

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAP SERVICES, INC.		D Employer identification number 39-1080897
	Doing business as		E Telephone number 715-343-7500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 18,605,451.
	2900 HOOVER ROAD	A	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code STEVENS POINT, WI 54481		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MARY PATOKA SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CAPSERVICES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966	M State of legal domicile: WI

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRANSFORM PEOPLE AND COMMUNITIES TO ADVANCE SOCIAL AND ECONOMIC JUSTICE.		
	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 2019 (Part V, line 2a)	5	298
	6 Total number of volunteers (estimate if necessary)	6	917
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,285.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,981,205.	12,818,386.
	9 Program service revenue (Part VIII, line 2g)	4,089,742.	3,804,925.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	176,814.	761,532.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	914,605.	324,937.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,162,366.	17,709,780.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,879,440.	2,128,401.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,995,194.	9,211,650.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,641,215.	5,356,022.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,515,849.	16,696,073.	
19 Revenue less expenses. Subtract line 18 from line 12	646,517.	1,013,707.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 47,319,906.	End of Year 47,376,232.
	21 Total liabilities (Part X, line 26)	12,916,189.	11,892,285.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,403,717.	35,483,947.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARY PATOKA, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JEAN CHRISTENSEN	Preparer's signature JEAN CHRISTENSEN	Date 08/04/20	Check if self-employed <input type="checkbox"/>	PTIN P00368719
	Firm's name ▶ WIPFLI LLP	Firm's address ▶ PO BOX 8700 MADISON, WI 53708-8700	Firm's EIN ▶ 39-0758449	Phone no. 608.274.1980	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CAP SERVICES, INC.'S MISSION IS TO TRANSFORM PEOPLE AND COMMUNITIES TO ADVANCE SOCIAL AND ECONOMIC JUSTICE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,172,905. including grants of \$ 0.) (Revenue \$ 1,346,209.)

CHILD EDUCATION

THE EARLY CHILDHOOD DEVELOPMENT PROGRAMS PROMOTE SCHOOL READINESS AND PROVIDE QUALITY EDUCATION, DISABILITIES, MENTAL HEALTH, HEALTH, NUTRITIONAL AND FAMILY SERVICES TO ENROLLED CHILDREN AND FAMILIES. THESE COMPREHENSIVE PROGRAMS, HEAD START, CHILD CARE AND FOUR YEAR OLD KINDERGARTEN, INVOLVE THE FAMILY AND COMMUNITY IN WHICH THEY LIVE IN THE TOTAL DEVELOPMENT OF THE CHILD. HEAD START AND EARLY HEAD START PROGRAMS SERVE INCOME-ELIGIBLE FAMILIES WITH CHILDREN AGES ZERO-TO-FIVE AND PREGNANT WOMEN. IN THE PROGRAM YEAR 2018-2019, CAP EARLY CHILDHOOD DEVELOPMENT SERVICED 291 HEAD START, 117 EARLY HEAD START, 100 CHILD CARE AND 113 FOUR YEAR OLD KINDERGARTEN CHILDREN AND THEIR FAMILIES. PROGRAM SERVICES ARE LOCATED IN WAUPACA, WAUSHARA, MARQUETTE, AND

4b (Code:) (Expenses \$ 2,832,383. including grants of \$ 0.) (Revenue \$ 2,271,830.)

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 SIMPLE INTEREST DEFERRED LOANS DUE IN 30 YEARS OR WHEN CERTAIN ACCELERATING EVENTS OCCUR. IN 2019, HOUSING PROGRAMS ASSISTED 8 INDIVIDUALS OR FAMILIES TO BUY A HOME, AND HOUSING REHABILITATION TO 13 OWNER OCCUPIED HOMES.

4c (Code:) (Expenses \$ 2,563,067. including grants of \$ 1,890,849.) (Revenue \$ 0.)

WEATHERIZATION/ENERGY ASSISTANCE

WEATHERIZATION PROGRAMS INSTALL ENERGY SAVING MEASURES SUCH AS INSULATION IN ATTICS, WALLS, CRAWL SPACES, WATER HEATERS AND PIPES, SEALING AIR LEAKS, ENERGY SAVING APPLIANCES SUCH AS FURNACES, REFRIGERATORS AND FREEZERS, LIGHT BULBS AND SHOWER HEADS. SERVICES ARE PROVIDED FREE TO INCOME-ELIGIBLE HOMEOWNERS IN WAUSHARA, WAUPACA, MARQUETTE AND PORTAGE COUNTIES. SINCE 1975 CAP SERVICES, INC. HAS WEATHERIZED MORE THAN 11,500 HOMES. IN 2019, CAP WEATHERIZED 196 HOUSING UNITS.

