

CLIENT'S COPY

Form **990**

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 black lung benefit trust or private foundation)

2010

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 2010 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	CAP SERVICES, INC.		39-1080897
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	5499 HIGHWAY 10 E	A	(715) 343-7500
City or town, state or country, and ZIP + 4		G Gross receipts \$	
STEVENS POINT, WI 54482		22,829,498.	
F Name and address of principal officer: MARY PATOKA		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.CAPSERV.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966 M State of legal domicile: WI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>DEVELOP PROGRAMS AND MOBILIZE RESOURCES TO PROVIDE PROGRAMS FOR INDIVIDUALS SUCH AS HUMAN</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 19
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 333
	6	Total number of volunteers (estimate if necessary) 6 870
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 40,464.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b -324,810.	
Revenue	Prior Year Current Year	
	8	Contributions and grants (Part VIII, line 1h) 13,773,917. 19,896,043.
	9	Program service revenue (Part VIII, line 2g) 1,609,107. 1,969,645.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 132,870. -141,366.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 896,413. 308,430.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,412,307. 22,032,752.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,317,274. 2,686,677.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,414,628. 8,537,295.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 12,000. 3,000.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 84,319.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 6,689,582. 6,253,598.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,433,484. 17,480,570.	
19	Revenue less expenses. Subtract line 18 from line 12 978,823. 4,552,182.	
Net Assets or Fund Balances	Beginning of Current Year End of Year	
	20	Total assets (Part X, line 16) 41,612,810. 47,349,260.
	21	Total liabilities (Part X, line 26) 18,468,603. 19,630,913.
22	Net assets or fund balances. Subtract line 21 from line 20 23,144,207. 27,718,347.	

Part II Signature Block

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

Sign Here	▶ Signature of officer:	Date: 8/30/11
	▶ MARY PATOKA, PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name: RICHARD RUVELSON	Preparer's signature: RICHARD RUVELSON	Date: 08/22/11	Check if self-employed: <input type="checkbox"/>	PTIN:
	Firm's name: WIPFLI LLP	Firm's EIN: ▶		Phone no.: 952-548-3400	
	Firm's address: 7601 FRANCE AVENUE SOUTH, SUITE 400 MINNEAPOLIS, MN 55435				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

CAP SERVICES' MISSION IS TO BRING ABOUT A PERMANENT INCREASE IN THE ABILITY OF LOW-INCOME INDIVIDUALS TO BECOME ECONOMICALLY AND EMOTIONALLY SELF-SUFFICIENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,558,918. including grants of \$) (Revenue \$) EARLY CHILDHOOD DEVELOPMENT - THE EARLY CHILDHOOD DEVELOPMENT PROGRAM BRINGS CONTINUOUS, INTENSIVE AND COMPREHENSIVE CHILD DEVELOPMENT AND FAMILY SUPPORT TO INCOME-ELIGIBLE FAMILIES WITH CHILDREN AGE THREE TO FIVE AND SPECIAL NEEDS CHILDREN, REGARDLESS OF INCOME. SERVICES INCLUDE EDUCATIONAL, HEALTH, NUTRITION AND EMOTIONAL SERVICES FOR CHILDREN, AND SUPPORT AND DEVELOPMENT SERVICES TO THEIR FAMILIES. IN THE PROGRAM YEAR 2009-2010, 415 CHILDREN AND THEIR FAMILIES WERE SERVED. SEVENTY-EIGHT PERCENT OF CHILDREN SERVED MADE PROGRESS IN FIVE DOMAINS ON THE ASSESSMENT CONTINUUM, AND 96% OF FAMILIES SURVEYED FELT THE FAMILY DEVELOPMENT GOAL SETTING PROCESS WAS HELPFUL TO THEM AND THEIR FAMILY. THE PROGRAM SERVES PORTAGE, WAUPACA, WAUSHARA AND MARQUETTE COUNTIES.

4b (Code:) (Expenses \$ 3,816,925. including grants of \$ 1,856,518.) (Revenue \$) WEATHERIZATION - WEATHERIZATION SERVICES AIM AT SAVING ENERGY THROUGH THE USE OF ENERGY SAVING MEASURES SUCH AS INSULATION IN ATTICS, WALLS, CRAWL SPACES, WATER HEATERS AND PIPES, SEALING AIR LEAKS, INSTALLING ENERGY SAVING APPLIANCES SUCH AS FURNACES, REFRIGERATORS AND FREEZERS, LIGHT BULBS AND SHOWER HEADS. SERVICES ARE PROVIDED FREE TO INCOME-ELIGIBLE HOMEOWNERS IN WAUSHARA, WAUPACA, MARQUETTE AND PORTAGE COUNTIES. SINCE 1975 CAP HAS WEATHERIZED MORE THAN 10,000 HOMES. IN 2010, CAP WEATHERIZED 472 UNITS.

