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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the :	2009 ca	lendar yea	r, or tax year beginning 07	-01-2009 and ending 06-30-2	2010				
B Ch	eck ıf a	pplicable	Please	C Name of organization RCAP SOLUTIONS INC				D Employer	ident	ification number
☐ Add	dress ch	nange	use IRS label or	FORMERLY RURAL HOUSING	IMPROVEMENT INC			04-2454		
┌ Na	me cha	nge	print or	Doing Business As				E Telephone	num	ber
┌ Ind	ial retu	rn	type. See Specific	Number and street (or D.O. h	ox if mail is not delivered to street ad	Idross\ Doom	o/suito	(800) 488	3-19	69
_	mınate		Instruc- tions.	205 SCHOOL STREET	ox ii maii is not delivered to street ad	idless) Roon	n/ Suite	G Gross receip	ts \$ 2	26,670,123
_	ended		tions.	City or town, state or country	and ZID + 4					
_				GARDNER, MA 01440	, and ZIP + 4					
J Ap	olication	n pending								
				ne and address of principal A Koller	officer	H(a)		ıs a group ret	urn fo	
				CHOOL STREET			affilia	ites?		⊤Yes ▼ No
			GARDN	NER,MA 01440		Н(Ь)	Are al	l affiliates incl	uded	?
				_			If"N	o," attach a lı	st (s	ee instructions)
I Ta	x-exem	npt status	✓ 501(c)) (3) ◀ (insert no)	(a)(1) or 527	H(c)	Grou	ıp exemption	numl	oer 🟲
J W	ebsite	e:⊨ www	v rcapsolut	cions org						
K For	m of or	nanization	✓ Cornorat	tion Trust Association C	other b -	l Ye	ar of fo	rmation 1969	M St	tate of legal domicile MA
_	rt I	Sumn		tion (Trust) resociation (Aller P	- 10		mation 1909	1	acte of legal dofficie 1177
			•	e organization's mission or	most significant activities					
					nt agency under Section 8 of th	_		•		_
မွ		technical assistance and training to low-income rural communities and other agencies in order to provide of water & waste disposal facilities. Manage HIID 202 properties for the elderly								nhance their drinking
Ě		water & waste disposal facilities Manage HUD 202 properties for the elderly								
Ě										
Governance										
	2				itinued its operations or dispos					
න ගූ	3				oody (Part VI, line 1a)				_	13
Ě	4		•	_	e governing body (Part VI, line	1b) .		•	_	11
Activities &				nployees (Part V , line 2a)					_	94
∢				olunteers (estimate if neces	.,				6 _	1
					Part VIII, column (C), line 12				7a _ 	
	b	Net unre	elated busi	iness taxable income from	Form 990-T, line 34				7 Ь	0
					,		Pric	r Year		Current Year
<u>o</u>	8	9 Program service revenue (Part VIII, line 2g)						24,421	1	26,149,635
Rayenue								24,704,801	 	508,996
Ŗ	10				lines 3, 4, and 7d)	•		0	-	0
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line						0		11,492
	12				t equal Part VIII, column (A),	iine		24,729,222		26,670,123
	13				olumn (A), lines 1-3)			0		0
	14	Benefit	s paid to c	or for members (Part IX, co	lumn (A), line 4)			0		0
	15	Salarıe	s, other co	ompensation, employee bei	nefits (Part IX, column (A), line	es 5-				
Expenses		10)						4,007,898		4,245,756
ģ.	16a	Profess	sional fund	lraising fees (Part IX, colui	mn (A), line 11e)					0
핓	ь	Total fur	ndraising exp	enses (Part IX, column (D), line	25) ► <u>0</u>	_				
	17	Other	expenses ((Part IX, column (A), lines	11a-11d, 11f-24f)			20,554,868		22,056,790
	18	Total e	xpenses /	Add lines 13-17 (must eq	ual Part IX, column (A), line 25	5)		24,562,766		26,302,546
	19	Revenu	ue less exp	penses Subtract line 18 fr	om line 12			166,456		367,577
উউ						Be		g of Current		End of Year
Net Assets or Fund Balances	30	T - + - '	anche /D	rt V June 161			<u> </u>	'ear	-	4 220 021
A.B.	20							3,764,776	1	4,329,926
<u> 5</u> 5	21							3,279,968	_	3,510,900
	22 11111				1 from line 20	•		484,808		819,026
Ра	f TT	_	ature Blo		uned this return, including accompany	una schodulo	c and c	catomonts and t	o tho	host of my knowledge
					n of preparer (other than officer) is b					
							1			
Sign		*****	** ture of office	Nr.				05-10		
Her	-	' '					Date			
			N KOLLER PR	RESIDENT/CEO e and title						
		F 1998	or print nam	5 5 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ta		T		
		Preparer's		Labonte	Date 2011-05-10	Check if self-		Preparer's ide (see instruction		ng number
Paid	_	Jagnatule	7			empolyed	·⊢		_	
	arer's						_	EIN Þ		
Use	Unly	if self-employed), address, and ZIP + 4 10 Forbes West								
				Braintree, MA 02184				Phone no 🕨	(781) 380-3520
May	the IR	S discus	s this retu	,	above? (see instructions) .				Į.	Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Rental assistance received from a government agency under Section 8 of the Housing Assistance Payments Program Providing technical assistance and training to low-income rural communities and other agencies in order to provide or enhance their drinking water & waste disposal facilities Manage HUD 202 properties for the elderly

