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Form 990



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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
CAP SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 5499 HIGHWAY 10 E NO A

Room/suite

City or town, state or country, and ZIP + 4  
STEVENS POINT, WI 54482

F Name and address of principal officer  
MARY PATOKA  
5499 HIGHWAY 10 E NO A  
STEVENS POINT, WI 54482

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CAPSERVICES.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1966

M State of legal domicile WI

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities DEVELOP PROGRAMS AND MOBILIZE RESOURCES TO PROVIDE PROGRAMS FOR INDIVIDUALS SUCH AS HUMAN SERVICES, HOUSING, ECONOMIC AND FAMILY DEVELOPMENT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	348
	6	Total number of volunteers (estimate if necessary)	6	912
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	37,906
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	19,896,043	14,969,749
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,969,645	3,566,108
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-141,366	428,120
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	308,430	2,430
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,032,752	18,966,407
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,686,677	2,004,842
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,537,295	7,086,853
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶70,567	3,000	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,253,598	8,670,435
	19	Revenue less expenses Subtract line 18 from line 12	17,480,570	17,762,130
	20	Total assets (Part X, line 16)	4,552,182	1,204,277
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances Subtract line 21 from line 20	47,349,260	49,336,040
			19,630,913	20,544,368
			27,718,347	28,791,672

Part II

Signature Block

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

Sign Here

Signature of officer

MARY PATOKA PRESIDENT & CEO

Type or print name and title

Preparer's signature

RICHARD RUVELSON

Date

2012-08-09

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)  
P00234075

Firm's name (or yours if self-employed), address, and ZIP + 4

WIPFLI LLP  
7601 FRANCE AVENUE SOUTH SUITE 400  
MINNEAPOLIS, MN 55435

EIN ▶ 39-0758449

Phone no ▶ (952) 548-3400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 4,177,746 including grants of \$ ) (Revenue \$ )

EARLY CHILDHOOD DEVELOPMENT - THE EARLY CHILDHOOD DEVELOPMENT PROGRAM BRINGS CONTINUOUS, INTENSIVE AND COMPREHENSIVE CHILD DEVELOPMENT AND FAMILY SUPPORT TO INCOME-ELIGIBLE FAMILIES WITH CHILDREN AGE THREE TO FIVE AND SPECIAL NEEDS CHILDREN, REGARDLESS OF INCOME SERVICES INCLUDE EDUCATIONAL, HEALTH, NUTRITION AND EMOTIONAL SERVICES FOR CHILDREN, AND SUPPORT AND DEVELOPMENT SERVICES TO THEIR FAMILIES IN THE PROGRAM YEAR 2010-2011, 404 HEAD START AND 119 EARLY HEAD START CHILDREN AND THEIR FAMILIES WERE SERVED EIGHTY-FOUR PERCENT OF HEAD START CHILDREN SERVED MADE PROGRESS IN FIVE DOMAINS ON THE ASSESSMENT CONTINUUM NINETY-SEVEN PERCENT OF HEAD START AND 85% OF EARLY HEAD START FAMILIES SURVEYED FELT THE FAMILY DEVELOPMENT GOAL SETTING PROCESS WAS HELPFUL TO THEM AND THEIR FAMILY THE HEAD START PROGRAM SERVES PORTAGE, WAUPACA, WAUSHARA AND MARQUETTE COUNTIES EARLY HEAD START OPERATES IN WAUPACA AND PORTAGE COUNTIES

4b

(Code ) (Expenses \$ 3,369,311 including grants of \$ 1,394,018 ) (Revenue \$ )

WEATHERIZATION - WEATHERIZATION SERVICES AIM AT SAVING ENERGY THROUGH MEASURES SUCH AS INSULATION IN ATTICS, WALLS, CRAWL SPACES, WATER HEATERS AND PIPES, SEALING AIR LEAKS, AND INSTALLATION OF ENERGY SAVING APPLIANCES, LIGHT BULBS AND SHOWER HEADS SERVICES ARE PROVIDED FREE TO INCOME-ELIGIBLE PARTICIPANTS IN WAUSHARA, WAUPACA, MARQUETTE AND PORTAGE COUNTIES SINCE 1975 CAP HAS WEATHERIZED MORE THAN 10,000 HOMES IN 2011, CAP WEATHERIZED 272 HOUSING UNITS