THE EMERGENCY FURNACE PROGRAM RESPONDS TO EMERGENCY CALLS FOR FURNACE REPAIR OR REPLACEMENT IN NO-HEAT SITUATIONS FOR INCOME ELIGIBLE

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,875,033. including grants of \$ 237,552.) (Revenue \$ 202,197.)

4e Total program service expenses 15,443,388.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included on line 1a, above, who are independent (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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records TRENA LARSON - 715-343-7500 2900 HOOVER ROAD, SUITE A, STEVENS POINT, WI 54481

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) ELAINE ABENDROTH DIRECTOR	1.00	X					0.	0.	0.	
(2) LYDIA DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(3) PRESTON DEBOLDT DIRECTOR	1.00	X					0.	0.	0.	
(4) STACEY DONOVAN DIRECTOR	1.00	X					0.	0.	0.	
(5) AMY EDDY DIRECTOR	1.00	X					0.	0.	0.	
(6) DAN GABRIELSON DIRECTOR	1.00	X					0.	0.	0.	
(7) BOB GIFFORD DIRECTOR	1.00	X					0.	0.	0.	
(8) PAM HER DIRECTOR	1.00	X					0.	0.	0.	
(9) JODY JANSEN DIRECTOR	1.00	X					0.	0.	0.	
(10) JOHN JARVIS DIRECTOR	1.00	X					0.	0.	0.	
(11) KATHY JO LOCKE DIRECTOR	1.00	X					0.	0.	0.	
(12) DAVID JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(13) PATRICK KING DIRECTOR	1.00	X					0.	0.	0.	
(14) GAYLE MACK DIRECTOR	1.00	X					0.	0.	0.	
(15) SANDI MOORE DIRECTOR	1.00	X					0.	0.	0.	
(16) JASON SCHULIST DIRECTOR	1.00	X					0.	0.	0.	
(17) ARLENE STAHLER DIRECTOR (THRU JAN.)	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) CAROL STELTENPOHL DIRECTOR	1.00	X					0.	0.	0.	
(19) BRETT JARMAN CHAIRPERSON	1.00	X		X			0.	0.	0.	
(20) JAN BANICKI VICE-CHAIRPERSON (BEG. JAN.)	1.00	X		X			0.	0.	0.	
(21) LAUREN MAI VICE-CHAIRPERSON (THRU JAN.)	1.00	X		X			0.	0.	0.	
(22) MARY WALTERS TREASURER	1.00	X		X			0.	0.	0.	
(23) CINDY JARVIS SECRETARY	1.00	X		X			0.	0.	0.	
(24) DENNIS WEDDE SECRETARY (THRU APRIL)	1.00	X		X			0.	0.	0.	
(25) MARY PATOKA PRESIDENT & CEO	40.00			X			145,417.	0.	23,381.	
(26) NICOLE HARRISON CHIEF PROGRAM OFFICER (BEG. MAY)	40.00			X			109,512.	0.	15,784.	
1b Subtotal							254,929.	0.	39,165.	
c Total from continuation sheets to Part VII, Section A							287,054.	0.	29,309.	
d Total (add lines 1b and 1c)							541,983.	0.	68,474.	