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
	If "Yes," describe these i	new services on S	chedule O					
3	Did the organization ceasservices?	se conducting, or i	make sıgnıfıcaı	nt changes in how it c	onducts, any program	┌ Yes ┌ No		
	If "Yes," describe these	hanges on Sched	ule O					
4	• •	01(c)(4) organızat	ions and secti	on 4947(a)(1) trusts	e largest program services t are required to report the ar service reported	•		
4a	(Code) (Expenses \$	22,219,470	ıncludıng grants of \$) (Revenue \$	37,093)		
	homelessness prevention, an	d family unification ar	nd self-sufficiency	services These services in	assachusetts to provide a wide rai iclude housing assistance payment d tenant mediation, and training a			
4b	(Code) (Expenses \$	2,020,318	ıncludıng grants of \$) (Revenue \$	88,088)		
		conomic health by pro	viding consulting,	planning, financing, build-	out oversight, regulatory and com	nd the U S Virgin Islands to promote pliance oversight, management,		
4c	(Code) (Expenses \$	180,313	including grants of \$) (Revenue \$	394,223)		
					on oversees the operations of all retrictions of all retrictions currently includes nine afform	esidential rental properties, as well dable housing projects and one		
4d	Other program services	(Describe in Sch	edule O)					
	(Expenses \$	ınc	udıng grants o	f \$) (Revenue \$)		
4e	Total program service e	xpenses) -\$	24,420,10	1				
						Form 990 (2009)		

Part IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	j		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 47			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
_				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
5a	Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		
·	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		N o
d	file Form 8282?	70		110
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	71.		
8	required?	7h		
_	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

205 SCHOOL STREET GARDNER, MA 01440 (978) 630-6630

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 11			
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?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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?	16b		
Se	ction C. Disclosure	'	'	
17	List the States with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Form 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.			
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 See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	h ⊫ -
	Karen A Koller			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffıce	r, director, trustee o	or key employee		
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)				I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
SHARYN RICE CHAIRMAN OF THE BOARD	5 00	х		х				О	0	0	
KAREN A KOLLER PRESIDENT & CEO/CLERK	40 00	х		х				168,638	0	11,680	
EDWIN J SHANAHAN VICE CHAIR	5 00	Х		Х				0	0	0	
MICHAEL D HEWITT TREASURER	5 00	Х		х				0	0	0	
JANIS C CONLON IMMEDIATE PAST CHAIR	5 00	Х		Х				0	0	0	
SCOTT A BARTLEY DIRECTOR	5 00	Х						0	0	0	
WANDA LEE DAVIS DIRECTOR	5 00	Х						0	0	0	
LAURA M DOWNS DIRECTOR	5 00	Х						0	0	0	
GORDON R EDMONDS DIRECTOR	5 00	Х						0	0	0	
GEORGE D JONES III DIRECTOR	5 00	х						0	0	0	
M SHIRLEY MARTIN DIRECTOR	5 00	х						0	0	0	
CYNTHIA A KINGDON DIRECTOR	5 00	х						0	0	0	
PAUL A TEIXEIRA VP OF REAL ESTATE SERVICES	40 00			х				101,878	0	14,531	
bEN EL - QASEM CFO	40 00			х				110,064	0	15,050	
dIANA CCASAVECCHIA dIRECTOR	5 00						х	0	0	0	

organization and related organizations greater than \$150,000 individual		► who rece	380,580	0		41,261	
 \$100,000 in reportable compensation from the organization Did the organization list any former officer, director or trustee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable coorganization and related organizations greater than \$150,000 individual Did any person listed on line 1a receive or accrue compensation 		a) who rece		•			
on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable coorganization and related organizations greater than \$150,000 individual Did any person listed on line 1a receive or accrue compensations	·3	e, who rece	ived more than				
on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable coorganization and related organizations greater than \$150,000 individual Did any person listed on line 1a receive or accrue compensations					Yes	No	
organization and related organizations greater than \$150,000 individual				oyee 3		No	
·	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						
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person						
Section B. Independent Contractors							
1 Complete this table for your five highest compensated indepensation \$100,000 of compensation from the organization	ndent contra	actors that	received more than				
(A) Name and business address			(B) Description of se	rvices	(C Comper		
2 Total number of independent contractors (including but not limit \$100,000 in compensation from the organization ►0	ted to those	listed abov		than			