4c

(Code ) (Expenses \$ 3,031,262 including grants of \$ ) (Revenue \$ 3,477,705 )

HOUSING AND HOUSING REHABILITATION - HOUSING AND HOUSING REHABILITATION PROGRAMS OPERATE TO PROVIDE SAFE AND AFFORDABLE OWNER OCCUPIED AND RENTAL HOUSING FOR LOW INCOME OR SPECIAL NEEDS FAMILIES, AND LOW TO MODERATE INCOME SENIORS PROGRAMS ALSO OFFER DOWN PAYMENT ASSISTANCE AND HOUSING REHABILITATION TO INCOME QUALIFIED INDIVIDUALS AND FAMILIES IN THE FORM OF 4% SIMPLE INTEREST DEFERRED LOANS DUE IN 30 YEARS OR WHEN CERTAIN ACCELERATING EVENTS OCCUR IN 2011, HOUSING PROGRAMS ASSISTED 17 INDIVIDUALS OR FAMILIES TO BUY A HOME, AND HOUSING REHABILITATION TO 53 OWNER OCCUPIED HOMES ALSO IN 2011, CAP DEVELOPED 48 RENTAL UNITS FOR AFFORDABLE SENIOR HOUSING AND BEGAN CONSTRUCTION OF A 24 UNIT FAMILY RENTAL PROJECT

(Code ) (Expenses \$ 1,179,303 including grants of \$ 233,850 ) (Revenue \$ )

SKILLS ENHANCEMENT - CAP'S SKILLS ENHANCEMENT PROGRAM HELPS WORKING INDIVIDUALS WITH INCOMES AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES OBTAIN TRAINING NEEDED TO COMPETE FOR LIVING WAGE JOBS PARTICIPANTS MUST BE WORKING AT LEAST 20 HOURS PER WEEK, AND MUST PURSUE TRAINING IN OCCUPATIONS THAT TYPICALLY PAY A LIVING WAGE WITH HEALTH INSURANCE BENEFITS IN 2010, THE PROGRAM HELPED 46 LOW INCOME INDIVIDUALS INCREASE THEIR ANNUAL INCOME BY AN AVERAGE OF \$11,758 (AVERAGE HOURLY INCREASE OF \$4.02) ALMOST 70% (31 OF 46) NOW HAVE ACCESS TO EMPLOYER-SPONSORED HEALTH INSURANCE BENEFITS

(Code ) (Expenses \$ 2,707,758 including grants of \$ ) (Revenue \$ 23,000 )

ECONOMIC DEVELOPMENT - PROVIDE TECHNICAL ASSISTANCE TO ASSIST NEW AND EXPANDING BUSINESSES, CREATE JOBS PAYING LIVING WAGES, AND EMPLOYING LOW INCOME INDIVIDUALS PROVIDE LOW-COST BUSINESS INCUBATOR SPACE TO NEW, DEVELOPING OR EXPANDING BUSINESSES

(Code ) (Expenses \$ 635,594 including grants of \$ 376,974 ) (Revenue \$ )

FAMILY-BASED SERVICES PROGRAM - HELP INDIVIDUALS BECOME ECONOMICALLY AND EMOTIONALLY SELF-SUFFICIENT PROVIDE FAMILY DEVELOPMENT, OUTREACH, REFERRAL, SUPPORTIVE SERVICES, CASE MANAGEMENT, MEDICAL INTERPRETERS, REDUCED FEE DENTAL CARE TO LOW-INCOME FAMILIES AS WELL AS COMMUNITY ORGANIZATION AND ADVOCACY

(Code ) (Expenses \$ 239,316 including grants of \$ ) (Revenue \$ )

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

(Code ) (Expenses \$ 193,806 including grants of \$ ) (Revenue \$ )

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

(Code ) (Expenses \$ 921,345 including grants of \$ ) (Revenue \$ )

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

(Code ) (Expenses \$ 219,712 including grants of \$ ) (Revenue \$ 18,251 )

OTHER PROGRAMS

(Code ) (Expenses \$ 71,696 including grants of \$ ) (Revenue \$ )

TRANSPORTATION PROGRAM

4d

Other program services (Describe in Schedule O )

(Expenses \$ 6,168,530 including grants of \$ 610,824 ) (Revenue \$ 41,251 )



















