

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the <b>2020</b> calendar year, or tax year beginning and ending																										
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>CAP SERVICES, INC.</b></td> <td rowspan="2"><b>D</b> Employer identification number  39-1080897</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2900 HOOVER ROAD A</td> <td rowspan="2"><b>E</b> Telephone number 715-343-7500</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code STEVENS POINT, WI 54481</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>NICOLE HARRISON</b> <b>SAME AS C ABOVE</b></td> <td><b>G</b> Gross receipts \$ 21,621,182.</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.CAPSERVICES.ORG</b></td> <td><b>H(b)</b> Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1966</td> <td><b>M</b> State of legal domicile: WI</td> </tr> </table>	<b>C</b> Name of organization <b>CAP SERVICES, INC.</b>		<b>D</b> Employer identification number  39-1080897	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2900 HOOVER ROAD A		<b>E</b> Telephone number 715-343-7500	City or town, state or province, country, and ZIP or foreign postal code STEVENS POINT, WI 54481		<b>F</b> Name and address of principal officer: <b>NICOLE HARRISON</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ 21,621,182.	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: ▶ <b>WWW.CAPSERVICES.ORG</b>		<b>H(b)</b> Are all subordinates included? Yes No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>H(c)</b> Group exemption number ▶	<b>L</b> Year of formation: 1966		<b>M</b> State of legal domicile: WI
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<b>Part I Summary</b>	
	1 Briefly describe the organization's mission or most significant activities: <b>TRANSFORM PEOPLE AND COMMUNITIES TO ADVANCE SOCIAL AND ECONOMIC JUSTICE.</b>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
<b>Activities &amp; Governance</b>	3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 18
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> 294
	6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 748
	7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 509.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> 0.
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>12,818,386.</b> <b>15,964,325.</b>
	9 Program service revenue (Part VIII, line 2g) ..... <b>3,804,925.</b> <b>3,316,179.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>761,532.</b> <b>191,209.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>324,937.</b> <b>655,665.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>17,709,780.</b> <b>20,127,378.</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>2,128,401.</b> <b>3,452,100.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>9,211,650.</b> <b>9,918,309.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>13,541.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>5,356,022.</b> <b>5,086,738.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>16,696,073.</b> <b>18,457,147.</b>
19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>1,013,707.</b> <b>1,670,231.</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>47,376,232.</b> <b>48,682,924.</b>
	21 Total liabilities (Part X, line 26) ..... <b>11,892,285.</b> <b>18,946,767.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>35,483,947.</b> <b>29,736,157.</b>

<b>Part II Signature Block</b>																					
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.																					
<b>Sign Here</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>▶ Signature of officer</td> <td>Date</td> </tr> <tr> <td>▶ <b>NICOLE HARRISON, PRESIDENT &amp; CEO</b></td> <td></td> </tr> <tr> <td>Type or print name and title</td> <td></td> </tr> </table>	▶ Signature of officer	Date	▶ <b>NICOLE HARRISON, PRESIDENT &amp; CEO</b>		Type or print name and title															
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<b>Paid Preparer Use Only</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date</td> <td>Check if self-employed</td> <td>PTIN</td> </tr> <tr> <td><b>TERRI REXRODE CPA, MST</b></td> <td><b>TERRI REXRODE CPA, M</b></td> <td><b>11/05/21</b></td> <td><input type="checkbox"/></td> <td><b>P00096513</b></td> </tr> <tr> <td>Firm's name ▶ <b>WIPFLI LLP</b></td> <td colspan="2">Firm's EIN ▶ <b>39-0758449</b></td> <td colspan="2"></td> </tr> <tr> <td>Firm's address ▶ <b>PO BOX 12237</b> <b>GREEN BAY, WI 54307-2237</b></td> <td colspan="4">Phone no. <b>920.662.0016</b></td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	<b>TERRI REXRODE CPA, MST</b>	<b>TERRI REXRODE CPA, M</b>	<b>11/05/21</b>	<input type="checkbox"/>	<b>P00096513</b>	Firm's name ▶ <b>WIPFLI LLP</b>	Firm's EIN ▶ <b>39-0758449</b>				Firm's address ▶ <b>PO BOX 12237</b> <b>GREEN BAY, WI 54307-2237</b>	Phone no. <b>920.662.0016</b>			
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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 \$ 5,841,763. including grants of \$ 0. ) (Revenue \$ 568,461. )

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 2019-2020, CAP EARLY CHILDHOOD DEVELOPMENT SERVICED 291 HEAD START, 117 EARLY HEAD START, 84 CHILD CARE, AND 114 FOUR YEAR OLD KINDERGARTEN CHILDREN AND THEIR FAMILIES. PROGRAM SERVICES ARE LOCATED IN WAUPACA, WAUSHARA, MARQUETTE, AND

4b (Code: ) (Expenses \$ 3,096,163. including grants of \$ 229,992. ) (Revenue \$ 33,028. )

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.