Form 99								Page 9
Part	/1111	Statement o	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
\$ \$	1a	Federated cam	paigns 1a					
듄	ь	Membership du	es 1b					
చ్	c	Fundraising eve	ents 1c					
£ ï	d	Related organiz	ations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants	s (contributions) 1e	26,140,791				
泛	f	All other contribution	ons, gifts, grants, and 1f	8,844				i i
₽ E	g	sımılar amounts no	ot included above butions included in					
달								
ဝှင်း	h		s 1a-1f	▶	26,149,635			
				Business Code				
Ē	2a	PROPPERTY MANA	GEMENT F	531,390	236,420	236,420		
Program Serwce Revenue	ь	CONSULTING		531,390	93,215	93,215		
93	c	PROPERTY DEVELO	PMENT F	531,390	74,125	74,125		
ē. Z	d	Intercompany Reir	nburse	531,390	63,479	63,479		
8	e	INTERNAL SUBSIDY	<u>'</u>	531,390	28,323	28,323		
Graf.	f	All other progra	am service revenue		13,434	13,434		
کِ	g	Total Add lines	s 2a-2f	h .	508,996			
	3		ome (including dividen		300,330			
			aramounts)	F				
	4		tment of tax-exempt bond	proceeds				
	5	Royalties	(2) D = -1	(v) P				
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	c	expenses Rental income						
		or (loss)		<u>.</u>				
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	ь	Less cost or other basis and sales expenses						
	C	Gain or (loss)	- \	<u> </u>				
	d 8a	Gross income f	rom fundraising					
ě		events (not inc	luding					
Other Revenue			reported on line 1c)					
<u>a</u>	Ь	1	a					
돌	c		penses b (loss) from fundraising	events 🕨				
_	9a		rom gaming activities					
	ь		a penses b					
	10a	Gross sales of	loss) from gaming activity	vities				
		returns and allo	owances . a					
	b		oods sold b					
	С	Net income or ((loss) from sales of inve	entory ► Business Code				
	11a		s reveilue	900,099	11,492	11,492		
	ь	Miscellaneous		233,033	11,12	,		
	c							
	d	All other reven	ue					
	e	Total. Add lines		<u></u>				
				· · · · •	11,492			
	12	rotai revenue.	See Instructions	٠. ٠	26,670,123	520,488	0	0

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	l other organizations must complete column (A) but are not required to	complet e column	(B), (C), and (B)	(D). (C)	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$, line 21 $$									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
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	467,261	159,569	307,692						
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	3,167,260	2,565,964	601,296						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,702	10,414	3,288						
9	Other employee benefits	282,234	224,660	57,574						
10	Payroll taxes	315,299	245,825	69,474						
11	Fees for services (non-employees)									
а	Management									
b	Legal	11,723	3,370	8,353						
c	Accounting	81,260		81,260						
d	Lobbying	33,000		33,000						
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	162,536	54,986	107,550						
12	Advertising and promotion	11,048	1,537	9,511						
13	Office expenses	177,588	80,951	96,637						
14	Information technology									
15	Royalties									
16	Occupancy	577,681	220,410	357,271						
17	Travel	287,036	267,401	19,635						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	32,266	9,434	22,832						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	53,852		53,852						
23	Insurance	17,900		17,900						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	Housing Assistance paym	20,412,130	20,412,130							
ь	Program Supplies & mate	130,314	126,932	3,382						
c	Staff Training	21,695	16,960	4,735						
d	Meals	14,992	7,054	7,938						
e										
f	All other expenses	31,769	12,504	19,265						
25	Total functional expenses. Add lines 1 through 24f	26,302,546	24,420,101	1,882,445	0					
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. ,		-					

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,869,136	1	2,645,873
	2	Savings and temporary cash investments			623,252	2	701,231
	3	Pledges and grants receivable, net			959,159	3	777,791
	4	Accounts receivable, net			61,545	4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key e	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			20,314	9	20,607
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D					
	ь	Less accumulated depreciation	10Ь	520,540	211,370	10c	157,518
	11	Investments—publicly traded securities	•			11	
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			20,000	15	26,906
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,764,776	16	4,329,926
	17	Accounts payable and accrued expenses .			547,788	17	653,755
	18	Grants payable			1,687,055	18	1,916,536
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D .	•	635,647	21	702,796
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		•	269,478	23	237,813
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D			140,000	25	0
	26	Total liabilities. Add lines 17 through 25			3,279,968	26	3,510,900
ces		Organizations that follow SFAS 117, check here ▶ ↓ and complethrough 29, and lines 33 and 34.	ete lir	nes 27			
Balance	27	Unrestricted net assets			484,808	27	819,026
8	28	Temporarily restricted net assets			0	28	
Fund	29	Permanently restricted net assets		0	29		
Ŧ		Organizations that do not follow SFAS 117, check here ► □ and	l comp	olete			
ō		lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds	•			30	
SSE	31	Paid-in or capital surplus, or land, building or equipment fund				31	
t As	32	Retained earnings, endowment, accumulated income, or other fur	ıds			32	
Net	33	Total net assets or fund balances			484,808		819,026
	34	Total liabilities and net assets/fund balances			3.764.776	I 34	4,329,926