4e

Total program service expenses

\$ 16,746,849

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
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? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
		<b>Yes</b>	<b>No</b>		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	93		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	348		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes		
<b>4a</b>	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 or securities account)?	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter				
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>			
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>			
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21	
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made 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 organization.	SUSAN HENRY 5499 HWY 10 E SUITE A STEVENS POINT, WI 54482 (715) 343-7500

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK BREITENBACH BOARD MEMBER	2 00	X						0	0	0
(2) JAN BANICKI BOARD MEMBER	2 00	X						0	0	0
(3) NEIL JOHNSON BOARD MEMBER	2 00	X						0	0	0
(4) ARLENE STAHRER BOARD MEMBER	2 00	X						0	0	0
(5) LAUREN MAI CHAIRPERSON	2 00	X		X				175	0	0
(6) TANYA RABEC BOARD MEMBER	2 00	X						0	0	0
(7) JAMES CLARK BOARD MEMBER	2 00	X						0	0	0
(8) BRETT JARMAN VICE-CHAIRPERSON	2 00	X		X				0	0	0
(9) LYNE KAWLESKI TREASURER	2 00	X		X				0	0	0
(10) CAROL STELTENPOHL BOARD MEMBER	2 00	X						0	0	0
(11) ANN FREEMAN BOARD MEMBER	2 00	X						475	0	0
(12) DAVID JOHNSON BOARD MEMBER	2 00	X						0	0	0
(13) JAY STURM BOARD MEMBER	2 00	X						0	0	0
(14) KRIS MORK BOARD MEMBER	2 00	X						200	0	0
(15) HEATHER WALTENBERG BOARD MEMBER	2 00	X						275	0	0
(16) WILLIAM DOWNIE BOARD MEMBER	2 00	X						0	0	0
(17) LINDA FREUDENTHAL BOARD MEMBER	2 00	X						275	0	0



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRED GELLERUP BOARD MEMBER	2 00	X						450	0	0
(19) DENNIS WEDDE SECRETARY	2 00	X		X				0	0	0
(20) CETRA REED BOARD MEMBER	2 00	X						75	0	0
(21) SUE PLAMANN BOARD MEMBER	2 00	X						0	0	0
(22) MIKE INGRAM BOARD MEMBER (FORMER)	2 00	X						0	0	0
(23) MARIA ELENA DE LEON BOARD MEMBER (FORMER)	2 00	X						0	0	0
(24) MARTHA MCMILLAN BOARD MEMBER (FORMER)	2 00	X						175	0	0
(25) MARY PATOKA PRESIDENT & CEO	40 00			X				133,911	0	10,508
(26) SUSAN HENRY CHIEF FINANCIAL OFFICER	40 00			X				76,355	0	7,560
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								212,366	0	18,068

2

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

1

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GRAWLEY HEATING & COOLING 3468 CHURCH STREET STEVENS POINT, WI 54481	WEATHERIZATION SERVICES	521,969
LAMERS BUS LINES INC 2407 SOUTH POINT ROAD GREEN BAY, WI 54313	HEAD START TRANSPORTATION	296,456
SUPERIOR ROOFING OF PO CO LLC PO BOX 314 PLOVER, WI 54467	HOUSING REHAB	220,064
CHET'S PLUMBING & HEATING 3001 HOOVER AVENUE STEVENS POINT, WI 54481	WEATHERIZATION SERVICES	186,109
BADGER HEATING AND AIR CONDITIONING 5348 HWY 10E STEVENS POINT, WI 54481	WEATHERIZATION SERVICES	160,360
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		8

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	431,126				
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	14,080				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	13,307,549				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,216,994				
	g	Noncash contributions included in lines 1a-1f \$ 65,939						
	h	Total. Add lines 1a-1f . . . . .						14,969,749
Program Service Revenue			Business Code					
	2a	PROGRAM INCOME	531390	1,637,148	1,637,148			
	b	RENTAL INCOME	531110	1,605,617	1,605,617			
	c	INTEREST INCOME ON LOA	900099	282,092	282,092			
	d	FORGIVENESS OF DEBT	900099	23,000	23,000			
	e	OTHER INCOME	900099	18,251	18,251			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			3,566,108			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		330,157			330,157	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
		74,065						
		61,205						
		12,860						
	b	Less rental expenses			12,860		11,676	1,184
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
				1,109,244				
				1,011,281				
				97,963				
	b	Less cost or other basis and sales expenses			97,963			97,963
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ 14,080 of contributions reported on line 1c) See Part IV, line 18 . . . . .			10,492			10,492
	a	20,779						
	b	Less direct expenses . . . . .		10,287				
	c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19 . . . . .							
a								
b	Less direct expenses . . . . .							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . . . . .			-47,152	-47,152			
a	378,000							
b	Less cost of goods sold . . . . .		425,152					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue			Business Code					
11a	EXTERNAL TECHNOLOGY SE		541610	26,230		26,230		
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			26,230				
12	Total revenue. See Instructions . . . . .			18,966,407	3,518,956	37,906	439,796	