4c (Code:) (Expenses \$ 2,524,596. including grants of \$) (Revenue \$ 1,969,645.) HOUSING AND HOUSING REHABILITATION - DEVELOPS AND LEASES SAFE AND AFFORDABLE RENTAL HOUSING FOR LOW-INCOME OR SPECIAL NEEDS FAMILIES AND LOW TO MODERATE INCOME SENIORS. THE PROGRAM ALSO OFFERS DOWN PAYMENT ASSISTANCE AND HOUSING REHABILITATION TO INCOME-QUALIFIED FAMILIES AND INDIVIDUALS IN THE FORM OF 4% SIMPLE INTEREST DEFERRED LOANS DUE WHEN BORROWER SELLS, HOME IS NO LONGER THEIR PRIMARY RESIDENCE, OR 30 YEARS HAS ELAPSED, WHICHEVER OCCURS FIRST.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 5,578,900. including grants of \$ 830,159.) (Revenue \$ 10,600.)

4e Total program service expenses 16,479,339.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7) organizations, Form 501(c)(12) organizations, Form 4947(a)(1) non-exempt charitable trusts, Form 501(c)(29) qualified nonprofit health insurance issuers, and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		19
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **WI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SUSAN HENRY - 715-343-7500**
5499 HWY 10 E. SUITE A, STEVENS POINT, WI 54482