4c (Code: ) (Expenses \$ 2,884,605. including grants of \$ 1,658,776. ) (Revenue \$ 2,698,740. )

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 2020, HOUSING PROGRAMS ASSISTED 4 INDIVIDUALS OR FAMILIES TO BUY A HOME, AND HOUSING REHABILITATION TO 22 OWNER OCCUPIED HOMES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,399,222. including grants of \$ 1,563,332. ) (Revenue \$ -31,077. )

4e Total program service expenses 17,221,753.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 73	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

Table with columns for question number, question text, and Yes/No columns. 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 18		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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.  
 Own website     Another's website     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			
(2) NICOLE HARRISON PRESIDENT & CEO	40.00			X			125,012.	0.	13,440.	
(3) TRENA LARSON CHIEF FINANCIAL OFFICER	50.00			X			110,125.	0.	17,973.	
(4) CARLA KLUZ VP & DIRECTOR OF EARLY CHILDHOOD DEV	40.00				X		115,440.	0.	5,229.	
(5) BRETT JARMAN CHAIRPERSON	1.00	X		X			0.	0.	0.	
(6) JAN BANICKI VICE-CHAIRPERSON	1.00	X		X			0.	0.	0.	
(7) MARY WALTERS TREASURER	1.00	X		X			0.	0.	0.	
(8) CINDY JARVIS SECRETARY	1.00	X		X			0.	0.	0.	
(9) ELAINE ABENDROTH DIRECTOR (THRU JAN)	1.00	X					0.	0.	0.	
(10) LYDIA DAVIS DIRECTOR (THRU JAN)	1.00	X					0.	0.	0.	
(11) PRESTON DEBOLDT DIRECTOR (THRU NOV)	1.00	X					0.	0.	0.	
(12) STACEY DONOVAN DIRECTOR	1.00	X					0.	0.	0.	
(13) JENNIFER DORN DIRECTOR	1.00	X					0.	0.	0.	
(14) AMY EDDY DIRECTOR	1.00	X					0.	0.	0.	
(15) DAN GABRIELSON DIRECTOR	1.00	X					0.	0.	0.	
(16) BOB GIFFORD DIRECTOR	1.00	X					0.	0.	0.	
(17) PAM HER DIRECTOR	1.00	X					0.	0.	0.	
(18) JODY JANSEN DIRECTOR	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			
(19) JOHN JARVIS DIRECTOR	1.00	X						0.	0.	0.
(20) KATHY JO LOCKE DIRECTOR	1.00	X						0.	0.	0.
(21) DAVID JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(22) PATRICK KING DIRECTOR	1.00	X						0.	0.	0.
(23) GAYLE MACK DIRECTOR (THRU MAY)	1.00	X						0.	0.	0.
(24) SANDI MOORE DIRECTOR	1.00	X						0.	0.	0.
(25) MAYRA PASSAYES DIRECTOR	1.00	X						0.	0.	0.
(26) JASON SCHULIST DIRECTOR (THRU JAN)	1.00	X						0.	0.	0.
(27) CAROL STELTENPOHL DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								350,577.	0.	36,642.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								350,577.	0.	36,642.

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 **3**

	Yes	No
3 Did the organization list any <b>former</b> 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	777,883.
WENGER CONSTRUCTION, INC. N2293 HIGHWAY 45, CAMPBELL SPORT, WI 53010	SUB-CONTRACTOR SERVICES	462,654.
LAMERS BUS LINES, INC. 2407 SOUTH POINT ROAD, GREEN BAY, WI 54313	HEAD START TRANSPORTATION	256,717.
SUPERIOR ROOFING AND REMODELING P.O. BOX 314, PLOVER, WI 54467	SUB-CONTRACTOR SERVICES	147,085.
MCCARTNEY CARPET, INC. 404 NORTH MAIN STREET, WESTFIELD, WI 53964	SUB-CONTRACTOR SERVICES	145,108.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**