Part IX

Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	376,974	376,974		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,627,868	1,627,868		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	230,435		230,435	
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	4,525,003	4,098,385	385,355	41,263
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	217,202	212,373	2,828	2,001
9	Other employee benefits	1,758,726	1,630,417	112,950	15,359
10	Payroll taxes	355,487	328,516	23,877	3,094
11	Fees for services (non-employees)				
a	Management				
b	Legal	35,463	34,574	889	
c	Accounting	52,108		52,108	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,006,972	959,993	46,979	
12	Advertising and promotion	705	705		
13	Office expenses	563,886	538,360	16,676	8,850
14	Information technology	20,593	6,768	13,825	
15	Royalties				
16	Occupancy	307,905	281,381	26,524	
17	Travel	239,975	229,293	10,682	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	258,990	256,620	2,370	
20	Interest	1,301,128	1,301,128		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,087,875	1,087,875		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PROPERTY EXPENSES	1,408,850	1,408,850		
b	PARTICIPANT SUPPORT	1,212,546	1,212,546		
c	BAD DEBT	1,096,397	1,096,397		
d	OTHER EXPENSE	77,042	57,826	19,216	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	17,762,130	16,746,849	944,714	70,567
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			207,791	1	1,139,878
	2	Savings and temporary cash investments . . . . .			1,185,778	2	2,569,076
	3	Pledges and grants receivable, net . . . . .			1,136,376	3	823,408
	4	Accounts receivable, net . . . . .			413,888	4	1,038,937
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			15,448,004	7	16,914,331
	8	Inventories for sale or use . . . . .			4,188,451	8	3,561,340
	9	Prepaid expenses and deferred charges . . . . .			75,053	9	70,154
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	29,075,048			
	b	Less accumulated depreciation . . . . .	10b	8,640,302	22,049,323	10c	20,434,746
	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 . . . . .			410,656	13	406,464
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			2,233,940	15	2,377,706
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			47,349,260	16	49,336,040
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,071,671	17	1,767,865
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			510,324	19	1,874,738
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			11,997,826	23	11,398,372
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			2,969,131	24	3,381,114
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			2,081,961	25	2,122,279
	26	Total liabilities. Add lines 17 through 25 . . . . .			19,630,913	26	20,544,368
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			3,808,330	27	4,789,152
	28	Temporarily restricted net assets . . . . .			23,910,017	28	24,002,520
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			27,718,347	33	28,791,672
	34	Total liabilities and net assets/fund balances . . . . .			47,349,260	34	49,336,040

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	18,966,407
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	17,762,130
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	1,204,277
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	27,718,347
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-130,952
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	28,791,672

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b>	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 . . . . .	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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? . . . . .	Yes	
<b>b</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 . . . . .	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,041,191	12,951,809	13,773,917	19,896,043	14,969,749	71,632,709
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,041,191	12,951,809	13,773,917	19,896,043	14,969,749	71,632,709
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						71,632,709

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,041,191	12,951,809	13,773,917	19,896,043	14,969,749	71,632,709
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,879	91,171	70,192	99,016	330,157	676,415
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 from the sale of capital assets	3,815,152	1,311,584	1,688,930	2,021,340	3,964,887	12,801,893
11 Total support (Add lines 7 through 10)						85,111,017

12 Gross receipts from related activities, etc (See instructions )

1212,462,323

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	84 160 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	84 800 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME PROGRAM INCOME SPECIAL EVENT INCOME OTHER INCOME FORGIVENESS OF DEBT SALE OF INVENTORY

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.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures

▶ \$

3

Volunteer hours

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

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a

Was a correction made?

