted under SF						
		of art, historical treasures, or other similar service, provide, in Part XIII, the text of the for						
D		organization elected, as permitted under S						
		of art, historical treasures, or other similar service, provide the following amounts relati		ucation, c	r research in furtherance of			
					.			
	(i) He	venue included on Form 990, Part VIII, line 1			> 5			
0	(II) ASS	sets included in Form 990, Part X	historical transumas as other standard		F 5			
2		organization received or held works of art, ng amounts required to be reported under S			r imancial gain, provide the			
_					.			
a	Keven	ue included on Form 990, Part VIII, line 1 .		• • •	> >			
IJ	~3356 13	INCIDENCE IN FORM STOLEMENT AND A COLUMN AND A COLUMN AND A COLUMN AND A COLUMN AND A COLUMN AND A COLUMN AND A			► 35			

Schedule	D.	Form	agn	201	7
	_	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000)		

١,		2
а	ce	_

Pár	Organizations Maintaining	Collections	of Art, Hi	storical ⁻	Treasure	s, or O	ther Similar A	ssets	conti	nued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and	other rec	ords, ched	ck any of t	he follo	wing that are a	signific	ant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchar	ae prod	grams			
b	Scholarly research									
c	Preservation for future generation	s	_							
4	Provide a description of the organiza	tion's collection	ns and exp	lain how t	hev furthe	r the or	ganization's eve	mnt nu	rnosa	in Part
	XIII.				,		gameanon o one	mpt pu	pooc	iii i ait
5	During the year, did the organization	solicit or recei	ve donatio	ns of art.	historical	treasure	es, or other simi	lar		
	assets to be sold to raise funds rathe	r than to be ma	intained as	part of th	e organiza	tion's c	ollection?		Ves	□ No
Par	Escrow and Custodial Arr								100	
	Complete if the organization 990, Part X, line 21.						•		on Fo	rm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or	other inter	mediary fo	or contribu	itions o	r other assets r		Yes	□ No
b	If "Yes," explain the arrangement in F					,		Amount		
С	Beginning balance					10		unount		
d	Additions during the year					10				
e	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amou	nt on Form 990	Part X lin	 e 21 for e	ecrow or c			<i>(2</i> 🖂	Vaa I	
_	If "Yes," explain the arrangement in P									
Par	t V Endowment Funds.	art Alli. Offect I		Apianation	i nas Deci	i providi	ed on Fait Alli.	- · · ·	<u></u>	
	Complete if the organization	answered "V	es" on Fo	rm 990 F	Part IV lin	Δ 10				
	Complete it the organization	(a) Current year		nor year	(c) Two year		(d) Three years bac	k (a) Ec	UE VOSE	e back
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	7	(0) / 110 / 00	Duon	(u) /iii do yours buc	. (6)	ui yeare	- Dack
b	Contributions							+-		
C	Net investment earnings, gains, and							 		
J	losses									
d	Grants or scholarships		-					 		
e	Other expenditures for facilities and									
•	programs									
f	Administrative expenses									
g	End of year balance							1		
2	Provide the estimated percentage of t	he current year	end balan	ce (line 1g,	, column (a	a)) held a	as:			
а	Board designated or quasi-endowmer	nt ▶	%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and									
За	Are there endowment funds not in the	e possession of	the organ	ization tha	it are held	and ad	ministered for th	ie		
	organization by:								Yes	No
	(i) unrelated organizations						· · · · · ·	3a(i		<u> </u>
_	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							3b	<u> </u>	
4	Describe in Part XIII the intended uses		tion's end	owment fu	nds.					
Part			-"	222 5						
	Complete if the organization					e 11a. S	See Form 990,	Part X,	line 1	10.
	Description of property	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	other basis tment)	1 1 7	other basis her)	de	Accumulated epreciation	(d) Bo	ok value	9
1a	Land				85,000	生再發展	馬爾出牌歌声			35,000
þ	Buildings				960,356		561,783		35	98,573
C	Leasehold improvements									
d	Equipment				823,796		769,315			54,481
е	Other									
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form	990, Part	X, column	(B), line 10)c.)	>		53	38,054

Part VII Investments—Other Securitie Complete if the organization an		rm 990 Part IV li	ne 11h See Forn	a QQQ Port V III-a 1Q
(a) Description of security or categor (including name of security)		(b) Book value	(c) Me	thod of valuation.
(1) Financial derivatives	<u> </u>	-		
(2) Closely-held equity interests				
(3) Other				