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 **4**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
GUELZOW HEATING & AIR CONDITIONING LLC 2030 7TH STREET, WISCONSIN RAPIDS, WI 54494	WEATHERIZATION SERVICES	864,130.
ALEXANDER HOMES P.O. BOX 40, AMHERST, WI 54406	SUB-CONTRACTOR SERVICES	398,076.
LAMERS BUS LINES, INC. 2407 SOUTH POINT ROAD, GREEN BAY, WI 54313	HEAD START TRANSPORTATION	327,181.
SUPERIOR ROOFING OF PORTAGE COUNTY P.O. BOX 314, PLOVER, WI 54467	HOUSING CONSTRUCTION	297,429.
CHET'S PLUMBING & HEATING INC. 3001 HOOVER ROAD, STEVENS POINT, WI 54481	WEATHERIZATION SERVICES	162,123.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TRENA LARSON CHIEF FINANCIAL OFFICER (BEG SEPT.)	50.00			X				30,545.	0.	1,412.
(28) SUSAN HENRY CHIEF FINANCIAL OFFICER (THRU DEC.)	50.00			X				112,974.	0.	18,624.
(29) MICHAEL OLSON CHIEF OPERATING OFFICER (THRU JAN.)	40.00			X				31,049.	0.	2,578.
(30) CARLA KLUZ VP & DIRECTOR OF EARLY CHILDHOOD DEV	40.00					X		112,486.	0.	6,695.
Total to Part VII, Section A, line 1c								287,054.		29,309.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	506,371.					
	1 b	Membership dues						
	1 c	Fundraising events	8,867.					
	1 d	Related organizations						
	1 e	Government grants (contributions)	11,571,085.					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	732,063.					
	1 g	Noncash contributions included in lines 1a-1f	\$ 62,083.					
	1 h	Total. Add lines 1a-1f	12,818,386.					
	Program Service Revenue	2 a	RENTAL INCOME	531110	1,420,804.	1,420,804.		
2 b		CHILD EDUCATION FEES	624410	1,346,209.	1,346,209.			
2 c		INTEREST INCOME-LOANS	525990	608,350.	608,350.			
2 d		HOUSING & HOUSING REHAB FEES	624200	242,676.	242,676.			
2 e		ECONOMIC DEVELOPMENT	624200	145,586.	145,586.			
2 f		All other program service revenue	624200	41,300.	41,300.			
2 g		Total. Add lines 2a-2f		3,804,925.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		64,932.		64,932.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	50,225.				
			(ii) Personal					
	6 b	Less: rental expenses		13,373.				
	6 c	Rental income or (loss)		36,852.				
		d	Net rental income or (loss)		36,852.	4,285.	32,567.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other		1,214,387.			
	7 b	Less: cost or other basis and sales expenses		517,787.				
	7 c	Gain or (loss)		696,600.				
	d	Net gain or (loss)		696,600.		696,600.		
8 a	Gross income from fundraising events (not including \$ 8,867. of contributions reported on line 1c). See Part IV, line 18							
			12,732.					
			14,422.					
8 b	Less: direct expenses							
	c	Net income or (loss) from fundraising events		-1,690.		-1,690.		
9 a	Gross income from gaming activities. See Part IV, line 19							
			506.					
			0.					
9 b	Less: direct expenses							
	c	Net income or (loss) from gaming activities		506.		506.		
10 a	Gross sales of inventory, less returns and allowances							
			365,400.					
			350,089.					
10 b	Less: cost of goods sold							
	c	Net income or (loss) from sales of inventory		15,311.	15,311.			
Miscellaneous Revenue	11 a	CHARGE OFF RECOVERY	900099	8,136.		8,136.		
	11 b							
	11 c							
	11 d	All other revenue	900099	265,822.		265,822.		
	11 e	Total. Add lines 11a-11d		273,958.				
12	Total revenue. See instructions		17,709,780.	3,820,236.	4,285.	1,066,873.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	25,446.	25,446.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,102,955.	2,102,955.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	491,276.		491,276.	
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	7,234,802.	6,845,813.	388,989.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	234,056.	221,472.	12,584.	
9 Other employee benefits	657,420.	622,073.	35,347.	
10 Payroll taxes	594,096.	562,154.	31,942.	
11 Fees for services (nonemployees):				
a Management				
b Legal	19,572.	18,154.	1,418.	
c Accounting	87,300.		87,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	546,242.	475,241.	71,001.	
12 Advertising and promotion	8,797.	8,797.		
13 Office expenses	209,843.	181,053.	28,790.	
14 Information technology	75,914.	75,914.		
15 Royalties				
16 Occupancy	338,028.	287,088.	50,940.	
17 Travel	339,355.	311,291.	28,064.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	126,612.	126,612.		
20 Interest	254,179.	254,179.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	876,525.	876,525.		
23 Insurance	159,999.	159,999.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROPERTY EXPENSES	1,800,348.	1,800,348.		
b BAD DEBT	309,252.	309,252.		
c				
d				
e All other expenses	204,056.	179,022.	25,034.	
25 Total functional expenses. Add lines 1 through 24e	16,696,073.	15,443,388.	1,252,685.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,949,368.	1	6,069,075.
	2 Savings and temporary cash investments	2,516,874.	2	1,759,668.
	3 Pledges and grants receivable, net	881,295.	3	986,939.
	4 Accounts receivable, net	328,640.	4	393,707.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	7,059,565.	7	7,166,039.
	8 Inventories for sale or use	1,512,072.	8	2,018,021.
	9 Prepaid expenses and deferred charges	208,077.	9	217,936.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,188,232.		
	b Less: accumulated depreciation	10b 12,446,839.	10c	12,741,393.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	446,178.	12	512,515.
	13 Investments - program-related. See Part IV, line 11	12,348,105.	13	12,165,850.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,443,048.	15	3,345,089.
16 Total assets. Add lines 1 through 15 (must equal line 33)	47,319,906.	16	47,376,232.	
Liabilities	17 Accounts payable and accrued expenses	1,531,257.	17	1,547,395.
	18 Grants payable		18	
	19 Deferred revenue	672,515.	19	583,377.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,348,439.	23	4,649,709.
	24 Unsecured notes and loans payable to unrelated third parties	2,509,848.	24	2,439,682.
	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	2,854,130.	25	2,672,122.
	26 Total liabilities. Add lines 17 through 25	12,916,189.	26	11,892,285.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,837,361.	27	10,263,355.
	28 Net assets with donor restrictions	24,566,356.	28	25,220,592.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	34,403,717.	32	35,483,947.
	33 Total liabilities and net assets/fund balances	47,319,906.	33	47,376,232.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,709,780.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,696,073.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,013,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,403,717.
5	Net unrealized gains (losses) on investments	5	66,523.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,483,947.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