☐ Yes ☐ No

b

If "Yes," describe in Part IV

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

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$

4

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
	<b>a</b> Volunteers?		No	
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1 c through 1 i)?		No	
	<b>c</b> Media advertisements?		No	
	<b>d</b> Mailings to members, legislators, or the public?		No	
	<b>e</b> Publications, or published or broadcast statements?		No	
	<b>f</b> Grants to other organizations for lobbying purposes?		No	
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		210
	<b>j</b> Total lines 1 c through 1 i			210
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	CAP SERVICES, INC. PAYS MEMBERSHIP DUES TO WISCAP. A PORTION OF DUES PAID TO WISCAP ARE FOR LOBBYING ACTIVITIES.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
CAP SERVICES INC

Employer identification number  
39-1080897

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	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	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1 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  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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

b 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, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	270,109	246,851	173,364	168,963
b	Contributions . . . . .	1,100	1,300	34,141	48,732
c	Investment earnings or losses . . . . .	-5,242	21,958	39,346	-44,331
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	265,967	270,109	246,851	173,364

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,505,815		1,505,815
b Buildings . . . . .		26,411,720	7,874,725	18,536,995
c Leasehold improvements . . . . .				
d Equipment . . . . .		1,157,513	765,577	391,936
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				20,434,746

Schedule D (Form 990) 2011



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,966,407
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,762,130
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,204,277
4	Net unrealized gains (losses) on investments	4	-4,142
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-126,810
9	Total adjustments (net) Add lines 4 - 8	9	-130,952
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,073,325

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	19,544,006
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-4,142
b	Donated services and use of facilities . . . . .	2b	85,097
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	496,644
e	Add lines 2a through 2d . . . . .	2e	577,599
3	Subtract line 2e from line 1 . . . . .	3	18,966,407
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	18,966,407

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	18,470,681
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	85,097
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	623,454
e	Add lines 2a through 2d . . . . .	2e	708,551
3	Subtract line 2e from line 1 . . . . .	3	17,762,130
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	17,762,130

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION INTENDS TO USE THE ENDOWMENT FUNDS FOR OPERATION AND PROGRAM SERVICES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CAP SERVICES, INC IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT IS ALSO EXEMPT FROM WISCONSIN FRANCHISE OR INCOME TAX THE WHOLLY OWNED SUBSIDIARIES PREVIOUSLY LISTED ARE ALL SINGLE MEMBER LLCs AND, THEREFORE, TREATED AS DISREGARDED ENTITIES FOR TAX PURPOSES CAP SERVICES, INC IS THE SOLE MEMBER OF THE LLCs THE ACTIVITY OF THE LLCs IS INCLUDED IN CAP SERVICES, INC 'S ANNUAL FEDERAL AND STATE RETURNS FILED WITH THE INTERNAL REVENUE SERVICE (IRS) AND THE WISCONSIN DEPARTMENT OF REVENUE, RESPECTIVELY SOME ACTIVITIES OF CAP SERVICES, INC ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT) AS OF DECEMBER 31, 2011 AND 2010, CAP SERVICES, INC HAS A NET OPERATING LOSS CARRY FORWARD IN EXCESS OF ANY POTENTIAL TAX LIABILITY FOR THE CURRENT YEAR THE ORGANIZATIONS ARE REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS THE ORGANIZATIONS HAVE DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS FEDERAL RETURNS IRS FORMS 990 AND 990-T FOR THE TAX YEARS ENDED 2008 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 8 - OTHER ADJUSTMENTS		IMPARIMENT LOSS ON INVENTORY -126,810
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 61,205 SPECIAL EVENT EXPENSES 10,287 COST OF HOMES SOLD 425,152
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 61,205 SPECIAL EVENT EXPENSES 10,287 IMPAIRMENT LOSS 126,810 COST OF HOMES SOLD 425,152



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
CAP SERVICES INC

Employer identification number  
39-1080897

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		WINTER FLURRY (event type)	5K (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	9,083	22,036	3,740
	2	Less Charitable contributions . . . .	80	14,000	0
	3	Gross income (line 1 minus line 2) . . . .	9,003	8,036	3,740
Direct Expenses	4	Cash prizes . . . .		1,950	1,950
	5	Non-cash prizes . . . .	127		127
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	3,857	3,302	1,051
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			( 10,287 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			10,492