**Part VIII Statement of Revenue**

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	<b>1 a</b> Federated campaigns .....	<b>1a</b>	636,155.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	4,450.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	13,831,856.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,491,864.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 49,929.				
	<b>h Total.</b> Add lines 1a-1f .....			15,964,325.			
Program Service Revenue	<b>2 a</b> RENTAL INCOME	<b>Business Code</b>					
		531110	1,643,140.	1,643,140.			
	<b>b</b> INTEREST INCOME-LOANS	525990	596,055.	596,055.			
	<b>c</b> CHILD EDUCATION FEES	624410	568,461.	568,461.			
	<b>d</b> HOUSING & HOUSING REHAB FEES	624200	459,545.	459,545.			
	<b>e</b> ECONOMIC DEVELOPMENT	624200	15,950.	15,950.			
	<b>f</b> All other program service revenue .....	624200	33,028.	33,028.			
<b>g Total.</b> Add lines 2a-2f .....			3,316,179.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		24,942.			24,942.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	37,077.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	7,948.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	29,129.				
	<b>d</b> Net rental income or (loss) .....			29,129.	509.	28,620.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	487,000.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	320,733.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	166,267.				
	<b>d</b> Net gain or (loss) .....			166,267.		166,267.	
<b>8 a</b> Gross income from fundraising events (not including \$ 4,450. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		895.				
			96.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			799.		799.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		1,118,000.				
			1,165,027.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....			-47,027.	-47,027.			
Miscellaneous Revenue	<b>11 a</b> BAD DEBT RECOVERY	<b>Business Code</b>					
		900099	146,680.			146,680.	
	<b>b</b> CHARGE OFF RECOVERY	900099	9,076.			9,076.	
	<b>c</b> .....						
	<b>d</b> All other revenue .....	900099	517,008.			517,008.	
<b>e Total.</b> Add lines 11a-11d .....			672,764.				
<b>12 Total revenue.</b> See instructions .....			20,127,378.	3,269,152.	509.	893,392.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,852.	21,852.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	3,430,248.	3,430,248.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	429,924.		429,924.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,878,679.	7,427,853.	441,739.	9,087.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	283,198.	266,993.	15,878.	327.
<b>9</b> Other employee benefits	692,096.	652,494.	38,804.	798.
<b>10</b> Payroll taxes	634,412.	598,110.	35,570.	732.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	23,831.	13,716.	10,115.	
<b>c</b> Accounting	86,300.		86,300.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	238,062.	199,862.	38,200.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	741,249.	715,636.	24,247.	1,366.
<b>14</b> Information technology	78,329.	78,329.		
<b>15</b> Royalties				
<b>16</b> Occupancy	454,532.	394,266.	60,266.	
<b>17</b> Travel	202,117.	189,426.	12,691.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	73,276.	73,276.		
<b>20</b> Interest	255,247.	255,247.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	994,468.	994,468.		
<b>23</b> Insurance	114,572.	114,572.		
<b>24</b> 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.)				
<b>a</b> <b>PROPERTY EXPENSES</b>	1,558,260.	1,558,260.		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	266,495.	237,145.	28,119.	1,231.
<b>25</b> Total functional expenses. Add lines 1 through 24e	18,457,147.	17,221,753.	1,221,853.	13,541.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,069,075.	<b>1</b>	8,919,095.
	<b>2</b> Savings and temporary cash investments .....	1,759,668.	<b>2</b>	2,262,954.
	<b>3</b> Pledges and grants receivable, net .....	986,939.	<b>3</b>	926,983.
	<b>4</b> Accounts receivable, net .....	393,707.	<b>4</b>	497,209.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	7,166,039.	<b>7</b>	5,709,741.
	<b>8</b> Inventories for sale or use .....	2,018,021.	<b>8</b>	954,216.
	<b>9</b> Prepaid expenses and deferred charges .....	217,936.	<b>9</b>	347,028.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 28,776,795.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,965,344.	<b>10c</b>	13,811,451.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	512,515.	<b>12</b>	549,832.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	12,165,850.	<b>13</b>	11,447,316.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,345,089.	<b>15</b>	3,257,099.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	47,376,232.	<b>16</b>	48,682,924.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,547,395.	<b>17</b>	1,598,146.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	583,377.	<b>19</b>	910,188.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,649,709.	<b>23</b>	4,690,439.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	2,439,682.	<b>24</b>	2,137,111.
	<b>25</b> 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 .....	2,672,122.	<b>25</b>	9,610,883.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,892,285.	<b>26</b>	18,946,767.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	10,263,355.	<b>27</b>	10,711,128.
	<b>28</b> Net assets with donor restrictions .....	25,220,592.	<b>28</b>	19,025,029.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	35,483,947.	<b>32</b>	29,736,157.
<b>33</b> Total liabilities and net assets/fund balances .....	47,376,232.	<b>33</b>	48,682,924.	

**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	20,127,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,457,147.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,670,231.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,483,947.
5	Net unrealized gains (losses) on investments	5	37,409.
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	-7,455,430.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,736,157.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11482363.	13432397.	11981205.	12818386.	15964325.	65678676.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11482363.	13432397.	11981205.	12818386.	15964325.	65678676.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						65678676.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	11482363.	13432397.	11981205.	12818386.	15964325.	65678676.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	50,359.	79,053.	111,926.	109,682.	61,300.	412,320.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	7,287.	11,890.	8,707.	4,285.	509.	32,678.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		764,446.	683,376.	8,136.	9,076.	1465034.
<b>11 Total support.</b> Add lines 7 through 10						67588708.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	23,629,381.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.17 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	96.78 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in line 2, above, 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>b</b> Did the activities described in line 2a, above, 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.