Form 990 (2019)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12013328.	11482363.	13432397.	11981205.	12818386.	61727679.
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	12013328.	11482363.	13432397.	11981205.	12818386.	61727679.
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.						61727679.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	12013328.	11482363.	13432397.	11981205.	12818386.	61727679.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	195,988.	50,359.	79,053.	111,926.	109,682.	547,008.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	16,032.	7,287.	11,890.	11,778.	4,285.	51,272.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			764,446.	683,376.	8,136.	1455958.
11 Total support. Add lines 7 through 10						63781917.
12 Gross receipts from related activities, etc. (see instructions)					12	23,013,352.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	96.78 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.51 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CHARGE OFF RECOVERY

2017 AMOUNT: \$ 764,446.

2018 AMOUNT: \$ 683,376.

2019 AMOUNT: \$ 8,136.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

CAP SERVICES, INC.

Employer identification number

39-1080897

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization CAP SERVICES, INC.	Employer identification number 39-1080897
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$ 1,085,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 6,154,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$ 656,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WISCONSIN DEPARTMENT OF ADMINISTRATION 101 EAST WILSON STREET MADISON, WI 53703	\$ 1,755,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. DEPARTMENT OF JUSTICE 950 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20530	\$ 1,001,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES 201 EAST WASHINGTON AVE. MADISON, WI 53703	\$ 311,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CAP SERVICES, INC.	Employer identification number 39-1080897
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20585	\$ 367,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	UNITED WAY OF PORTAGE COUNTY 1100 CENTERPOINT DR., SUITE 302 STEVENS POINT, WI 54481	\$ 370,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CAP SERVICES, INC.	Employer identification number 39-1080897
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CAP SERVICES, INC.	Employer identification number 39-1080897
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		871.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		414.
j Total. Add lines 1c through 1i			1,285.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

CAP SERVICES, INC. PAYS MEMBERSHIP DUES TO WISCONSIN COMMUNITY ACTION PROGRAM ASSOCIATION (WISCAP). A PORTION OF DUES PAID TO WISCAP, \$414, ARE FOR LOBBYING ACTIVITIES. WISCAP ADVOCATES FOR PUBLIC POLICY BASED ON LOCALLY-DEVELOPED GOALS OF MEMBER AGENCIES AND WORKS TO ADVANCE LAWS, RULES, REGULATIONS AND POLICY TO FURTHER ECONOMIC OPPORTUNITY,

Part IV Supplemental Information (continued)

COMMUNITY DEVELOPMENT AND LOCALLY-DESIGNED STRATEGIES.