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAP SERVICES INC

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
39-1080897

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MINISTRY DENTAL CENTER3504 EAST MARIA DRIVE STEVENS POINT,WI 54881	39-0808443	501(C)(3)	338,402				PROVIDES DENTAL CARE TO INDIVIDUALS WITH MEDICAID UNABLE TO OBTAIN DENTAL SERVICE FROM LOCAL PROVIDERS
(2) CENTER FOR VETERANS ISSUES3312 W WELLS ST MILWAUKEE,WI 53208	39-1712359	501(C)(3)	30,716				PROVIDES ACCESS AND CASE MANAGEMENT FOR GENERAL POPULATION REQUIRING HOMELESS PREVENTION AND HOUSING ASSISTANCE SERVICES IN WAUPACA COUNTY FROM HUD HPRP GRANT AND ESG GRANT
(3) LEGAL ACTION OF WI INC230 W WELLS ST RM 800 MILWAUKEE,WI 53203	39-1077192	501(C)(3)	7,856				TO PROVIDE LEGAL AID AND MEDIATION SERVICES TO CLIENTS IN HUD HPRP AND ESG PROGRAMS

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3

3

Enter total number of other organizations listed in the line 1 table . . . . .

0

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

Cat No 50055P

Schedule I (Form 990) 2011

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) WEATHERIZATION ASSISTANCE	272	1,038,777			
(2) EMERGENCY FURNACE ASSISTANCE	194	355,241			
(3) TUITION AND CHILD CARE ASSISTANCE	270	233,850			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FOR MINISTRY DENTAL, SENIOR MANAGEMENT OF CAP SERVICES SERVES ON AN ADVISORY COMMITTEE CONSISTING OF THREE PARTIES WHO HAVE WORKED TOGETHER FOR MANY YEARS TO ESTABLISH AND PROVIDE THIS SERVICE CAP SERVICES IS IN FREQUENT CONTACT WITH CLINIC MANAGER IN ORDER TO WORK TOGETHER IN GRANT APPLICATIONS AND MONITORING SENIOR MANAGEMENT OF CAP SERVICES ALSO RECEIVES AND REVIEWS MONTHLY FINANCIALS THAT INDICATE SHORTFALLS COVERED FROM GRANTS RECEIVED BY CAP FOR CENTER FOR VETERANS ISSUES, PROGRAM STAFF ARE IN CONTACT PERIODICALLY REGARDING PROGRAM PROGRESS/ISSUES MONTHLY PROGRAM FINANCIALS ARE SUBMITTED TO CAP SERVICES ALONG WITH A LIST OF CLIENTS SERVED THIS INFORMATION IS REVIEWED BY FINANCE STAFF AND FORWARDED TO PROGRAM STAFF RESPONSIBLE FOR PROGRAM MONITORING FOR GRANTS TO OTHER ORGANIZATIONS AND INDIVIDUALS, PROGRAM STAFF FOLLOW THE FUNDING SOURCE COMPLIANCE REQUIREMENTS FOR MONITORING THESE GRANTS

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
CAP SERVICES INC

Employer identification number  
39-1080897

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
SCHOOL 25 Other ► ( SUPPLIES )	X	659	65,939	FAIR MARKET VALUE
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS DETERMINED AS AN AVERAGE OF \$100 PER CONTRIBUTION