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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	2c	Yes	
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 consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated 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?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

Name of the organization

Department of the Treasury Internal Revenue Service

(Form 990 or 990EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

		ONS INC URAL HOUS	SING IMPROVEN	MENT INC					04-2454675	5		
Pai	τI	Reas	on for Pub	olic Charity Stat	us (All orga	anızatıons	must comp	lete this pa				
he o	rganız			foundation because								
1	\sqcap	A churc	h, conventio	on of churches, or as:	sociation of d	churches s e	ection 170(b)	(1)(A)(i).				
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ		cal research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	nospital desc	rıbed ın sect	ion 170(b)(1)	(A)(iii). Ente	r the	
5	Г	An orga	ınızatıon ope	rated for the benefit	of a college	or university	y owned or op	erated by a	governmental	unıt describe	– ed in	
		section	170(b)(1)(A	\)(iv). (Complete Pa	rt II)							
6	Γ	A feder	al, state, or l	ocal government or	governmenta	ıl unıt descr	ıbed ın sectio	n 170(b)(1)	(A)(v).			
7	굣	describ	ed ın	t normally receives a		part of its s	upport from a	a governmen	tal unit or fron	n the general	public	
8	\vdash			described in section)(vi) (Com	plete Part II)				
9	Ė			t normally receives					utions, membe	rship fees, a	nd gro	s s
	•			ties related to its ex								
		ıts supp	ort from gro	ss investment incom	ne and unrela	ited busines	s taxable ınc	ome (less s	ection 511 tax	() from busin	esses	
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e section 5 0	09(a)(2). (Co	mplete Part	III)			
10	Γ	Anorga	nızatıon org	anızed and operated	exclusively	to test for p	ublic safety s	See section 5	509(a)(4).			
11	Γ	Anorga	nızatıon org	anized and operated	exclusively	for the bene	fit of, to perfo	rm the funct	ions of, or to c	arry out the	purpos	ses of
				/ supported organiza						section 509(a)(3).	Check
			_that describ Type I	es the type of suppo Type II					_	Type II		
_	_	· ·		,			- Functionally		d			
е	,	•	-	x, I certify that the o on managers and othe	-		•	•	•	•	•	
		section	509(a)(2)	_		•		_				-
f				eceived a written de	termination f	rom the IRS	that it is a T	уре І, Туре	II or Type III	supporting o	rganız	ation,
		check t		006, has the organız	ation accont	od any gift (or contributio	n from any o	ftho			1
g			g persons?	ooo, nas the organiz	ation accept	ed any gire	or contributio	ii ii oiii aiiy o	Tille			
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desc	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organiza [.]	tion?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed ın (ı) abov	/e?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) al	oove?			11g(iii)		
h		Provide	the followin	g ınformatıon about t	he supported	d organizatio	on(s)					
Name of supported EIN lines 1-9 above organization or IRC section document?						vii) ount of oport?						
				(see instructions))	Yes	No	Yes	No	Yes	No		
							_					

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part	1.)			
	ection A. Public Support		_					
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual				262,666	26,	149,635	26,412,301
	grants ")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its							
	behalf							
3	The value of services or facilities furnished by a governmental unit to							
4	Total. Add lines 1 through 3				262,666	26.	149,635	26,412,301
	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							
6	(f) Public Support. Subtract line 5 from	,						
U	line 4	1						26,412,301
Se	ection B. Total Support	•	•	•	•			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	na	(f) Total
	ın)	(4) 2003	(5) 2000	(0) 2007				
7	A mounts from line 4				262,666	26,	149,635	26,412,301
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties				24,637			24,637
	and income from similar sources				21,007			21,037
9	Net income from unrelated							
	business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss						11,492	11,492
	from the sale of capital assets							
11 12	Total support (Add lines 7 through 10) Gross receipts from related activiti	as atc (Saa ins	tructions)			142 [26,448,430
	•		•		661.	12	`	98,199,425
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, secon	a, tnira, fourth, or	TITTH TAX YEAR AS A	501(c)(3) organiz	Pation, ►
_Se	ection C. Computation of Pul							
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	11 column (f))		14		99 860 %
15	Public Support Percentage for 200	8 Schedule A, Pa	art II, line 14			15		91 420 %
16a	33 1/3% support test—2009. If the and stop here. The organization qua				lline 14 is 33 1/3%	ormore	, check t	his box ▶ ▶
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization or more.	e organization did n qualifies as a p — 2009. If the org tion meets the "i	not check the be ublicly supported anization did not facts and circum:	ox on line 13 or 1 I organization check a box on l stances" test, ch	ine 13, 16a, or 16l eck this box and st	and line	14 Explain	▶┌
	in Part IV how the organization med			_				ed ▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza supported organization							▶ ┌
18	Private Foundation If the organizationstructions	ion did not check	k a box on line 13	3, 16a, 16b, 17a	or 17b, check this	box and s	ee	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	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 Gross receipts from activities that						
3	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 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493133031131