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK BREITENBACH BOARD MEMBER	2.00	X					0.	0.	0.	
MIKE INGRAM BOARD MEMBER	2.00	X					0.	0.	0.	
NEIL JOHNSON BOARD MEMBER	2.00	X					425.	0.	0.	
ARLENE STAHRER BOARD MEMBER	2.00	X					0.	0.	0.	
LAUREN MAI CHAIRPERSON	2.00	X		X			200.	0.	0.	
TANYA RABEK BOARD MEMBER	2.00	X					0.	0.	0.	
JEFF VERHAGEN BOARD MEMBER	2.00	X					0.	0.	0.	
JAMES CLARK BOARD MEMBER	2.00	X					0.	0.	0.	
BRETT JARMAN VICE-CHAIRPERSON	2.00	X		X			0.	0.	0.	
LYNE KAWLESKI TREASURER	2.00	X		X			0.	0.	0.	
CAROL STELTENPOHL BOARD MEMBER	2.00	X					0.	0.	0.	
ANN FREEMAN BOARD MEMBER	2.00	X					450.	0.	0.	
DAVID JOHNSON BOARD MEMBER	2.00	X					0.	0.	0.	
MARTHA MCMILLEN BOARD MEMBER	2.00	X					450.	0.	0.	
KRIS MORK BOARD MEMBER	2.00	X					200.	0.	0.	
AMANDA RIECKMAN BOARD MEMBER	2.00	X					175.	0.	0.	
WILLIAM DOWNIE BOARD MEMBER	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA FREUDENTHAL BOARD MEMBER	2.00	X					225.	0.	0.	
FRED GELLERUP BOARD MEMBER	2.00	X					375.	0.	0.	
DENNIS WEDDE SECRETARY	2.00	X		X			0.	0.	0.	
MARIA ELENA DE LEON BOARD MEMBER	2.00	X					0.	0.	0.	
MARY PATOKA PRESIDENT & CEO	40.00			X			130,574.	0.	8,917.	
SUSAN HENRY CFO	40.00			X			76,891.	0.	6,554.	
1b Sub-total							209,965.	0.	15,471.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							209,965.	0.	15,471.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BADGER HEATING AND AIR CONDITIONING 5348 HWY 10E, STEVENS POINT, WI 54481	WEATHERIZATION SERVICES	683,991.
SUPERIOR ROOFING OF PO CO LLC, 5248 FOREST CIRCLE SO, STEVENS POINT, WI 54481	HOUSING REHAB SERVICES	287,119.
LAMERS BUS LINES INC, 2407 SOUTH POINT ROAD, GREEN BAY, WI 54313-5498	TRANSPORTATION SERVICES	246,189.
FAITH TECHNOLOGIES, INC. PO BOX 260, MENASHA, WI 54952-0260	WEATHERIZATION SERVICES	239,289.
CHET'S PLUMBING & HEATING 3001 HOOVER AVENUE, STEVENS POINT, WI 54481	WEATHERIZATION SERVICES	167,733.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	473,052.				
	b	Membership dues	1b					
	c	Fundraising events	1c	33,006.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	16647316.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,742,669.				
	g	Noncash contributions included in lines 1a-1f: \$		54,585.				
	h	Total. Add lines 1a-1f		19896043.				
	Program Service Revenue	2 a	<u>RENTAL INCOME</u>	Business Code 531110	1,461,476.	1,461,476.		
		b	<u>INTEREST INCOME ON LOA</u>	900099	508,169.	508,169.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		1,969,645.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		99,016.			99,016.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	79,224.				
		b	Less: rental expenses	(ii) Personal	88,530.			
		c	Rental income or (loss)		-9,306.			
		d	Net rental income or (loss)		-9,306.		-9,306.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities		446,462.			
		b	Less: cost or other basis and sales expenses	(ii) Other	686,844.			
		c	Gain or (loss)		-240382.			
		d	Net gain or (loss)		-240,382.		-237,643.	-2,739.
	8 a	Gross income from fundraising events (not including \$ 33,006. of contributions reported on line 1c). See Part IV, line 18	a	41,095.				
		b	Less: direct expenses	b	21,372.			
		c	Net income or (loss) from fundraising events		19,723.			19,723.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	<u>DRYCLEANING BUSINESS</u>		812300	260,363.		260,363.		
	b	<u>EXTERNAL TECHNOLOGY SE</u>		541610	27,050.	27,050.		
	c	<u>OTHER INCOME</u>		900099	10,600.	10,600.		
	d	All other revenue						
e	Total. Add lines 11a-11d			298,013.				
12	Total revenue. See instructions.			22032752.	1,980,245.	40,464.	116,000.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	547,915.	547,915.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,138,762.	2,138,762.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	225,260.		225,260.	
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	6,910,200.	6,464,771.	382,616.	62,813.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	209,817.	195,710.	12,163.	1,944.
9 Other employee benefits	657,972.	589,180.	62,938.	5,854.
10 Payroll taxes	534,046.	474,163.	55,172.	4,711.
11 Fees for services (non-employees):				
a Management				
b Legal	58,957.	58,501.	456.	
c Accounting	122,768.	42,268.	80,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,000.			3,000.
f Investment management fees				
g Other	890,470.	881,085.	9,385.	
12 Advertising and promotion	2,611.	2,611.		
13 Office expenses	921,655.	894,958.	20,700.	5,997.
14 Information technology	31,887.	23,234.	8,653.	
15 Royalties				
16 Occupancy	415,184.	387,716.	27,468.	
17 Travel	377,856.	368,166.	9,690.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	182,286.	180,657.	1,629.	
20 Interest	666,843.	666,843.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	985,698.	985,698.		
23 Insurance	9,699.	1,104.	8,595.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROPERTY EXPENSES	984,505.	984,505.		
b BAD DEBT	412,949.	412,949.		
c PARTICIPANT SUPPORT	172,869.	172,869.		
d OTHER EXPENSE	17,361.	5,674.	11,687.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	17,480,570.	16,479,339.	916,912.	84,319.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	228,477.	1	207,791.
	2	Savings and temporary cash investments	836,496.	2	1,185,778.
	3	Pledges and grants receivable, net	636,860.	3	1,136,376.
	4	Accounts receivable, net	648,339.	4	413,888.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	16,927,883.	7	15,448,004.
	8	Inventories for sale or use	366,519.	8	541,202.
	9	Prepaid expenses and deferred charges	67,570.	9	75,053.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,668,166.		
	b	Less: accumulated depreciation	10b 7,618,843.		
			18,355,183.	10c	22,049,323.
	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	387,318.	13	410,656.
	14	Intangible assets	228,905.	14	
15	Other assets. See Part IV, line 11	2,929,260.	15	5,881,189.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	41,612,810.	16	47,349,260.	
Liabilities	17	Accounts payable and accrued expenses	1,829,558.	17	2,071,671.
	18	Grants payable		18	
	19	Deferred revenue	784,623.	19	510,324.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	12,112,362.	23	11,997,826.
	24	Unsecured notes and loans payable to unrelated third parties	1,598,063.	24	2,969,131.
	25	Other liabilities. Complete Part X of Schedule D	2,143,997.	25	2,081,961.
	26	Total liabilities. Add lines 17 through 25	18,468,603.	26	19,630,913.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,531,668.	27	3,808,330.
	28	Temporarily restricted net assets	19,612,539.	28	23,910,017.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	23,144,207.	33	27,718,347.	
34	Total liabilities and net assets/fund balances	41,612,810.	34	47,349,260.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,032,752.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,480,570.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,552,182.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,144,207.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	21,958.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	27,718,347.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10622592.	10041191.	12951809.	13773917.	19896043.	67285552.
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	10622592.	10041191.	12951809.	13773917.	19896043.	67285552.
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.						67285552.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10622592.	10041191.	12951809.	13773917.	19896043.	67285552.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,361.	85,879.	91,171.	70,192.	99,016.	428,619.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2792605.	3815152.	1311584.	1688930.	2021340.	11629611.
11 Total support. Add lines 7 through 10						79343782.
12 Gross receipts from related activities, etc. (see instructions)					12 11,211,966.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	84.80 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	81.67 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