2011

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

CAP SERVICES INC

Employer identification number

39-1080897

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	AMENDED SECTION 3 3 OF BY LAWS EFFECTIVE MARCH 2011, REQUIRING BOARD MEMBERS TO PROVIDE THEIR SOCIAL SECURITY NUMBERS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 RETURN IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORMS ARE COLLECTED ANNUALLY FROM DIRECTORS, SENIOR MANAGEMENT AND KEY EMPLOYEES AND REVIEWED FOR POSSIBLE CONFLICTS IF A CONFLICT EXISTS THE INDIVIDUAL WILL BE RECUSED FROM THE DECISION-MAKING PROCESS PURCHASING DECISIONS ARE SUBJECT TO REVIEW BY SENIOR MANAGEMENT CEO APPROVAL IS REQUIRED AT THE \$5,000 LEVEL, BOARD OF DIRECTOR APPROVAL AT \$10,000
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS ESTABLISHES THE SALARY SCHEDULE FOR THE CORPORATION USING THE POSITION CLASSIFICATION SYSTEM AND WAGE RANGES TYPICAL FOR COMPARABLE WORK IN SIMILAR ORGANIZATIONS IN THE STATE THE STARTING SALARY FOR A NEW HIRE IS BASED ON EDUCATION AND EXPERIENCE RELATED TO THE POSITION CAP SERVICES PERFORMS WAGE COMPARABILITY STUDIES ON A SAMPLING OF POSITIONS EVERY THREE YEARS TO ENSURE WAGE STRUCTURE IS APPROPRIATE FOR THE ORGANIZATION CAP SERVICES PARTICIPATES IN SELECTED WAGE STUDIES WHEN THE INFORMATION IS COLLECTED FOR CAP'S GEOGRAPHIC AREA, FOR WISCAP OR OTHER WISCONSIN CAP AGENCIES OR FOR SELECTED TRADE GROUPS (MRA-THE MANAGEMENT ASSOCIATION, INC , AS EXAMPLE) THE COMPENSATION FOR SENIOR MANAGEMENT, INCLUDING THE CEO, IS DETERMINED IN THE SAME MANNER AS THAT OF ALL OTHER STAFF CERTAIN POSITIONS MAY HAVE PERFORMANCE-BASED INCENTIVES, AS APPROVED IN ADVANCE BY THE BOARD OF DIRECTORS COMPENSATION IS SET BY INDIVIDUALS WITHOUT A CONFLICT OF INTEREST AND ALL DECISIONS ARE DOCUMENTED
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,142 IMPARIMENT LOSS ON INVENTORY -126,810 TOTAL TO FORM 990, PART XI, LINE 5 -130,952
	FORM 990, PART XII, LINE 2C	PORION OF FINANCE COMMITTEE STATEMENT OF PURPOSE THE COMMITTEE ALSO SELECTS THE AUDIT FIRM AND OVERSEES AND REVIEWS THE ANNUAL AUDIT TO PROVIDE INDEPENDENT OVERSIGHT OF THE ORGANIZATION'S ACCOUNTING AND FINANCIAL REPORTING THE COMMITTEE MEETS WITH THE AUDITOR, REVIEWS THE ANNUAL AUDIT AND RECOMMENDS APPROVAL OR MODIFICATION TO THE BOARD THE COMMITTEE REVIEWS THE IRS 990 TO ENSURE IT REFLECTS THE AUDITED FINANCIAL STATEMENTS AND RECOMMEND ITS APPROVAL OR MODIFICATION TO THE BOARD THERE HAVE BEEN NO CHANGES TO PROCEDURE FROM PRIOR YEAR



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization  
CAP SERVICES INC

Employer identification number  
39-1080897

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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

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

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Software ID:

Software Version:

EIN: 39-1080897

Name: CAP SERVICES INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
LAKE COUNTRY SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 39-1080897	RELATED LOW INCOME RENTAL HSG	WI	0	84,917	N/A
MANAWA SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 39-1080897	RELATED LOW INCOME RENTAL HSG	WI	0	49	N/A
FOX RIVER SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 39-1080897	RELATED LOW INCOME RENTAL HSG	WI	0	52	N/A
WAUPACA ELDER HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 39-1080897	RELATED LOW INCOME RENTAL HSG	WI	0	38	N/A
BRODHEAD SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 20-3545733	RELATED LOW INCOME RENTAL HSG	WI	0	52	N/A
ADAMS FRIENDSHIP SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 20-3545783	RELATED LOW INCOME RENTAL HSG	WI	0	52	N/A
LANCASTER SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 20-5720814	RELATED LOW INCOME RENTAL HSG	WI	0	55	N/A
OLEN PARK SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 20-5720783	RELATED LOW INCOME RENTAL HSG	WI	0	26	N/A
RIVER CITY SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 20-5720842	RELATED LOW INCOME RENTAL HSG	WI	0	40	N/A
FOX FIRE SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 20-5654431	RELATED LOW INCOME RENTAL HSG	WI	0	64	N/A
MORRIS PARK SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 26-0195132	RELATED LOW INCOME RENTAL HSG	WI	0	-49	N/A
COMMUNITY ASSETS FOR PEOPLE LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 39-1080897	LENDING/BUSINESS DEVELOPMENT	WI	566,218	16,031,496	N/A
CAP PRO LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 39-1080897	HOUSING CONSTRUCTION BY STUDENTS	WI	0	0	N/A
IOLA SENIOR HOUSING 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 26-0195039	RELATED LOW INCOME RENTAL HSG	WI	0	54,854	N/A
KEWAUNEE SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 26-3818806	RELATED LOW INCOME RENTAL HSG	WI	0	76	N/A
WEYAUWEGA SENIOR VILLAGE LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 26-3265172	RELATED LOW INCOME RENTAL HSG	WI	237,907	2,054,678	N/A
COLBY ABBOTTSFORD SENIOR VILLAGE LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 27-1154737	RELATED LOW INCOME RENTAL HSG	WI	352,913	2,740,610	N/A
MAUSTON SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 27-3141911	RELATED LOW INCOME RENTAL HSG	WI	0	87	N/A
SEYMOUR SENIOR HOUSING LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 27-3142346	RELATED LOW INCOME RENTAL HSG	WI	0	87	N/A
WAUPACA AFFORDABLE TOWNHOMES LLC 5499 HWY 10 E SUITE A STEVENS POINT, WI 54481 27-3142497	RELATED LOW INCOME RENTAL HSG	WI	100	97	N/A