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ 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

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

◆ 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, line 35a (regarding proxy tax), then

▶ Se	ction 501(c)(4), (5), or (6) organizations Complete Part III					
	me of the organization AP SOLUTIONS INC	Employer	ider	tıfıca	tion numbe	er
	DMEDIA DUDAL HOLICTAIC TARROUVEMENT TAIC	04-24546	575			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a	ection 5	527	' org	anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Par	t IV				
2	Political expenditures	F		\$		
3	Volunteer hours					
Par	t 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	l	-	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	1	>	\$ <u></u>		
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					
Par	t I-C Complete if the organization is exempt under section 501(c) except	section	50 :	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities 🖡	j -	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section exempt funtion activities	527 •	-	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b	ب	\$		
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes	☐ No
5	State the names, addresses and employer identification number (EIN) of all section 527 politica were made. For each organization listed, enter the amount paid from the filing organization's fund contributions received that were promptly and directly delivered to a separate political organization.	s Alsoent	tert	he ar	nount of po	litical

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

			9
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	a)	(b)
		Yes	No	A mount
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			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		33,000
j	Total lines 1c through 1i			33,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
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?			
Dar	+ THEA. Complete if the organization is exempt under section $501(c)(4)$ section	501/6	1/51 0	r 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		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 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) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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	4	
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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

Ident if ier	Ret urn Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying	FEE PAID TO RAPOZA ASSOCIATES OF WASHINGTON DC
	Activities	TO ASSIST IN IMPROVEMENT OF THE INFRASTRUCTURE
		OF RURAL COMMUNITIES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493133031131

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

RCAP SOLUTIONS INC FORMERLY RURAL HOUSING IMPROVEMENT INC 04-2454675 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

following amounts required to be reported under SFAS 116 relating to these items

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

Using the organization's accession and other records, check any of the following that are a significant use of items (check all that apply) a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exeminated part XIV	of its collection	1				
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exem						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exem						
Provide a description of the organization's collections and explain how they further the organization's exem	b Scholarly research e Other					
TUTEATV	npt purpose in					
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.						
a 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						
	A mou	Int				
C Beginning balance						
d Additions during the year						
Distributions during the year						
f Ending balance						
Did the organization include an amount on Form 990, Part X, line 21?	ন	Yes	∏ No			
If "Yes," explain the arrangement in Part XIV						
art V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV		N E W				
(a) Current Year (b) Prior Year (c) Two Years Back (d) Three	ee Years Back (e)Four Y	ears Back			
Contributions						
_ , , ,						
d Grants or scholarships e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
Provide the estimated percentage of the year end balance held as						
■ Board designated or quasi-endowment 🕨						
b Permanent endowment ▶						
C Term endowment						
a Are there endowment funds not in the possession of the organization that are held and administered for the	e					
organization by		Yes	No			
(i) unrelated organizations	3a(i)		<u> </u>			
(ii) related organizations	3a(ii)		<u> </u>			
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3b		<u> </u>			
Describe in Part XIV the intended uses of the organization's endowment funds art VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
	(c) Accumulated depreciation	(d) B	ook value			
a Land						
b Buildings						
c Leasehold improvements	148,253		113,735			
d Equipment	372,287		43,783			
e Other						

157,518

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return
1	Total expenses and losses per audited financial statements	₁	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts 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		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 _c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information	<u>. </u>	
Con	eplete this part to provide the descriptions required for Part II, lines 2, 5, and 0. Part III, lines 1a and 4. Pa	ort IV/ I	ings 1h and 2h

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

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, 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

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Effective July 1, 2009, the provisions of U.S. generally accepted accounting principles require that a tax position be recognized or derecognized based on a more-likely-than-not threshold. This applies to tax positions taken or expected to be taken in a tax return. The implementation of these provisions had no impact on the Company's financial statements. The Company does not believe its financial statements include any uncertain tax positions. All tax years prior to 2006 are closed via the passing of the Statute of Limitations. No notices have been received from either the Internal Revenue Service or Commonwealth of Massachusetts addressing any subsequent year.
		PART IV, LINE 2B FUNDS HELD IN ESCROW FOR TENANTS WHO ARE PARTICIPATING IN THE FAMILY SELF - SUFFICIENCY PROGRAM UNDER THE HUD SECTION 8 CHOICE HOUSING VOUCHER PROGRAM A PORTION OF THE FAMILY'S MONTHLY RENT PAYMENT IS PLACED INTO ESCROWACCOUNT UPON SUCCESSFUL COMPLETION OF THE PROGRAM, THE ESCROWED FUNDS ARE TURNED OVER TO THE FAMILY IF THE PARTICIPANT DOES NOT COMPLETE THE PROGRAM OR IF THEY ARE TERMINATED DUE TO NONCOMPLIANCE WITH PROGRAM REQUIREMENTS, THE FUNDS ARE RETAINED BY THE ORGANIZATION