CAP SERVICES, INC. ALSO HAS STAFF WHO VISIT GOVERNMENT OFFICIALS OR
SIGNING LETTERS TO INFLUENCE POLICY SUPPORTING ITS MISSION BASED FOCUS,
WHICH HAS BEEN REPORTED ON LINE 1G.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 can 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" on 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	391,370.	424,842.	366,958.	344,669.	358,293.
b Contributions	1,650.	1,550.	1,383.	1,450.	1,700.
c Net investment earnings, gains, and losses	69,499.	-28,757.	62,597.	26,739.	-9,791.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	4,626.	6,265.	6,096.	5,900.	5,533.
g End of year balance	457,893.	391,370.	424,842.	366,958.	344,669.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment .00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		1,656,041.		1,656,041.
b Buildings		21,876,519.	11,374,334.	10,502,185.
c Leasehold improvements		204,977.	16,653.	188,324.
d Equipment		1,355,032.	1,055,852.	299,180.
e Other		95,663.		95,663.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,741,393.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) JOBS AND BUSINESS		
(2) DEVELOPMENT LOANS	4,239,974.	END-OF-YEAR MARKET VALUE
(3) RESIDENTIAL HOUSING LOANS	7,865,390.	END-OF-YEAR MARKET VALUE
(4) AUTO LOANS	60,486.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	12,165,850.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	118,457.
(2) ACCRUED INTEREST ON LOANS RECEIVABLE	2,672,185.
(3) RELATED-PARTY FEES RECEIVABLE, NET	554,447.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,345,089.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	108,199.
(3) DEFERRED MORTGAGES PAYABLE	2,275,088.
(4) OTHER LIABILITIES	288,835.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,672,122.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	18,258,936.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	66,523.	
b	Donated services and use of facilities	2b	104,749.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	171,272.	
3	Subtract line 2e from line 1	3	18,087,664.	
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 XIII.)	4b	-377,884.	
c	Add lines 4a and 4b	4c	-377,884.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,709,780.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,178,706.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	104,749.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	377,884.	
e	Add lines 2a through 2d	2e	482,633.	
3	Subtract line 2e from line 1	3	16,696,073.	
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 XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,696,073.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THERE ARE TWO FOUNDATIONS THAT RECEIVE DONATIONS FOR THE BENEFIT OF CAP SERVICES, INC. THE FOUNDATIONS ARE COMMUNITY FOUNDATION OF CENTRAL WISCONSIN, AND COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION. THE FOUNDATIONS HOLD CAP SERVICES, INC. FUNDS IN THREE SEPARATE SELF-BALANCING FUNDS. THE ORGANIZATION INTENDS TO USE THE ENDOWMENT FUNDS FOR OPERATION AND PROGRAM SERVICES.

PART X, LINE 2:

SOME ACTIVITIES OF CAP SERVICES, INC. ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). AS OF DECEMBER 31, 2019 AND 2018, CAP SERVICES, INC. HAS A NET OPERATING LOSS CARRY FORWARD OF APPROXIMATELY \$648,000 AND

Part XIII Supplemental Information (continued)

\$677,000, RESPECTIVELY, WHICH MAY BE USED TO OFFSET AGAINST FUTURE TAXABLE INCOME. THE CARRYFORWARD FOR THE STATE OF WISCONSIN EXPIRES IN FUTURE YEARS THROUGH 2027. THE CARRYFORWARD FOR THE FEDERAL RETURN EXPIRES IN FUTURE YEARS THROUGH 2032.

THE ORGANIZATION IS 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 ORGANIZATION HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-13,373.
SPECIAL EVENT EXPENSES	-14,422.
COST OF HOMES SOLD	-350,089.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-377,884.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	13,373.
SPECIAL EVENT EXPENSES	14,422.
COST OF HOMES SOLD	350,089.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	377,884.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TAKE A RIDE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	10,162.			10,162.
	2 Less: Contributions	6,367.			6,367.
	3 Gross income (line 1 minus line 2)	3,795.			3,795.
Direct Expenses	4 Cash prizes	260.			260.
	5 Noncash prizes	300.			300.
	6 Rent/facility costs				
	7 Food and beverages	195.			195.
	8 Entertainment				
	9 Other direct expenses	1,080.			1,080.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,835.
11 Net income summary. Subtract line 10 from line 3, column (d)				1,960.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. MICHAEL'S HOSPITAL OF STEVENS POINT, INC. - 900 ILLINOIS AVENUE - STEVENS POINT, WI 54881	39-0808443	501(C)(3)	25,446.	0.			PROVIDES DENTAL CARE TO INDIVIDUALS WITH MEDICAID UNABLE TO OBTAIN DENTAL SERVICES FROM LOCAL