Additional Data

Software ID:  
Software Version:  
EIN: 39-1080897  
Name: CAP SERVICES INC

Form 990, Special Condition Description:

Special Condition Description
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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code ) (Expenses \$ 1,179,303 including grants of \$ 233,850 ) (Revenue \$ ) SKILLS ENHANCEMENT - CAP'S SKILLS ENHANCEMENT PROGRAM HELPS WORKING INDIVIDUALS WITH INCOMES AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES OBTAIN TRAINING NEEDED TO COMPETE FOR LIVING WAGE JOBS PARTICIPANTS MUST BE WORKING AT LEAST 20 HOURS PER WEEK, AND MUST PURSUE TRAINING IN OCCUPATIONS THAT TYPICALLY PAY A LIVING WAGE WITH HEALTH INSURANCE BENEFITS IN 2010, THE PROGRAM HELPED 46 LOW INCOME INDIVIDUALS INCREASE THEIR ANNUAL INCOME BY AN AVERAGE OF \$11,758 (AVERAGE HOURLY INCREASE OF \$4.02) ALMOST 70% (31 OF 46) NOW HAVE ACCESS TO EMPLOYER-SPONSORED HEALTH INSURANCE BENEFITS
(Code ) (Expenses \$ 2,707,758 including grants of \$ ) (Revenue \$ 23,000 ) ECONOMIC DEVELOPMENT - PROVIDE TECHNICAL ASSISTANCE TO ASSIST NEW AND EXPANDING BUSINESSES, CREATE JOBS PAYING LIVING WAGES, AND EMPLOYING LOW INCOME INDIVIDUALS PROVIDE LOW-COST BUSINESS INCUBATOR SPACE TO NEW, DEVELOPING OR EXPANDING BUSINESSES
(Code ) (Expenses \$ 635,594 including grants of \$ 376,974 ) (Revenue \$ ) FAMILY-BASED SERVICES PROGRAM - HELP INDIVIDUALS BECOME ECONOMICALLY AND EMOTIONALLY SELF-SUFFICIENT PROVIDE FAMILY DEVELOPMENT, OUTREACH, REFERRAL, SUPPORTIVE SERVICES, CASE MANAGEMENT, MEDICAL INTERPRETERS, REDUCED FEE DENTAL CARE TO LOW-INCOME FAMILIES AS WELL AS COMMUNITY ORGANIZATION AND ADVOCACY
(Code ) (Expenses \$ 239,316 including grants of \$ ) (Revenue \$ ) HOMELESS AND SHELTER PROGRAMS - PROVIDE TEMPORARY SHELTER, COUNSELING AND REFERRAL FOR HOMELESS INDIVIDUALS IN THE COMMUNITY
(Code ) (Expenses \$ 193,806 including grants of \$ ) (Revenue \$ ) FOOD - PROVIDE NUTRITION ASSISTANCE TO LOW-INCOME INDIVIDUALS IN THE COMMUNITY
(Code ) (Expenses \$ 921,345 including grants of \$ ) (Revenue \$ ) COMMUNITY SERVICES - PROVIDES FINANCIAL AND OTHER ASSISTANCE TO LOW-INCOME INDIVIDUALS IN THE COMMUNITY TO AID IN LONG-TERM SELF-SUFFICIENCY AND ENHANCE THE QUALITY OF LIFE
(Code ) (Expenses \$ 219,712 including grants of \$ ) (Revenue \$ 18,251 ) OTHER PROGRAMS
(Code ) (Expenses \$ 71,696 including grants of \$ ) (Revenue \$ ) TRANSPORTATION PROGRAM