Compensation Information

DLN: 93493133031131

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization RCAP SOLUTIONS INC FORMERLY RURAL HOUSING IMPROVEMENT INC **Employer identification number**

04-2454675

Ра	Questions Regarding Compensation	on			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc	rganization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive				
	officers, directors, trustees, and the CEO/Executive	e Director, regarding the items checked in line 1a.	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	I payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII,				
		n Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	<u>L</u>	8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
KAREN A KOLLER	(ı) (ıı)	168,638 0	0		-/	8,000	180,318	0
	··· <i>/</i>		0					0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Software ID: **Software Version:**

EIN: 04-2454675

Name: RCAP SOLUTIONS INC

FORMERLY RURAL HOUSING IMPROVEMENT INC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133031131

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Inspection **Employer identification number**

Name of the organization

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

RCAP SOLUTIONS INC FORMERLY RURAL HOUSING IMPROVEMENT INC

04-2454675

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED BY THE CFO AND MANAGEMENT ONCE ALL COMMENTS HAVE BEEN ADDRESSED, THE FINAL FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS AND THEN FILED WITH THE IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		RCAP SOLUTIONS CONDUCTS POLICY AND PROCEDURES TRAINING TO ALL EMPLOYEES AND STAFF ON AN ANNUAL BASIS AS PART OF THE TRAINING THE RCAP SOLUTIONS CONFLICT OF INTEREST POLICY IS COVERED ALL EMPLOYEES ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS ADDITIONALLY, ALL NEW EMPLOYEES UNDERGO A THOROUGH NEW EMPLOYEE ORIENTATION PROGRAM AS PART OF THE ORIENTATION TRAINING THE RCAP SOLUTIONS CONFLICT OF INTEREST POLICY IS COVERED AS WELL AS THE REQUIREMENT FOR NEW EMPLOYEES TO COMPLETE AND SIGN THE RCAP SOLUTIONS CONFLICT OF INTERST QUESTIONNAIRE THIS TRAINING, COMPLIANCE, AND MONITORING IS UNDER THE AUTHORITY OF THE RCAP SOLUTIONS' HUMAN RESOURCES DEPARTMENT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ORGANIZATION MAINTAINS A COMPENSATION COMMITTEE WHICH CONDUCTS A PERFORMANCE EVALUATION OF THE PRESIDENT & CEO ONCE THE EVALUATION IS COMPLETE THE COMPENSATION COMMITTEE COMES UP WITH A RECCOMMENDATION FOR AN ADJUSTMENT IN COMPENSATION BASED ON MERIT AFTER THE COMPENSATION COMMITTEE IS FINISHED ALL THE RESULTS OF THE EVALUATION IS GIVEN TO THE BOARD OF DIRECTORS AS WELL AS A RECOMMENDATION ON HOW TO ADJUST COMPENSATION All other employees go through a yearly evaluation by there managers starting in July & finishing in August Yearly goals & objectives are set and reviewed Six different compentencies are evaluated and goals are set for the coming year A weighted point system is used to come to a total score

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE PRESIDENT OF THE BOARD OF DIRECTORS OR BY INSPECTION AT THE GARDNER OFFICE IN ADDITION, THE FORM 990 IS AVAILABLE VIA GUIDESTAR AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133031131

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public

Department of the Treasury

ternal Revenue Service					Inspection
ame of the organization CAP SOLUTIONS INC ORMERLY RURAL HOUSING IMPROVEMENT INC	Employer identif	ication number			
Part I Identification of Disregarded Entities (Comple	04-2454675 /, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) d-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the second control of the secon	zations (Complete If ne tax year.)	the organization an	swered "Yes" on F	form 990, Part IV	/, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) Direct controlling entity
RCAP SOLUTIONS FINANCIAL SERVICES INC 205 SCHOOL STREET GARDNER, MA 01440 20-5660521	LOANS TO SMALL BUSINESSES	МА	501(C)(3)	SECTION 170(B)(1)	(A) N/A

Schedule R (Form 990) 2	:009														Pag	e 2
	ation of Related C								nization an	swered "	Yes" c	n For	m 990, Part I	√, lıne	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controll entity	ıng	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(f) Share of total inc	ome	(g Share of e ass	nd-of-year	(h Disprop allocat	rtionate	Code V—UBI amount in box 2 Schedule K-1 (Form 1065)	0 of	(j) Genera mana partr	al or ging
											Yes	No			Yes	No
HAPCO LLC 198 HARRINGTON ST B5 ATHOL, MA01331 01-0688838	LOW INCOME HOUSING RENTAL	МА	N/A													
	ation of Related C cause it had one or										nswer	ed "Y	es" on Form 9	90, Pa	art IV,	•
(a) Name, address, and EIN of related organization		Pr	· · · · · · · · · · · · · · · · · · ·		(c) egal domicile (state or foreign country)		entity (C				(f) total income		(g) Share of end-of-year assets		(h) Percentage ownership	
Athol Housing Associates Inc 205 School Stret Gardner, MA01440 01-0688835			eral partner of CO, LLC		МА	RC	CAP Solutions Inc	С						79	9 000 %	
		-		 		+				 				+-		