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WEATHERIZATION ASSISTANCE	180	1,424,977.	0.		
EMERGENCY FURNACE ASSISTANCE	302	465,872.	0.		
TUITION AND INCIDENTAL EDUCATION EXPENSE	256	212,106.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

Part IV Supplemental Information

FOR COMMUNITY MENTAL HEALTH KIDS IN NEED, PROGRAM STAFF HOLD PERIODIC MEETINGS REGARDING PROGRAM PROGRESS/ISSUES. MONTHLY PROGRAM FINANCIALS AND ANNUAL AUDITED FINANCIALS ARE SUBMITTED AND REVIEWED BY FINANCE STAFF.

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ST. MICHAEL'S HOSPITAL OF STEVENS POINT, INC.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CAP SERVICES, INC.

Employer identification number

39-1080897

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY PATOKA PRESIDENT & CEO	(i)	124,874.	15,000.	5,543.	8,892.	14,489.	168,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

MARY PATOKA HAS A MERIT COMPENSATION PROVISION AS PART OF HER EMPLOYMENT CONTRACT. THIS MERIT COMPENSATION IS BASED ON 1% OF NEW OR COMPETITIVE FUNDS RAISED DURING EACH CALENDAR YEAR OF THE CONTRACT, CAPPED AT \$30,000 (REPRESENTING A MAX APPLICATION TO \$3,000,000 OF NEW OR COMPETITIVE FUNDS RAISED).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SCHOOL SUPPLI</u>)	X	621	62,083.	COST OF DONATED PROP
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** **0**

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS DETERMINED AS AN AVERAGE OF \$100 PER CONTRIBUTION.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

CAP SERVICES, INC.

Employer identification number

39-1080897

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PORTAGE COUNTIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIVIDUALS IN WAUSHARA, WAUPACA, MARQUETTE AND PORTAGE COUNTIES. IN
2019, CAP SERVICES, INC. ASSISTED 345 CLIENTS WITH FURNACE REPAIR OR
REPLACEMENT IN THIS SERVICE AREA.

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

FAMILY INTERVENTION SERVICES

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.

EXPENSES \$ 1,514,999. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ECONOMIC DEVELOPMENT

PROVIDE TECHNICAL ASSISTANCE AND EXTEND LOANS TO ASSIST NEW AND

EXPANDING BUSINESSES, CREATE JOBS PAYING LIVING WAGES, AND EMPLOY LOW

INCOME INDIVIDUALS.

EXPENSES \$ 1,155,628. INCLUDING GRANTS OF \$ 0. REVENUE \$ 145,586.

COMMUNITY SERVICES AND HUMAN DEVELOPMENT

PROVIDES FINANCIAL AND OTHER ASSISTANCE TO LOW-INCOME INDIVIDUALS IN

THE COMMUNITY TO AID IN LONG-TERM SELF-SUFFICIENCY AND IMPROVE THEIR

QUALITY OF LIFE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

EXPENSES \$ 768,558. INCLUDING GRANTS OF \$ 25,446. REVENUE \$ 41,300.

JOB TRAINING AND EMPLOYMENT

HELP UNDEREMPLOYED ADULTS INCREASE WORKPLACE ACCESS THROUGH TRAINING
AND CASE MANAGEMENT SERVICES.

EXPENSES \$ 385,950. INCLUDING GRANTS OF \$ 212,106. REVENUE \$ 0.

FOOD PROGRAMS

PROVIDES MEALS IN EARLY CHILDHOOD PROGRAMS TO ENSURE NUTRITIONAL NEEDS
OF CHILDREN ARE MET.

EXPENSES \$ 207,603. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRANSPORTATION

PROVIDE ACCESS TO 0% CAPITAL FOR AUTO LOANS ASSISTING LOW INCOME
WORKERS TO OBTAIN RELIABLE TRANSPORTATION.