CAP SERVICES, INC.

Employer identification number

39-1080897

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization CAP SERVICES, INC.	Employer identification number 39-1080897
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., SW WASHINGTON, DC 20250	\$ 419,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE., SW WASHINGTON, DC 20585	\$ 2,950,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 4,929,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET S.W., WASHINGTON, DC 20410	\$ 2,978,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WISCONSIN DEPARTMENT OF ADMINISTRATION 101 EAST WILSON STREET, P.O. BOX 7869 MADISON, WI 53707-7869	\$ 835,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WHEDA 201 W. WASHINGTON AVENUE, STE 700 MADISON, WI 53703	\$ 2,933,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CAP SERVICES, INC.	Employer identification number 39-1080897
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CAP SERVICES, INC.	Employer identification number 39-1080897
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes," to 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," to 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.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CAP SERVICES, INC.	Employer identification number 39-1080897
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 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 zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
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 Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		223.
j Total. Add lines 1c through 1i			223.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

CAP SERVICES, INC. PAYS MEMBERSHIP DUES TO WISCAP. A PORTION OF DUES PAID TO WISCAP ARE FOR LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization CAP SERVICES, INC. Employer identification number 39-1080897

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Table for conservation contributions held at end of tax year (2a-2d). 3. Number of easements modified, transferred, etc. 4. Number of states where property is located. 5. Written policy regarding monitoring. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Requirements of section 170(h)(4)(B)(i) and (ii). 9. Reporting requirements in financial statements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with 3 main questions: 1a. Text of footnote for works of art not reported. 1b. Amounts for works of art reported (revenues and assets). 2. Amounts for works of art held for financial gain (revenues and assets).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	246,851.	173,364.	168,963.		
b Contributions	1,300.	34,141.	48,732.		
c Net investment earnings, gains, and losses	21,958.	39,346.	-44,331.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	270,109.	246,851.	173,364.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,548,315.		1,548,315.
b Buildings		26,689,297.	6,941,199.	19,748,098.
c Leasehold improvements				
d Equipment		1,430,554.	677,644.	752,910.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 22,049,323.

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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, 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)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) HOUSING REHABILITATION IN PROGRESS	51,320.
(2) PROPERTY HELD FOR SALE	3,647,249.
(3) OTHER ASSETS	219,109.
(4) ACCRUED INTEREST ON LOANS RECEIVABLE	1,963,511.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	5,881,189.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SECURITY DEPOSITS	73,486.
(3) DEFERRED MORTGAGES PAYABLE	1,672,128.
(4) OTHER LIABILITIES	336,347.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,081,961.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,032,752.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,480,570.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,552,182.
4	Net unrealized gains (losses) on investments	4	21,958.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	21,958.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,574,140.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	22,633,061.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	21,958.
b	Donated services and use of facilities	2b	214,534.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	363,817.
e	Add lines 2a through 2d	2e	600,309.
3	Subtract line 2e from line 1	3	22,032,752.
4	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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,032,752.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	18,058,921.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	214,534.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	363,817.
e	Add lines 2a through 2d	2e	578,351.
3	Subtract line 2e from line 1	3	17,480,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,480,570.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION INTENDS TO USE THE ENDOWMENT FUNDS

FOR OPERATION AND PROGRAM SERVICES.

PART X, LINE 2: THE ORGANIZATIONS HAVE DETERMINED THERE ARE NO AMOUNTS

TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

FEDERAL RETURNS FOR THE YEARS ENDED 2007, 2008, AND 2009 REMAIN SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE.