(B)				
(C)				
(D)				
(E) (F)				
(G)		<u> </u>		·
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶			Total Laborate Control of the Contro	VALUE OF THE PARTY
Part VIII Investments—Program Relate		<u> </u>		一篇大陆工程工程 经正定 中部的一条分配的 Existing
Complete if the organization and		m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Me	thod of valuation.
	<u></u> .		Cost or end	l-of-year market value
(1)				
(2)				
(3)				 -
(4)			-	
<u>(5)</u> (6)		·	-	
(7)				
(8)				
(9)	,			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets.				11 11 11 11 11 11 11 11 11 11 11 11 11
Complete if the organization ans		m 990, Part IV, Iır	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, o	col. (B) line 15.)			
Part X Other Liabilities. Complete if the organization and line 25.	swered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1. (a) Description of liability	(b) Book value	門及数形理時間		
(1) Federal income taxes	, , , , , , , , , , , , , , , , , , ,			
(2) WEATHERIZATION ADVANCE	2	1,751		
(3) OTHER LIABILITIES		8,647		
(4)				
(5)				
(6)				
(7)	<u> </u>			
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Liability for uncertain tax positions. In Part XIII, prov	ide the text of the factor	0,398 The organization	ENTRINES ELECT	ate that renorts the
organization's liability for uncertain tax positions under	r FIN 48 (ASC 740). Chec	ck here if the text of the	ne footnote has beer	provided in Part XIII

Total revenue, pairs, and other support nor audited financial statements 1	Part	Reconciliation of Revenue per Audited Financial Statem. Complete if the organization answered "Yes" on Form 990,			Retu	rn.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Not unrealized gains (asses) on investments Donated services and use of facilities Chiber (Describe in Part XIII). e Add lines 2a through 2d. Add vines 2a through 2d. Add vines 2a through 2d. Chiber (Describe in Part XIII). e Add lines 2a through 2d. Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. Add lines 4a and 4b. Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part III, line 7b. Add lines 4a and 4b. Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part III, line 12b. Total revenue. Add lines 5 and 4e. (This must equal Form 990, Part III, line 12c.) Total revenue. Add lines 5 and 4e. (This must equal Form 990, Part III, line 12c.) Total revenue. Add lines 5 and 4e. (This must equal Form 990, Part III, line 12c.) Total revenue add lines 5 and 4e. (This must equal Form 990, Part III, line 12c.) Total revenue add on line 1 but not on Form 990, Part III, line 12c. Amounts included on line 1 but not on Form 990, Part III, line 2c. Donated services and use of facilities Define 1 part XIII) Add lines 2a through 2d. Chiber (Describe in Part XIII), Add lines 2a through 2d. Chiber (Describe in Part XIII), Add lines 2a through 2d. Add lines 2a through 2d. Add lines 2a through 2d. Add lines 2a through 2d. Add lines 2a through 2d. Add lines 2d and 4b. and Part XIII, line 2b, but not on line 1: Add lines 2d and 4b. and Part XIII, line 2b, but not on line 1: Add lines 2d and 4b. and Part XIII, line 2b, but not on line 1: Add lines 2d and 4b. and Part XIII, lines 1b, and 2d. Total expenses and lines 3 and 4e. (This must equal Form 990, Part III, lines 1b, and 2b, Part IV, line 2b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, line 4b, Part IV, lin					1	8 128 633
a Net unrealized gains (losses) on investments 2b 1,385 b Donated services and use of facilities 2b 1,385 c Recovenes of prior year grants 2c 1 Other (Describe in Part XIII). 2d 155,051 c Add lines 2a through 2d 2 2d 155,051 d Add lines 2a through 2d 2 25 155,448 3 Subtract line 2e from line 1 3 7,872,187 d Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 1	=			• • • • • •		0,120,033
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d Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 70 D Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12b. Donated services and use of facilities Donated services and use of facilities C Other losses C Other losses C Other losses C Other losses C Other losses C Other losses and use of facilities D Prior year adjustments Add lines 2a through 2d Subtract line 2e from file 1 Amounts included on Form 990, Part IV, line 25, but not on line 1: Investment expenses not notifuded on Form 990, Part IV, line 18b. C Other (Describe in Part XIII). Add lines 4a and 4b Other (Describe in Part XIII). D Other (Describe in Part XIII). Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18b.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18b.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18b.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18b.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18b.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18b.) Total expenses Add lines 3 and 4c. (This must equal Form	_			1,35		
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Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		,	للنبا		量	
Part XII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE2: RACINE KENOSHA COMMUNITY ACTION AGENCY, INC. (RKCAA) IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. RKCAA HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSESTS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. TAX RETURNS FOR THE YEAR ENDED 2011 AND ALL SUBSEQUENT YEARS REMAIN SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. PART XI, LINE 2B: OTHER ADJUSTMENTS: IN KIND SERVICES \$1,395 PART XI, LINE 2B: OTHER ADJUSTMENTS: RENTAL EXPENSES \$155,051					-	
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations

(Form 990)		•	Government	s, and Individ	Viduals in the United State	is, and Individuals in the United States		OMB No	OMB No 1545-0047
		,	complete if the org	anization answered	"Yes" on Form 990	complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.			\
Department of the Treasury Internal Revenue Service			► Go to	► Attach to Form 990. www.irs.gov/Form990 for the latest information.	► Attach to Form 990. 30v/Form990 for the latest inf	ormation,		Open to	Open to Public
RACINE KENOSHA COMMUNITY ACTION AGENCY INC	MMUNITY ACTION	JM ACENCA MA					Empl	Employer Identification number	ber
Part General	General Information on Grants and Assistance	n Grante and	A Accietance					39-1087210	
1 Does the organ	nization maintain	records to sur	Stantiate the amo	to traces	14				
	the selection criteria used to award the grants or assistance?	vard the grants	or assistance?		r assistance, the g	rantees' eligibility for	e grants or assista		
	irt IV the organiza	ition's procedu	res for monitoring	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ands in the United	States.	·	· · · · · ·	° □
Fart II Grants 8	and Other Assi t IV. line 21, for	istance to Do	Grants and Other Assistance to Domestic Organi 990, Part IV, line 21, for any recipient that received m	zations and Don	nestic Governm	ents. Complete if	zations and Domestic Governments. Complete if the organization answered "Yes" on Form	wered "Yes" on F	orm
1 (a) Name and address of organization	of organization	(b) EIN	(c) IBC section	ore triari \$5,000.	Fart II can be d	uplicated of addition	ind address of organization (b) EIN (c) IRC section (d) Amening of moth (c) Amening of		
or government	ant		(if applicable)	grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	grant
(2)									
(3)									
(4)									
(5)									
(9)									
(2)		,							
(8)									
(0)									
(6)									
(10)									
(11)									
(12)									
2 Enter total numb	ber of section 50	1(c)(3) and gov	ernment organizat	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ne 1 table				
١٣	on Act Notice see	the Instructions	erwork Reduction Act Notice see the Instructions (2.2.5						•
	996 (991104) 966	me instructions	s tor rorm 990.		Cat	Cat No 50055P		Schodulo I (Course	12,000

Schedule I (Form 990) (2017)

DIST TO LOW INCOME HOUSEHOLDS 14,580 PRIVATE DONOR VALUATI DISTRIBUTED TO SENIOR CITIZENS (f) Description of noncash assistance FRESH FRUITS & VEGETABLES 616,006 STATE OF WI VALUATION OR THIRD PARTY PANTRIES Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH COMPLIANCE WITH FUNDING SOURCE REGUALTIONS. (d) Amount of noncash assistance 46,329 26,559 2,486,309 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 99,457 12,536 1,024 469 56 3 & TEEN PARTICIPATION INCENTIVES (a) Type of grant or assistance OTHER FARMSTAND VOUCHERS 1 COMMODITY FOOD ASSISTANCE 5 DONATED FOOD DISTRIBUTED 2 EDUCATION ASSISTANCE 4 WEATHERIZATION PART 1, LINE 2: Part IV Part III 9

Schedule I (Form 990) (2017)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

RACINE KENOSHA COMMUNITY ACTION AGENCY, INC.

Employer identification number

39-1087210

Par	Types of Property	·		·····		
		(a)	(b)	Noncash contribution		(d)
		Check if	Number of contributions or	amounts reported on		of determining
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash co	ntnbution amounts
1	Art—Works of art				 	
	Art—Historical treasures				 	
2		[
3	Art—Fractional interests		many sure I value . A second I Pa . Ball P. S. London Va.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
4	Books and publications	L				
5	Clothing and household				Ţ	
	goods	1			j	
6	Cars and other vehicles					
7	Boats and planes			· · · · · · · · · · · · · · · · · · ·	 	
8	intellectual property				 	
9	Securities—Publicly traded	 			 	
		<u> </u>			 -	
10	Securities—Closely held stock .	ļ <u> </u>			ļ <u>.</u>	
11	Securities-Partnership, LLC,	1			ĺ	
	or trust interests					
12	Securities-Miscellaneous	<u> </u>			l	
13	Qualified conservation				I	
	contribution—Historic	1			1	
	structures	1			i	
14	Qualified conservation	ļ			ļ. — —	
	contribution—Other					
15	Real estate—Residential	ļ				
						