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	line 34, 35, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
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-I	V ?			
a Red	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Giff	, grant, or capital contribution to other organization(s)		1b		No
c Gift	, grant, or capital contribution from other organization(s)		1 c		No
d Loa	ns or loan guarantees to or for other organization(s)		1d		No
e Loa	ns or loan guarantees by other organization(s)		1e		No
f Sal	e of assets to other organization(s)		1f		No
g Pur	chase of assets from other organization(s)		1 g		No
h Exc	change of assets		1h		No
i Lea	se of facilities, equipment, or other assets to other organization(s)		1 i		No
j Lea	se of facilities, equipment, or other assets from other organization(s)		1 j		No
k Per	formance of services or membership or fundraising solicitations for other organization(s)		1k	Yes	
I Peri	formance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sha	ring of facilities, equipment, mailing lists, or other assets		1m		No
n Sha	aring of paid employees		1 n	Yes	
o Rei	mbursement paid to other organization for expenses		10		No
p Rei	mbursement paid by other organization for expenses		1р	Yes	
q Oth	ner transfer of cash or property to other organization(s)		1 q		No
r Oth	er transfer of cash or property from other organization(s)		1r		No
	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationshi	ps and transaction thres	holds		
	(a) Name of other organization	(b) Transaction type(a-r)		(c) t involve	ed
(1) RCAP S	OLUTIONS FINANCIAL SERVICES INC	N		8	9,239
	litional Data Table				
(2)					
(3)					
(4)					
(5)					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anaging eartner?	
			Yes	No		Yes	No		Yes	N	
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DLN: 93493133031131

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions.

► Attach to your tax return.

Sequence No 67

Name(s) shown on return RCAP SOLUTIONS INC		Business	or activit	y to which	this form re	lates	Ider	tifyin	g number
FORMERLY RURAL HOUS	SING IMPROVEN	MENT Form 990) Page 10				04-2	24546	575
Part I Election	To Evnense (Certain Property			170				
		isted property, con				nplet	te Part I.		
1 Maximum amount Se								1	250,000
2 Total cost of section :	179 property plac	ced in service (see in	struction	s) .				2	
3 Threshold cost of sec					uctions)			3	800,000
4 Reduction in limitation		•		•				4	,
5 Dollar limitation for ta					 D. Ifmarrie	- Hifilina			
separately, see instru	•			•		a 11111119	9	5	
separatery, see mistru	Ctions		• •	• •	• • •	•	• • •		
6 (a)	Description of pr	operty			(business us	е	(c) Elected	cost	
					only)	-	(4) 2100104		_
									_
						\perp			ᆛ
7 Listed property Enter					. 7				4
8 Total elected cost of	section 179 prop	erty Add amounts in	column (c), lines 6	and 7 .			8	
9 Tentative deduction 1	Enter the smaller	of line 5 or line 8				•		9	
10 Carryover of disallowe	ed deduction from	line 13 of your 2008	8 Form 45	62 .				10	
11 Business income limitation	Enter the smaller of	business income (not les	s than zero)	or line 5 (se	ee instructions)			11	
12 Section 179 expense	deduction Add I	ines 9 and 10, but do	not enter	r more tha	n line 11			12	
13 Carryover of disallowe		•			.▶ 13				
Note: Do not use Part									
						t incl	ude listed p	ropert	y) (See instructions)
14 Special depreciation a tax year (see instruct	allowance for qual								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
, ,	•							14	
15 Property subject to se	.,,,	election				•		15	
16 Other depreciation (in						•		16	53,852
Part IIII MACRS De	epreciation (I	Do not include list			e instruction	ons.)			
47 MACDC deductions fo			Sectio		000			1.7	1
17 MACRS deductions fo	-	•	=	-				17	
18 If you are electing	<i>y</i> , ,	•	rvice dui	ing the t	ax year int	o one	_		
general asset acco							<u>►l</u>	<u> </u>	
Section B-Ass	ets Placed in	Service During	2008 T	ax Year	Using the	Ger	neral Dep	recia	ition System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investme use only—see instructio	ent	Recovery period	(e) Conven	ition	(f) Metho	od	(g) Depreciation deduction
19a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property									
			2	5 yrs			S/L		
g 25-year property	1			5 yrs	MM		S/L		
h Residential rental		i .	l 27	5 yrs	MM		S/L		
							S/L		
h Residential rental property i Nonresidential real				9 yrs	ММ		·		
h Residential rental property i Nonresidential real property			3		ММ		S/L		
h Residential rental property i Nonresidential real property Section	on C—Assets Plac	ced in Service During	3		ММ	at ive	Depreciat io	n Syst	em
h Residential rental property i Nonresidential real property Section 20a Class life	on C—Assets Plac	ced in Service During	2009 Tax	Year Usin	ММ	at ive	Depreciat io	n Syst	em
h Residential rental property i Nonresidential real property Section 20a Class life b 12-year	on C—Assets Plac	ced in Service During	2009 Tax	Year Usin	M M g the Alterna	ative	S/L S/L	n Syst	em
h Residential rental property i Nonresidential real property Section 20a Class life	on C—Assets Plac	ced in Service During	2009 Tax	Year Usin	ММ	at ive	Depreciat io	n Syst	em
h Residential rental property i Nonresidential real property Section 20a Class life b 12-year c 40-year			2009 Tax 1 4	Year Using 2 yrs 0 yrs	M M g the Alterna M M	ative	S/L S/L	ı Syst	em
h Residential rental property i Nonresidential real property Section 20a Class life b 12-year c 40-year Non-Res Prop Type 1 cour	unt O Non-Res Pr	rop Type 2 count 0 N	2009 Tax 1 4	Year Using 2 yrs 0 yrs	M M g the Alterna M M	ative	S/L S/L	n Syst	em
h Residential rental property i Nonresidential real property Section 20a Class life b 12-year c 40-year	int 0 Non-Res Pr ry (see instruc	rop Type 2 count 0 N	2009 Tax 1 4 Non-Res F	Year Using 2 yrs 0 yrs Prop Totals	MM g the Alterna MM s count 0		S/L S/L S/L S/L		em