2020 AMOUNT: \$ 9,076.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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](http://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 <b>CAP SERVICES, INC.</b>	Employer identification number <b>39-1080897</b>
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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) 2020**

LHA

032041 12-02-20

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		1,599.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		1,466.
<b>j</b> Total. Add lines 1c through 1i .....			3,065.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> 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, \$1,466, 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

**Part IV** Supplemental Information (continued)

OPPORTUNITY, 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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) 2020

**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	457,893.	391,370.	424,842.	366,958.	344,669.
b Contributions	100.	1,650.	1,550.	1,383.	1,450.
c Net investment earnings, gains, and losses	41,731.	69,499.	-28,757.	62,597.	26,739.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	4,422.	4,626.	6,265.	6,096.	5,900.
g End of year balance	495,302.	457,893.	391,370.	424,842.	366,958.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .0000 %
- 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		2,252,445.		2,252,445.
b Buildings		24,766,125.	13,639,470.	11,126,655.
c Leasehold improvements		225,726.	39,247.	186,479.
d Equipment		1,487,098.	1,286,627.	200,471.
e Other		45,401.		45,401.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>13,811,451.</b>

**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)		
<b>Total.</b> (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	3,834,246.	END-OF-YEAR MARKET VALUE
(3) RESIDENTIAL HOUSING LOANS	7,547,553.	END-OF-YEAR MARKET VALUE
(4) AUTO LOANS	65,517.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	11,447,316.	

**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	116,303.
(2) ACCRUED INTEREST ON LOANS RECEIVABLE	2,728,096.
(3) RELATED-PARTY FEES RECEIVABLE, NET	412,700.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,257,099.

**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	131,298.
(3) DEFERRED MORTGAGES PAYABLE	2,206,544.
(4) OTHER LIABILITIES	351,859.
(5) DUE TO FUNDING SOURCE	6,921,182.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,610,883.

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	21,274,298.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	37,409.	
b	Donated services and use of facilities	2b	83,120.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		120,529.
3	Subtract line 2e from line 1		3	21,153,769.
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	-1,026,391.	
c	Add lines 4a and 4b	4c		-1,026,391.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	20,127,378.

**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	19,710,590.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	83,120.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,170,323.	
e	Add lines 2a through 2d	2e		1,253,443.
3	Subtract line 2e from line 1		3	18,457,147.
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	18,457,147.

**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, 2020, AND 2019, CAP SERVICES, INC. HAS A NET OPERATING LOSS CARRY FORWARD OF APPROXIMATELY \$644,000 AND

**Part XIII** Supplemental Information (continued)

\$648,000, 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	-7,948.
COST OF HOMES SOLD	-1,165,027.
SPECIAL EVENTS EXPENSE	-96.
BAD DEBT RECOVERY	146,680.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,026,391.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	7,948.
COST OF HOMES SOLD	1,165,027.
SPECIAL EVENTS EXPENSE	96.
BAD DEBT RECOVERY	-146,680.
IMPAIRMENT OF PROPERTY HELD FOR SALE	143,932.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,170,323.

Schedule D (Form 990) 2020

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
WISCONSIN ECONOMIC DEVELOPMENT CORPORATION - 201 WEST WASHINGTON AVE. - MADISON, WI 53703			21,852.	0.			ECONOMIC DEVELOPMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **0.**

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

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

Schedule I (Form 990) 2020

**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	116	945,889.	0.		
EMERGENCY FURNACE ASSISTANCE	296	457,074.	0.		
TUITION AND INCIDENTAL EDUCATION EXPENSE	256	138,517.	0.		
HOUSING LOAN ASSISTANCE	11	39,812.	0.		
WISCONSIN RENTAL ASSISTANCE PROGRAM	758	1,618,964.	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:**

ALL GRANT PROGRAMS ARE GIVEN A UNIQUE PROGRAM NUMBER TO ENSURE ALL PROGRAMS EXPENSES ARE ISOLATED AND ACCUMULATED BY PROGRAM. A MONTHLY REVENUE AND EXPENSE STATEMENT IS ALSO GENERATED, THESE STATEMENTS ARE REVIEWED IN DETAIL BY THE PROGRAM MANAGER, CFO, CEO AND BOARD OF DIRECTORS.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
EMERGENCY ASSISTANCE	454.	219,329.	0.		
VICTIM OF CRIMES ASSISTANCE	26.	10,663.	0.		



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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](http://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	X	1	10,318.60	SHARES VAR STOCK
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 ( SCHOOL SUPPLI )	X	396	39,611.	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 V, 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.		

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

Schedule M (Form 990) 2020

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 4D, OTHER PROGRAM SERVICES:

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 2020, CAP WEATHERIZED 153

HOUSING UNITS.

THE EMERGENCY FURNACE PROGRAM RESPONDS TO EMERGENCY CALLS FOR FURNACE

REPAIR OR REPLACEMENT IN NO-HEAT SITUATIONS FOR INCOME ELIGIBLE

INDIVIDUALS IN WAUSHARA, WAUPACA, MARQUETTE AND PORTAGE COUNTIES. IN

2020, CAP SERVICES, INC. ASSISTED 273 CLIENTS WITH FURNACE REPAIR OR

REPLACEMENT IN THIS SERVICE AREA.

EXPENSES \$ 2,274,350. INCLUDING GRANTS OF \$ 1,402,963. REVENUE \$ 0.

FAMILY INTERVENTION SERVICES

HELP INDIVIDUALS BECOME ECONOMICALLY AND EMOTIONALLY SELF-SUFFICIENT.