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	88,530.
SPECIAL EVENT EXPENSES	21,372.
IMPAIRMENT LOSS	253,915.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	363,817.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	88,530.
SPECIAL EVENT EXPENSES	21,372.
IMPAIRMENT LOSS	253,915.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	363,817.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOLF INSIDE OUT (event type)	5K (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	41,793.	21,392.	10,916.	74,101.
	2	Less: Charitable contributions	18,731.	13,800.	475.	33,006.
	3	Gross income (line 1 minus line 2)	23,062.	7,592.	10,441.	41,095.
Direct Expenses	4	Cash prizes			1,900.	1,900.
	5	Noncash prizes		62.		62.
	6	Rent/facility costs				
	7	Food and beverages	5,048.		1,710.	6,758.
	8	Entertainment				
	9	Other direct expenses	7,530.	4,135.	987.	12,652.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(21,372)
11	Net income summary. Combine line 3, column (d), and line 10				19,723.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CAP SERVICES, INC.

Employer identification number

39-1080897

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINISTRY DENTAL CENTER 3504 EAST MARIA DRIVE STEVENS POINT, WI 54881	39-0808443	501(C)(3)	359,329.	0.			PROVIDES DENTAL CARE TO INDIVIDUALS WITH MEDICAID UNABLE TO OBTAIN DENTAL SERVICE FROM LOCAL
CENTER FOR VETERANS ISSUES 3312 W WELLS ST MILWAUKEE, WI 53208	39-1712359	501(C)(3)	166,414.	0.			PROVIDES ACCESS AND CASE MANAGEMENT FOR GENERAL POPULATION REQUIRING HOMELESS PREVENTION AND
LEGAL ACTION OF WI INC. 230 W WELLS ST RM 800 MILWAUKEE, WI 53203	39-1077192	501(C)(3)	22,172.	0.			TO PROVIDE LEGAL AID AND MEDIATION SERVICES TO CLIENTS IN HUD HPRP AND ESG PROGRAMS.

2 Enter total number of section 501(c)(3) and government organizations **3.**

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
WEATHERIZATION ASSISTANCE	472	1,596,351.	0.		
EMERGENCY FURNACE ASSISTANCE	125	260,167.	0.		
TUITION AND CHILD CARE ASSISTANCE	275	282,244.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOR MINISTRY DENTAL, SENIOR MANAGEMENT OF CAP SERVICES SERVES ON AN ADVISORY COMMITTEE CONSISTING OF THREE PARTIES WHO HAVE WORKED TOGETHER FOR MANY YEARS TO ESTABLISH AND PROVIDE THIS SERVICE. CAP SERVICES IS IN FREQUENT CONTACT WITH CLINIC MANAGER IN ORDER TO WORK TOGETHER IN GRANT APPLICATIONS AND MONITORING. SENIOR MANAGEMENT OF CAP SERVICES ALSO RECEIVES AND REVIEWS MONTHLY FINANCIALS THAT INDICATE SHORTFALLS COVERED FROM GRANTS RECEIVED BY CAP.

FOR CENTER FOR VETERANS ISSUES, PROGRAM STAFF ARE IN CONTACT PERIODICALLY

Part IV Supplemental Information

REGARDING PROGRAM PROGRESS/ISSUES. MONTHLY PROGRAM FINANCIALS ARE SUBMITTED TO CAP SERVICES ALONG WITH A LIST OF CLIENTS SERVED. THIS INFORMATION IS REVIEWED BY FINANCE STAFF AND FORWARDED TO PROGRAM STAFF RESPONSIBLE FOR PROGRAM MONITORING.

FOR GRANTS TO OTHER ORGANIZATIONS AND INDIVIDUALS, PROGRAM STAFF FOLLOW THE FUNDING SOURCE COMPLIANCE REQUIREMENTS FOR MONITORING THESE GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MINISTRY DENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES DENTAL CARE TO INDIVIDUALS WITH MEDICAID UNABLE TO OBTAIN DENTAL SERVICE FROM LOCAL PROVIDERS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR VETERANS ISSUES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES ACCESS AND CASE MANAGEMENT FOR GENERAL POPULATION REQUIRING HOMELESS PREVENTION AND HOUSING ASSISTANCE SERVICES IN WAUPACA COUNTY FROM HUD HPRP GRANT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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.

Name of the organization: **CAP SERVICES, INC.** Employer identification number: **39-1080897**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>SCHOOL SUPPLI</u>)	X	545	54,585.	FAIR MARKET VALUE
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CAP SERVICES, INC.

Employer identification number

39-1080897

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES, HOUSING, ECONOMIC AND FAMILY DEVELOPMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SKILLS ENHANCEMENT - CAP'S SKILLS ENHANCEMENT PROGRAM HELPS WORKING

INDIVIDUALS WITH INCOMES AT OR BELOW 150% OF THE FEDERAL POVERTY

GUIDELINES OBTAIN TRAINING NEEDED TO COMPETE FOR LIVING WAGE JOBS.