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruct	ions for	limit	s for p	asseng	er au	tomol	biles.)
24a Do you have evidence	e to support	the business/in	vestment ι	use claimed	d? ┌Yes	Гпо		24	lb If "Yes,	" is the	ev idenc	e written?	Γ _Y e	sГn	o
								·							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba	rother	(busines	(e) deprecia s/investr e only)		(f) Recovery period	(g) Metho Conven	d/	Depre	h) ciation/ uction		(i) Electe section cost	179
25Special depreciation allow	· ·		erty placed	ın service (during the	tax year	and u	ised more		25					
50% in a qualified busing	•								1.	25					
26 Property used more	than 50%	in a qualified %	business	use	1				I	<u> </u>					
		%								- 					
		%													
27 Property used 50%	or less in a		siness us	е											
		%							S/L - S/L -				_		
		%							S/L -	-+			-		
28 Add amounts in col	lumn (h) lir	l	ıh 27 En	ter here a	and on lu	ne 21	nage	1 .		28					
29 Add amounts in col						, ,	5-					29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			·		of Voh	· ·			29			
Complete this section i	for vehicles									or rel	ated pe	rson			
If you provided vehicles to y													e vehic	les	
30 Total business/inv	estment mi	les driven du	rına the		a)		b)		(c)	١	(d)	(€	•	1	(f)
year (do not includ				Vehi	cle 1	Vehi	cle 2	V e	hicle 3	V e	hicle 4	Vehi	cle 5	Veh	ıcle 6
						1		-				-			
31 Total commuting m						-									
32 Total other persona	al(noncomm	nuting) miles	drıven												
33 Total miles driven of through 32 .	during the y	ear Add line	s 30												
34 Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hou	rs? .														
35 Was the vehicle us owner or related pe		by a more t	han 5%												
36 Is another vehicle		r personal us	se? .												
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	heir E	mplov	ees	1	
Answer these question 5% owners or related p	s to determ	iine if you me	et an exc											not mo	re thar
37 Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, ind	luding c	ommu •	ting, by	your •	Y	'es	No
38 Do you maintain a vemployees? See th		•	•	•											
39 Do you treat all use	of vehicles	s by employe	es as pei	rsonal us	e? .										
40 Do you provide mor				oyees, ol	btaın ınfo	rmatio •	n froi	m your e	mployee	s abo	ut the u	se of the			
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruct	ons)					
Note: If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Sect	ion E	for the	covered	vehic	les				
Part VI Amortiz															
		(b)						(4)		(e)			/£\		
(a) Description of co	osts	Date amortizatio begins	n	A mort amo	ızable		((d) Code ection	per	rtızatıd 10d or entag			(f) rtızatı nıs ye		
42 A mortization of cos	te that has		Ur 2000	tay your	(see inc	truction	٦ς١		I beic	Jincay	-				
TE A INCIDIZATION OF COS	, is that bey	inis during ye	1	can year	(366 1115		13)		<u> </u>						
						-+			_						
		1.6	2555							T					
43 A mortization of cos	_					•	•			43	_				
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				44	.				

Additional Data

Software ID: Software Version:

EIN: 04-2454675

Name: RCAP SOLUTIONS INC

FORMERLY RURAL HOUSING IMPROVEMENT INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PROPPERTY MANAGEMENT F	531,390	236,420	236,420		
CONSULTING	531,390	93,215	93,215		
PROPERTY DEVELOPMENT F	531,390	74,125	74,125		
Intercompany Reimburse	531,390	63,479	63,479		
INTERNAL SUBSIDY	531,390	28,323	28,323		