PROVIDE FAMILY DEVELOPMENT, OUTREACH, REFERRAL, SUPPORTIVE SERVICES,

CASE MANAGEMENT, MEDICAL INTERPRETERS, AS WELL AS COMMUNITY

ORGANIZATION AND ADVOCACY.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

EXPENSES \$ 1,440,567. 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 \$ 965,322. INCLUDING GRANTS OF \$ 21,852. REVENUE \$ 15,950.

JOB TRAINING AND EMPLOYMENT

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

EXPENSES \$ 280,598. INCLUDING GRANTS OF \$ 138,517. REVENUE \$ 0.

OTHER PROGRAMS

REPRESENTS ACTIVITY OPERATING THE CORPORATION IN ACCORDANCE WITH ITS MISSION.

EXPENSES \$ 180,606. INCLUDING GRANTS OF \$ 0. REVENUE \$ -47,027.

FOOD PROGRAMS

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

EXPENSES \$ 147,989. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRANSPORTATION

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

EXPENSES \$ 96,222. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

## HOMELESS/SHELTER PROGRAMS

PROVIDE TEMPORARY SHELTER, COUNSELING AND REFERRAL FOR HOMELESS

INDIVIDUALS IN THE COMMUNITY

EXPENSES \$ 13,568. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN CONTRACT POLICY	-6,921,182.
HOUSING/JBD LOANS AND OTHER TRANSFERS	-390,316.
IMPAIRMENT ON PROPERTY HELD FOR SALE	-143,932.
TOTAL TO FORM 990, PART XI, LINE 9	-7,455,430.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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 - 20-3545783, 2900 HOOVER ROAD, SUITE A, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	378,079.	378,067.	CAP SERVICES, INC.
BERLIN SENIOR HOUSING, LLC - 39-1080897 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-4.	18.	CAP SERVICES, INC.
BRILLION AFFORDABLE HOUSING, LLC - 39-1080897, 2900 HOOVER ROAD, SUITE A, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-15.	-77.	CAP SERVICES, INC.
BRODHEAD SENIOR HOUSING, LLC - 20-3545733 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	567,725.	567,729.	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) 2020

**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 - 39-1080897 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	0.	0.	CAP SERVICES, INC.
COLBY COTTAGES HOUSING, LLC - 39-1080897 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-16.	20.	CAP SERVICES, INC.
COLBY-ABBOTTSFORD SENIOR VILLAGE, LLC - 27-1154737, 2900 HOOVER ROAD, SUITE A, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-54,547.	1,903,282.	CAP SERVICES, INC.
COMMUNITY ASSETS FOR PEOPLE, LLC - 26-4713575, 2900 HOOVER ROAD, SUITE A, STEVENS POINT, WI 54481	LENDING/BUSINESS DEVELOPMENT	WISCONSIN	-1,048,173.	21,208,964.	CAP SERVICES, INC.
FOX FIRE SENIOR HOUSING, LLC - 20-5654431 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-6.	6.	CAP SERVICES, INC.
IOLA SENIOR HOUSING, LLC - 26-0195039 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-4.	54,792.	CAP SERVICES, INC.
KEWAUNEE SENIOR HOUSING, LLC - 39-1080897 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	1,036,769.	1,036,796.	CAP SERVICES, INC.
LAKE COUNTRY SENIOR HOUSING, LLC - 39-1080897, 2900 HOOVER ROAD, SUITE A, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-2,805.	807,340.	CAP SERVICES, INC.
LANCASTER SENIOR HOUSING, LLC - 20-5720814 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-5.	2.	CAP SERVICES, INC.
MANAWA SENIOR HOUSING, LLC - 39-1080897 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-16,255.	699,095.	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
MAUSTON SENIOR HOUSING, LLC - 27-3141911 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-11.	-9.	CAP SERVICES, INC.
MORRIS PARK SENIOR HOUSING, LLC - 26-0195132 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-3.	-101.	CAP SERVICES, INC.
NEKOOSA SENIOR HOUSING, LLC - 39-1080897 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-15.	33.	CAP SERVICES, INC.
OLEN PARK SENIOR HOUSING, LLC - 20-5720783 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-8.	-46.	CAP SERVICES, INC.
RIVER CITY SENIOR HOUSING, LLC - 20-5720842 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-4.	-14.	CAP SERVICES, INC.
RIVER WOOD HOUSING, LLC - 46-0737786 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-11.	-43.	CAP SERVICES, INC.
SEYMOUR SENIOR HOUSING, LLC - 27-3142346 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-9.	-6.	CAP SERVICES, INC.
WAUPACA AFFORDABLE TOWNHOMES, LLC - 27-3142497, 2900 HOOVER ROAD, SUITE A, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-20.	-50.	CAP SERVICES, INC.
WEYAUWEGA SENIOR VILLAGE, LLC - 26-3265172 2900 HOOVER ROAD, SUITE A STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-58,355.	1,393,145.	CAP SERVICES, INC.
KEWAUNEE SENIOR VILLAGE, LLC - 26-3108475 2900 HOOVER ROAD STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WISCONSIN	-12.	799,074.	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADAMS-FRIENDSHIP SENIOR VILLAGE, LLC - 20-3407384, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-13.	100,285.		X	N/A	X		.01%
BERLIN SENIOR VILLAGE, LLC - 46-0735596, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-6.	1.		X	N/A	X		.01%
BRILLION TOWNHOMES, LLC - 47-0964690, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-14.	-124.		X	N/A	X		.01%
BRODHEAD SENIOR VILLAGE, LLC - 20-3407469, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-13.	270,329.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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	-20.	-35.		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	-10.	-12.		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	-8.	-128.		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	-12.	-30.		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	-13.	-10.		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	-8.	-129.		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	-12.	7.		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	-12.	-64.		X	N/A	X		.01%
RIVER CITY SENIOR VILLAGE, LLC - 20-5000231, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-7.	-35.		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 WOOD APARTMENT HOMES, LLC - 46-0737786, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-12.	-80.		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	-11.	-11.		X	N/A	X		.01%
WAUPACA TOWNHOMES, LLC - 27-3142453, 2900 HOOVER ROAD, STEVENS POINT, WI 54481	AFFORDABLE HOUSING	WI	CAP SERVICES, INC.	RELATED	-17.	-45.		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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.





# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**CAP SERVICES, INC.**

**39-1080897**

Name and title of officer or person subject to tax

**NICOLE HARRISON  
PRESIDENT & CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____ <b>0.</b>
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **WIPFLI LLP** to enter my PIN **55435**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**39061654403**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **TERRI REXRODE CPA, MST** Date **11/05/21**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CAP SERVICES, INC.</b>	Taxpayer identification number (TIN) <b>39-1080897</b>
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. <b>2900 HOOVER ROAD, NO. A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>STEVENS POINT, WI 54481</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.

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

## 2020

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://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).**

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</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) <input type="checkbox"/> 529S</p>	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CAP SERVICES, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>2900 HOOVER ROAD, NO. A</b> City or town, state or province, country, and ZIP or foreign postal code <b>STEVENS POINT, WI 54481</b>	<p><b>D</b> Employer identification number <b>39-1080897</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>48,682,924.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** 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. ▶

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

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	509.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	509.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	509.
6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 1</b>	6	509.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 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 statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....			
<input type="checkbox"/> Form 4136 .....			
<input type="checkbox"/> Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 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
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....		\$ .....	
4a Did the organization change its method of accounting? (see instructions) .....			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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.			
	<b>Signature of officer</b> .....	<b>Date</b> .....	<b>PRESIDENT &amp; CEO</b>	
			Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TERRI REXRODE CPA, MST</b>	Preparer's signature <b>TERRI REXRODE CPA, MST</b>	Date <b>11/05/21</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00096513</b>
	Firm's name <b>WIPFLI LLP</b>		Firm's EIN <b>39-0758449</b>	
	Firm's address <b>PO BOX 12237 GREEN BAY, WI 54307-2237</b>		Phone no. <b>920.662.0016</b>	

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	643,938.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	509.

SCHEDULE A ENTITY	SCHEDULE A SHARE
1	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	509.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	643,429.

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, 2020

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

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://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).

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>CAP SERVICES, INC.</b>	<b>B</b> Employer identification number <b>39-1080897</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>531120</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **DEBT FINANCED RENTAL INCOME**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b> 0.		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b> 719.	<b>210.</b>	<b>509.</b>
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 719.	<b>210.</b>	<b>509.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)				<b>1</b>
<b>2</b> Salaries and wages				<b>2</b>
<b>3</b> Repairs and maintenance				<b>3</b>
<b>4</b> Bad debts				<b>4</b>
<b>5</b> Interest (attach statement) (see instructions)				<b>5</b>
<b>6</b> Taxes and licenses				<b>6</b>
<b>7</b> Depreciation (attach Form 4562) (see instructions)		<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>		<b>8b</b>
<b>9</b> Depletion				<b>9</b>
<b>10</b> Contributions to deferred compensation plans				<b>10</b>
<b>11</b> Employee benefit programs				<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII)				<b>12</b>
<b>13</b> Excess readership costs (Part IX)				<b>13</b>
<b>14</b> Other deductions (attach statement)				<b>14</b>
<b>15 Total deductions.</b> Add lines 1 through 14				<b>15</b> 0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				<b>16</b> 509.
<b>17</b> Deduction for net operating loss (see instructions)				<b>17</b> 0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				<b>18</b> 509.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

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

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  588 ALLEN 588 ALLEN ST, AMHERST, WI 54406