PARTICIPANTS MUST BE WORKING AT LEAST 20 HOURS PER WEEK, AND MUST

PURSUE TRAINING IN OCCUPATIONS THAT TYPICALLY PAY A LIVING WAGE WITH

HEALTH INSURANCE BENEFITS. IN 2010, THE PROGRAM HELPED 46 LOW INCOME

INDIVIDUALS INCREASE THEIR ANNUAL INCOME BY AN AVERAGE OF \$11,758

(AVERAGE HOURLY INCREASE OF \$4.02). ALMOST 70% (31 OF 46) NOW HAVE

ACCESS TO EMPLOYER-SPONSORED HEALTH INSURANCE BENEFITS.

EXPENSES \$ 967,081. INCLUDING GRANTS OF \$ 282,244. REVENUE \$ 0.

ECONOMIC DEVELOPMENT - PROVIDE TECHNICAL ASSISTANCE TO ASSIST NEW AND

EXPANDING BUSINESSES, CREATE JOBS PAYING LIVING WAGES, AND EMPLOYING

LOW INCOME INDIVIDUALS. PROVIDE LOW-COST BUSINESS INCUBATOR SPACE TO

NEW, DEVELOPING OR EXPANDING BUSINESSES.

EXPENSES \$ 1,803,057. INCLUDING GRANTS OF \$ 547,915. REVENUE \$ 10,600.

FAMILY-BASED SERVICES PROGRAM - HELP INDIVIDUALS BECOME ECONOMICALLY

AND EMOTIONALLY SELF-SUFFICIENT. PROVIDE FAMILY DEVELOPMENT, OUTREACH,

REFERRAL, SUPPORTIVE SERVICES, CASE MANAGEMENT, MEDICAL INTERPRETERS,

REDUCED FEE DENTAL CARE TO LOW-INCOME FAMILIES AS WELL AS COMMUNITY

ORGANIZATION AND ADVOCACY.

Name of the organization CAP SERVICES, INC.	Employer identification number 39-1080897
--	--

EXPENSES \$ 698,254. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOMELESS AND SHELTER PROGRAMS - PROVIDE TEMPORARY SHELTER, COUNSELING AND REFERRAL FOR HOMELESS INDIVIDUALS IN THE COMMUNITY.

EXPENSES \$ 382,611. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FOOD - PROVIDE NUTRITION ASSISTANCE TO LOW-INCOME INDIVIDUALS IN THE COMMUNITY.

EXPENSES \$ 208,451. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMMUNITY SERVICES - PROVIDES FINANCIAL AND OTHER ASSISTANCE TO LOW-INCOME INDIVIDUALS IN THE COMMUNITY TO AID IN LONG-TERM SELF-SUFFICIENCY AND ENHANCE THE QUALITY OF LIFE.

EXPENSES \$ 1,246,707. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 204,387. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRANSPORTATION PROGRAM

EXPENSES \$ 68,352. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED IN 2010 IN SECTION 2.2 TO INCLUDE EARLY CHILDHOOD EDUCATION AND CARE AS A STRATEGY TO FOSTER SELF SUFFICIENCY AND IN SECTION 4.9 TO INCLUDE REFERENCE TO FAPM FOR PROCEDURAL GUIDANCE ON BOARD MEETINGS. THE BYLAWS WERE AMENDED IN MARCH 2011 IN SECTION 3.3 TO REQUIRE BOARD MEMBERS TO PROVIDE THEIR SOCIAL SECURITY NUMBER.

Name of the organization

CAP SERVICES, INC.