16	Real estate—Commercial					
17	Real estate—Other				ļ	
18	Collectibles				L	
19	Food inventory	✓	12	616,006	STATE OF V	VI VALUATION
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► (CLIENT SUPPLIES)	1	12	53 339	COST OF DO	ONATED PROP
26	Other ► ()	-		00,000	000.0.0	SIGNIED I KOI
27	Other > (-
28	Other ► ()					
29	Number of Forms 8283 received	by the or	rapization during the tax v	par for contributions for		
20	which the organization completed					
	which the organization completed	1 01111 0200	, railiv, porice remiovies	gement	29	Yes No
						165 140
30a	During the year, did the organizat					
	28, that it must hold for at least the				it required	
	to be used for exempt purposes f		e notating period?			30a ✓
b	If "Yes," describe the arrangement					
31	Does the organization have a	gift accep	otance policy that require	s the review of any no	onstandard	
	contributions?					31 🗸
32a	Does the organization hire or use	third part	ies or related organizations	to solicit, process, or se	Il noncash	
			-			32a ✓
b	If "Yes," describe in Part II.					TATE RESPONSE
33	If the organization didn't report an	amount in	column (c) for a type of pror	perty for which column (a) i	s checked	
	describe in Part II.	arnount in	column to for a type of prop	or y for winon column (a) i	o oncoreu,	1.2E-201 イルム Exc か 他者 山田村 下 内北大 海田
	20001100 1111 011111					建筑性制度

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

RACINE KENOSHA COMMUNITY ACTION AGENCY, INC. 39-1087210 PART-III, LINE-4d: OTHER-PROGRAM-SERVIGES-COMMUNITY SERVICE: EXPENSES \$ 465,178 INCLUDING GRANTS OF \$ 35,145, REVENUE \$7,470 PART VI, SECTION A, LINE 8b: NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD. A COPY OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE. UPON APPROVAL BY THE FINANCE COMMITTEE, THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE FORM 990. UPON THE EXECUTIVE COMMITTEE'S APPROVAL, THE ENTIRE BOARD IS PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. PART VI, SECTION B, LINE 12c: A COPY OF THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY THE MEMBERS OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. EMPLOYEES, BOARD MEMBERS, CONSULTANTS AND OTHERS WHO BELIEVE THAT THEY MAY BE PERCEIVED AS HAVING A CONFLICT OF INTEREST IN A DISCUSSION OR DECISION MUST DISCLOSE THE CONFLICT TO THE PROPER BOARD COMMITTEE FOR DETERMINATION OF ACTUAL CONFLICT. THE BOARD'S HUMAN RESOURCES COMMITTEE MAKES ALL RECOMMENDATIONS INVOLVING THE STAFF TO THE EXECUTIVE COMMITTEE. THE BOARD EXECUTIVE COMMITTEE MAKES ALL DETERMINATIONS INVOLVING THE BOARD AND STAFF. MOST CONCERNS ABOUT CONFLICTS OF INTEREST MAY BE RESOLVED AND APPROPRIATELY ADDRESSED THROUGH PROMPT AND COMPLETE DISCLOSURE. PART VI, SECTION B, LINE 15: THE BOARD REVIEWS THE CHIEF EXECUTIVE OFFICER'S SALARY AND THE CHIEF EXECUTIVE OFFICER REVIEWS THE WAGES OF ALL OTHER EMPLOYEES. HUMAN RESOURCES USES A NONPROFIT WAGE COMPARABILITY STUDY TO DETERMINE SALARY RANGES. THIS STUDY WAS LAST CONDUCTED IN 2016. THESE RANGES ARE WRITTEN INTO JOB DESCRIPTIONS AND UPDATED PERIODICALLY VIA APPROVAL BY THE BOARD. INDIVIDUAL INCREASES ARE APPROVED BY THE CEO.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
RACINE KENOSHA COMMUNITY ACTION AGENCY, INC.	39-1087210
49	
PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN.	ANCIAL STATEMENTS AVAILABLE
THE OPENING THE PROPERTY OF TH	MONE STATEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST.	
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Schedule O (Form 990 or 990-EZ) (2017)