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....	37,077.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <b>STMT 5</b>	8,183.			
b Other deductions (attach statement) <b>STMT 6</b>	2,630.			
c Total deductions (add lines 3a and 3b, columns A through D) .....	10,813.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT 3</b>	4,145.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 4</b>	213,294.			
6 Divide line 4 by line 5 .....	1.94%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ...	719.			
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶	719.			
9 Allocable deductions. Multiply line 3c by line 6	210.			
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶	210.			
11 <b>Total dividends-received deductions</b> included in line 10 .....	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3  
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
588 ALLEN	1	
BEGINNING FIRST MONTH		8,290.
BEGINNING SECOND MONTH		7,536.
BEGINNING THIRD MONTH		6,783.
BEGINNING FOURTH MONTH		6,029.
BEGINNING FIFTH MONTH		5,275.
BEGINNING SIXTH MONTH		4,522.
BEGINNING SEVENTH MONTH		3,768.
BEGINNING EIGHTH MONTH		3,015.
BEGINNING NINTH MONTH		2,261.
BEGINNING TENTH MONTH		1,507.
BEGINNING ELEVENTH MONTH		754.
BEGINNING TWELFTH MONTH		0.
TOTAL OF ALL MONTHS		49,740.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		4,145.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 4  
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
588 ALLEN	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		217,386.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		209,203.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		213,295.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

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FORM 990-T (A)	PART V - DEPRECIATION DEDUCTION	STATEMENT 5
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		8,183.	
- SUBTOTAL -	1		8,183.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			8,183.

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FORM 990-T (A)	PART V - OTHER DEDUCTIONS	STATEMENT 6
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PROPERTY EXPENSES		2,630.	
- SUBTOTAL -	1		2,630.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			2,630.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....		2,455.		-2,455.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> -2,455.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

**CAP SERVICES, INC.**

**39-1080897**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
588	ALLEN	06/01/15	05/01/20	0.	2,455.			<2,455.>
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶								
					2,455.			<2,455.>

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

Name <b>CAP SERVICES, INC.</b>	Employer identification number <b>39-1080897</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....		<b>2,455.</b>		<b>-2,455.</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> <b>-2,455.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b> <b>0.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

CAP SERVICES, INC.

39-1080897

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Row 1: 588 ALLEN, 06/01/15, 05/01/20, 0., 2,455., <2,455.>

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

2,455. <2,455.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Electronic Filing PDF Attachment



Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Employer Identification Number 39-1080897

For the Year Ended December 31, 2020

CAP Services, Inc. is making the de minimis safe harbor election under Regulation Section 1.263(a)-1(f).

# TAX RETURN FILING INSTRUCTIONS

WISCONSIN FORM 4T

**FOR THE YEAR ENDING**

December 31, 2020

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**Prepared For:**

CAP Services, Inc.  
2900 Hoover Road, Suite A  
Stevens Point, WI 54481

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**Prepared By:**

Wipfli LLP  
PO Box 12237  
Green Bay, WI 54307-2237

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**To be Signed and Dated By:**

The authorized individual(s).

---

**Amount of Tax:**

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

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**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

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**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Wisconsin Department of Revenue  
P.O. Box 8908  
Madison, WI 53708-8908

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**Return Must be Mailed On or Before:**

December 15, 2021

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**Special Instructions:**

For calendar year 2020 or tax year beginning 01 01 2020 and ending 12 31 2020

Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

Exempt Organization Name CAP SERVICES, INC.

Number and Street 2900 HOOVER ROAD Suite Number A

City STEVENS POINT State WI ZIP (+ 4 digit suffix if known) 54481 A Federal Employer ID Number 39 1080897

D Check if applicable and attach explanation: 1 Amended return (Include Schedule AR) 2 First return - new corporation or entering Wisconsin 3 Final return - corporation dissolved or withdrew 4 Short period - change in accounting period 5 Short period - stock purchase or sale B Business Activity (NAICS) Code C State of Organization and Year

Check if applicable and see instructions:

E If you have an extension of time to file, enter extended due date MM DD YYYY

F If you have related entity expenses and are required to file Schedule RT with this return

G If you changed your organization name



H Internal Revenue Service adjustments became final during the year Enter years adjusted

I Check type of organization: 1 X Corporation 2 Trust - due 4th month 3 Trust - due 5th month

J Name of Trustee if Taxable as Trust

ENTER NEGATIVE NUMBERS LIKE THIS -1000 NOT LIKE THIS (1000) NO COMMAS; NO CENTS

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 13)

Table with 13 rows for corporations, including lines 1-13 for income, deductions, and tax calculations.

Organizations Taxable as Trusts (Corporations do not fill in lines 14 through 23)

Table with 9 rows for trusts, including lines 14-19 for income, deductions, and tax calculations.