Employer identification number

39-1080897

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 RETURN IS REVIEWED IN
DETAIL BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST FORMS ARE
COLLECTED ANNUALLY FROM DIRECTORS, SENIOR MANAGEMENT AND KEY EMPLOYEES AND
REVIEWED FOR POSSIBLE CONFLICTS. IF A CONFLICT EXISTS THE INDIVIDUAL WILL
BE RECUSED FROM THE DECISION-MAKING PROCESS. PURCHASING DECISIONS ARE
SUBJECT TO REVIEW BY SENIOR MANAGEMENT. CEO APPROVAL IS REQUIRED AT THE
\$5,000 LEVEL, BOARD OF DIRECTOR APPROVAL AT \$10,000.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS ESTABLISHES
THE SALARY SCHEDULE FOR THE CORPORATION USING THE POSITION CLASSIFICATION
SYSTEM AND WAGE RANGES TYPICAL FOR COMPARABLE WORK IN SIMILAR ORGANIZATIONS
IN THE STATE. THE STARTING SALARY FOR A NEW HIRE IS BASED ON EDUCATION AND
EXPERIENCE RELATED TO THE POSITION. CAP SERVICES PERFORMS WAGE
COMPARABILITY STUDIES ON A SAMPLING OF POSITIONS EVERY THREE YEARS TO
ENSURE WAGE STRUCTURE IS APPROPRIATE FOR THE ORGANIZATION. CAP SERVICES
PARTICIPATES IN SELECTED WAGE STUDIES WHEN THE INFORMATION IS COLLECTED FOR
CAP'S GEOGRAPHIC AREA, FOR WISCAP OR OTHER WISCONSIN CAP AGENCIES OR FOR
SELECTED TRADE GROUPS (MRA-THE MANAGEMENT ASSOCIATION, INC., AS EXAMPLE).
THE COMPENSATION FOR SENIOR MANAGEMENT, INCLUDING THE CEO, IS DETERMINED IN
THE SAME MANNER AS THAT OF ALL OTHER STAFF. CERTAIN POSITIONS MAY HAVE
PERFORMANCE-BASED INCENTIVES, AS APPROVED IN ADVANCE BY THE BOARD OF
DIRECTORS. COMPENSATION IS SET BY INDIVIDUALS WITHOUT A CONFLICT OF
INTEREST AND ALL DECISIONS ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

Name of the organization

CAP SERVICES, INC.

Employer identification number

39-1080897

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 21,958.

FORM 990, PART XII, LINE 2C

PORTION OF FINANCE COMMITTEE STATEMENT OF PURPOSE: THE COMMITTEE ALSO SELECTS THE AUDIT FIRM AND OVERSEES AND REVIEWS THE ANNUAL AUDIT TO PROVIDE INDEPENDENT OVERSIGHT OF THE ORGANIZATION'S ACCOUNTING AND FINANCIAL REPORTING. THE COMMITTEE MEETS WITH THE AUDITOR, REVIEWS THE ANNUAL AUDIT AND RECOMMENDS APPROVAL OR MODIFICATION TO THE BOARD. THE COMMITTEE REVIEWS THE IRS 990 TO ENSURE IT REFLECTS THE AUDITED FINANCIAL STATEMENTS AND RECOMMEND ITS APPROVAL OR MODIFICATION TO THE BOARD. THERE HAVE BEEN NO CHANGES TO PROCEDURE FROM PRIOR YEAR.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BRODHEAD SENIOR HOUSING, LLC - 20-3545733 5499 HWY 10 E, SUITE A STEVENS POINT, WI 54481	RELATED LOW INCOME RENTAL HSG	WISCONSIN	0.	58. N/A	
ADAMS FRIENDSHIP SENIOR HOUSING, LLC - 20-3545783, 5499 HWY 10 E, SUITE A, STEVENS POINT, WI 54481	RELATED LOW INCOME RENTAL HSG	WISCONSIN	0.	58. N/A	
LANCASTER SENIOR HOUSING, LLC - 20-5720814 5499 HWY 10 E, SUITE A STEVENS POINT, WI 54481	RELATED LOW INCOME RENTAL HSG	WISCONSIN	0.	63. N/A	
OLEN PARK SENIOR HOUSING, LLC - 20-5720783 5499 HWY 10 E, SUITE A STEVENS POINT, WI 54481	RELATED LOW INCOME RENTAL HSG	WISCONSIN	0.	42. N/A	
RIVER CITY SENIOR HOUSING, LLC - 20-5720842 5499 HWY 10 E, SUITE A STEVENS POINT, WI 54481	RELATED LOW INCOME RENTAL HSG	WISCONSIN	0.	55. N/A	
FOX FIRE SENIOR HOUSING, LLC - 20-5654431 5499 HWY 10 E, SUITE A STEVENS POINT, WI 54481	RELATED LOW INCOME RENTAL HSG	WISCONSIN	0.	71. N/A	
MORRIS PARK SENIOR HOUSING, LLC - 26-0195132 5499 HWY 10 E, SUITE A STEVENS POINT, WI 54481	RELATED LOW INCOME RENTAL HSG	WISCONSIN	0.	-34. N/A	
COMMUNITY ASSETS FOR PEOPLE, LLC - 39-1080897, 5499 HWY 10 E, SUITE A, STEVENS POINT, WI 54481	LENDING/BUSINESS DEVELOPMENT	WISCONSIN	605,683.	15,168,182. N/A	
TEE CEE LLC - 20-1758655 5499 HWY 10 E, SUITE A STEVENS POINT, WI 54481	DRY CLEANING SERVICES	WISCONSIN	330,633.	0. N/A	
CAP PRO, LLC - 39-1080897 5499 HWY 10 E, SUITE A STEVENS POINT, WI 54481	HOUSING CONSTRUCTION BY STUDENTS	WISCONSIN	0.	0. N/A	