EXPENSES \$ 115,311. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOMELESS/SHELTER PROGRAMS

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

EXPENSES \$ 88,199. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS

REPRESENTS ACTIVITY OPERATING THE CORPORATION IN ACCORDANCE WITH ITS
MISSION.

EXPENSES \$ 638,785. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,311.

FORM 990, PART VI, SECTION B, LINE 11B:

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

THE FORM 990 RETURN IS REVIEWED IN DETAIL BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT & CEO. IT IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND APPROVED FOR FILING BY THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE COLLECTED ANNUALLY FROM DIRECTORS, AND ALL 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. PRESIDENT & CEO APPROVAL IS REQUIRED AT THE \$25,000 LEVEL, BOARD OF DIRECTOR APPROVAL ABOVE \$25,000.

NO PERSON SHALL SERVE ON THE BOARD OF DIRECTORS WHEN SUCH SERVICES WOULD CREATE A REAL OR PERCEIVED CONFLICT OF INTEREST BECAUSE OF PURCHASE OR RENTAL OF GOODS, SPACE OR SERVICES BY THE AGENCY. IF A CONFLICT ARISES DURING A DIRECTOR'S TERM, A FULL DISCLOSURE OF THE CONFLICT MUST BE MADE AND THAT MEMBER MUST RECUSE HIMSELF OR HERSELF FROM ALL DISCUSSIONS OR ACTIONS REGARDING THAT ISSUE.

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 PERIODICALLY TO ENSURE WAGE STRUCTURE IS APPROPRIATE FOR THE ORGANIZATION. CAP SERVICES PARTICIPATES IN SELECTED WAGE STUDIES WHEN THE

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

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 PRESIDENT & 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

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 (if applicable) 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
ADAMS FRIENDSHIP SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-8.	-11.	CAP SERVICES, INC.
BERLIN SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-5.	21.	CAP SERVICES, INC.
BRILLION AFFORDABLE HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-14.	-62.	CAP SERVICES, INC.
BRODHEAD SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-5.	4.	CAP SERVICES, INC.

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 entity?	
						Yes	No

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

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CITY WALK, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	0.	0.	CAP SERVICES, INC.
COLBY COTTAGES HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-19.	36.	CAP SERVICES, INC.
COLBY-ABBOTTSFORD SENIOR VILLAGE, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	163,316.	1,983,963.	CAP SERVICES, INC.
COMMUNITY ASSETS FOR PEOPLE, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	LENDING/BUSINESS DEVELOPMENT	WISCONSIN	668,522.	20,754,483.	CAP SERVICES, INC.
FOX FIRE SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-7.	12.	CAP SERVICES, INC.
FOX RIVER SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-8.	-10.	CAP SERVICES, INC.
IOLA SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-7.	54,796.	CAP SERVICES, INC.
KEWAUNEE SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-7.	27.	CAP SERVICES, INC.
LAKE COUNTRY SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	0.	0.	CAP SERVICES, INC.
LANCASTER SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-5.	7.	CAP SERVICES, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MANAWA SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	0.	0.	CAP SERVICES, INC.
MAUSTON SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-10.	2.	CAP SERVICES, INC.
MORRIS PARK SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-4.	-98.	CAP SERVICES, INC.
NEKOOSA SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-20.	48.	CAP SERVICES, INC.
OLEN PARK SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-8.	-38.	CAP SERVICES, INC.
RIVER CITY SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-7.	-10.	CAP SERVICES, INC.
RIVER WOOD HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-17.	-32.	CAP SERVICES, INC.
SEYMOUR SENIOR HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-10.	3.	CAP SERVICES, INC.
WAUPACA AFFORDABLE TOWNHOMES, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-13.	-30.	CAP SERVICES, INC.
WAUPACA ELDER HOUSING, LLC 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-12.	-44.	CAP SERVICES, INC.