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IOLA SENIOR HOUSING - 26-0195039	RELATED LOW INCOME RENTAL	WISCONSIN	0.	54,867	N/A
5499 HWY 10 E, SUITE A	RELATED LOW INCOME RENTAL	WISCONSIN	0.	N/A	
STEVENS POINT WI 54481	HSG	WISCONSIN	0.	54,867	N/A
LIVING OAKS, LLC - 39-1080897	RELATED LOW INCOME RENTAL	WISCONSIN	0.	0	N/A
5499 HWY 10 E, SUITE A	RELATED LOW INCOME RENTAL	WISCONSIN	0.	0	N/A
STEVENS POINT WI 54481	HSG	WISCONSIN	0.	0	N/A
KEMAUWNEE SENIOR HOUSING LLC - 26-3818806	RELATED LOW INCOME RENTAL	WISCONSIN	0.	0	N/A
5499 HWY 10 E, SUITE A	RELATED LOW INCOME RENTAL	WISCONSIN	0.	83	N/A
STEVENS POINT WI 54481	HSG	WISCONSIN	0.	83	N/A
MEYAUWEGA SENIOR VILLAGE LLC - 26-3265172	RELATED LOW INCOME RENTAL	WISCONSIN	1,754,637.	2,202,971	N/A
5499 HWY 10 E, SUITE A	RELATED LOW INCOME RENTAL	WISCONSIN	1,754,637.	2,202,971	N/A
STEVENS POINT WI 54481	HSG	WISCONSIN	1,765,505.	2,826,881	N/A
COLBY ABBOTTSFORD SENIOR VILLAGE LLC -	RELATED LOW INCOME RENTAL	WISCONSIN	1,765,505.	2,826,881	N/A
27-1154737, 5499 HWY 10 E, SUITE A, STEVENS	RELATED LOW INCOME RENTAL	WISCONSIN	1,765,505.	2,826,881	N/A
POINT, WI 54481	HSG	WISCONSIN	1,765,505.	2,826,881	N/A
MAUSTON SENIOR HOUSING LLC - 27-3141911	RELATED LOW INCOME RENTAL	WISCONSIN	100.	100	N/A
5499 HWY 10 E, SUITE A	RELATED LOW INCOME RENTAL	WISCONSIN	100.	100	N/A
STEVENS POINT WI 54481	HSG	WISCONSIN	100.	100	N/A
SEYMOUR SENIOR HOUSING LLC - 27-3142346	RELATED LOW INCOME RENTAL	WISCONSIN	100.	100	N/A
5499 HWY 10 E, SUITE A	RELATED LOW INCOME RENTAL	WISCONSIN	100.	100	N/A
STEVENS POINT WI 54481	HSG	WISCONSIN	100.	100	N/A
WAUPACA AFFORDABLE TOWNHOMES LLC -	RELATED LOW INCOME RENTAL	WISCONSIN	0.	0	N/A
27-3142497, 5499 HWY 10 E, SUITE A, STEVENS	RELATED LOW INCOME RENTAL	WISCONSIN	0.	0	N/A
POINT, WI 54481	HSG	WISCONSIN	0.	0	N/A

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity																				
b Gift, grant, or capital contribution to other organization(s)																				
c Gift, grant, or capital contribution from other organization(s)																				
d Loans or loan guarantees to or for other organization(s)																				
e Loans or loan guarantees by other organization(s)																				
f Sale of assets to other organization(s)																				
g Purchase of assets from other organization(s)																				
h Exchange of assets																				
i Lease of facilities, equipment, or other assets to other organization(s)																				
j Lease of facilities, equipment, or other assets from other organization(s)																				
k Performance of services or membership or fundraising solicitations for other organization(s)																				
l Performance of services or membership or fundraising solicitations by other organization(s)																				
m Sharing of facilities, equipment, mailing lists, or other assets																				
n Sharing of paid employees																				
o Reimbursement paid to other organization for expenses																				
p Reimbursement paid by other organization for expenses																				
q Other transfer of cash or property to other organization(s)																				
r Other transfer of cash or property from other organization(s)																				

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