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
COLBY COTTAGES, LLC - 81-3637263, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-18.	241,809.		X	N/A	X		.01%
FOX FIRE SENIOR VILLAGE, LLC - 20-5000038, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-5.	711,690.		X	N/A	X		.01%
FOX RIVER SENIOR VILLAGE, LLC - 20-1390775, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-6.	0.		X	N/A	X		.01%
IOLA SENIOR VILLAGE, LLC - 26-0195066, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-7.	696,963.		X	N/A	X		.01%
KEWAUNEE SENIOR VILLAGE, LLC - 26-3108475, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-6.	88,096.		X	N/A	X		.01%
LANCASTER SENIOR VILLAGE, LLC - 20-5000089, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-3.	199,266.		X	N/A	X		.01%
MAUSTON SENIOR VILLAGE, LLC - 27-3142111, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-6.	96,072.		X	N/A	X		.01%
MORRIS PARK SENIOR VILLAGE, LLC - 26-0195104, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-4.	80,358.		X	N/A	X		.01%
OLEN PARK SENIOR VILLAGE, LLC - 20-5000137, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-6.	658,943.		X	N/A	X		.01%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
RIVER CITY SENIOR VILLAGE, LLC - 20-5000231, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-6.	66.		X	N/A	X		.01%
RIVER WOOD APARTMENT HOMES, LLC - 46-0737786, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-13.	52.		X	N/A	X		.01%
SEYMOUR SENIOR VILLAGE, LLC - 27-3142399, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-5.	653,120.		X	N/A	X		.01%
WAUPACA SENIOR VILLAGE, LLC - 20-1390818, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-24.	0.		X	N/A	X		.01%
WAUPACA TOWNHOMES, LLC - 27-3142453, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-9.	951,927.		X	N/A	X		.01%
NEKOOSA SENIOR VILLAGE, LLC - 81-3737096, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-22.	147,768.		X	N/A	X		.01%

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

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CAP SERVICES, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2900 HOOVER ROAD, NO. A</p> <p>City or town, state or province, country, and ZIP or foreign postal code STEVENS POINT, WI 54481</p>	<p>D Employer identification number (Employees' trust, see instructions.) 39-1080897</p> <p>E Unrelated business activity code (See instructions.) 531120</p>
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C Book value of all assets at end of year **47,376,232.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **TRENA LARSON** Telephone number ▶ **715-343-7500**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7	5,475.	1,190.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	5,475.	1,190.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	4,285.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	4,285.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	4,285.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	4,285.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	36	4,285.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____ Title: **PRESIDENT & CEO**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: JEAN CHRISTENSEN
 Preparer's signature: JEAN CHRISTENSEN
 Date: 08/04/20
 Check if self-employed
 PTIN: P00368719
 Firm's name: WIPFLI LLP
 Firm's EIN: 39-0758449
 Firm's address: PO BOX 8700
 MADISON, WI 53708-8700
 Phone no. 608.274.1980

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 6	(b) Other deductions (attach schedule) STATEMENT 7	
(1) 588 ALLEN	50,225.	8,183.	2,735.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 24,130.	221,477.	10.90%	5,475.	1,190.
(2)		%		
(3)		%		
(4)		%		
STATEMENT 4		STATEMENT 5		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		5,475.		1,190.
Total dividends-received deductions included in column 8				0.

Form 990-T (2019)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FOOTNOTES

STATEMENT 2

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

EMPLOYER IDENTIFICATION NUMBER 39-1080897

FOR THE YEAR ENDED DECEMBER 31, 2019

CAP SERVICES, INC. IS MAKING THE DE MINIMIS SAFE HARBOR
ELECTION UNDER REGULATION SECTION 1.263(A)-1(F).

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/04	74,250.	74,250.	0.	0.
12/31/05	98,919.	98,919.	0.	0.
12/31/06	15,285.	15,285.	0.	0.
12/31/07	176,673.	859.	175,814.	175,814.
12/31/08	65,186.	0.	65,186.	65,186.
12/31/09	80,826.	0.	80,826.	80,826.
12/31/10	324,810.	0.	324,810.	324,810.
12/31/12	1,587.	0.	1,587.	1,587.
NOL CARRYOVER AVAILABLE THIS YEAR			648,223.	648,223.

FORM 990-T

SCHEDULE E - DEPRECIATION DEDUCTION

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		8,183.	
- SUBTOTAL -	1		8,183.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			8,183.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PROPERTY EXPENSES		2,735.	
- SUBTOTAL -	1		2,735.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			2,735.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CAP SERVICES, INC.	Taxpayer identification number (TIN) 39-1080897
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2900 HOOVER ROAD, NO. A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STEVENS POINT, WI 54481	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TRENA LARSON

- The books are in the care of ▶ **2900 HOOVER ROAD, SUITE A - STEVENS POINT, WI 54481**
Telephone No. ▶ **715-343-7500** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.