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

<b>20</b> Nonrefundable credits (from Schedule CR) .....	<b>20</b> _____	.
<b>21</b> Net income tax paid to other states .....	<b>21</b> _____	.
<b>22</b> Add lines 20 and 21 .....	<b>22</b> _____	.
<b>23</b> Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax .....	<b>23</b> _____	.
<b>24</b> Tax from line 13 or 23 .....	<b>24</b> _____	.
<b>25</b> Economic development surcharge (see instructions) .....	<b>25</b> _____	.
<b>26</b> Endangered resources donation (decreases refund or increases amount owed) .....	<b>26</b> _____	.
<b>27</b> Veterans trust fund donation (decreases refund or increases amount owed) .....	<b>27</b> _____	.
<b>28</b> Add lines 24 through 27 .....	<b>28</b> _____	.
<b>29</b> Estimated tax payments less refund from Form 4466W .....	<b>29</b> _____	.
<b>30</b> Wisconsin tax withheld .....	<b>30</b> _____	.
<b>31</b> Refundable credits (from Schedule CR) .....	<b>31</b> _____	.
<b>32</b> Amended Return Only - amount previously paid .....	<b>32</b> _____	.
<b>33</b> Add lines 29 through 32 .....	<b>33</b> _____	.
<b>34</b> Amended Return Only - amount previously refunded .....	<b>34</b> _____	.
<b>35</b> Subtract line 34 from 33 .....	<b>35</b> _____	.
<b>36</b> Interest, penalty, and late fee due (from Form U line 17 or 26, or Schedule U, line 15 or 29). If you annualized income on Form U or Schedule U, check (✓) the space after the arrow .....	<b>36</b> _____	.
<b>37</b> <b>Amount due.</b> If the total of lines 28 and 36 is larger than line 35, subtract line 35 from the total of lines 28 and 36 .....	<b>37</b> _____	.
<b>38</b> <b>Overpayment.</b> If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35 .....	<b>38</b> _____	.
<b>39</b> Enter amount of line 38 you want credited on 2021 estimated tax .....	<b>39</b> _____	.
<b>40</b> Subtract line 39 from line 38. <b>This is your refund</b> .....	<b>40</b> _____	.
<b>41</b> Enter total gross receipts from all unrelated trade or business activities .....	<b>41</b> _____	.

**Additional Information Required**

- 1 Person to contact concerning this return: TRENA LARSON Phone #: 7153437500 Fax #: \_\_\_\_\_
- 2 City and state where books and records are located for audit purposes: \_\_\_\_\_
- 3 Are you the sole owner of any limited liability companies (LLCs)?  Yes \_\_\_ No If yes, complete Schedule DE and include with this return. Did you include the incomes of these entities in this return?  Yes \_\_\_ No
- 4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? \_\_\_ Yes  No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 List the locations of your Wisconsin operations: STEVENS POINT

**Third Party Designee** Do you want to allow another person to discuss this return with the department?  Yes Complete the following. \_\_\_ No

Print Designee's Name **TERRI REXRODE** Phone Number **9206620016** Personal Identification Number (PIN) **96513**

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer or Trustee	Title	Date
Preparer's Signature <b>TERRI REXRODE CPA, MST</b>	Preparer's Federal Employer ID Number <b>39 0758449</b>	Date <b>11 05 2021</b>

**You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.**

If you are not filing your return electronically, make your check payable to and mail your return to ►

Wisconsin Department of Revenue  
PO Box 8908  
Madison WI 53708-8908



Part 1 - Additions:

<b>1</b>	Interest income (less related expenses) from state and municipal obligations .....	<b>1</b>	_____ .
<b>2</b>	State and local franchise or income taxes .....	<b>2</b>	_____ .
<b>3</b>	Capital gain/loss adjustment .....	<b>3</b>	_____ .
<b>4</b>	Federal net operating loss carryover .....	<b>4</b>	_____ .
<b>5</b>	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) .....	<b>5</b>	_____ .
<b>6</b>	Reserved for future use .....	<b>6</b>	_____ .
<b>7</b>	Transitional adjustments .....	<b>7</b>	_____ .
<b>8</b>	Credit computed (see instructions):		
<b>a</b>	Business development credit .....	<b>8a</b>	_____ .
<b>b</b>	Community rehabilitation program credit .....	<b>8b</b>	_____ .
<b>c</b>	Development zones credits .....	<b>8c</b>	_____ .
<b>d</b>	Economic development tax credit .....	<b>8d</b>	_____ .
<b>e</b>	Electronics and information technology manufacturing zone credit .....	<b>8e</b>	_____ .
<b>f</b>	Employee college savings account contribution credit .....	<b>8f</b>	_____ .
<b>g</b>	Enterprise zone jobs credit .....	<b>8g</b>	_____ .
<b>h</b>	Farmland preservation credit .....	<b>8h</b>	_____ .
<b>i</b>	Jobs tax credit .....	<b>8i</b>	_____ .
<b>j</b>	Manufacturing and agriculture credit (computed in 2019) .....	<b>8j</b>	_____ .
<b>k</b>	Manufacturing investment credit .....	<b>8k</b>	_____ .
<b>l</b>	Research expense credit .....	<b>8l</b>	_____ .
<b>m</b>	Reserved for future use .....	<b>8m</b>	_____ .
<b>n</b>	Total credits (add lines 8a through 8m) .....	<b>8n</b>	_____ .
<b>9</b>	Other additions:		
<b>a</b>	_____	<b>9a</b>	_____ .
<b>b</b>	_____	<b>9b</b>	_____ .
<b>c</b>	_____	<b>9c</b>	_____ .
<b>d</b>	Total other additions (add lines 9a through 9c) .....	<b>9d</b>	_____ .
<b>10</b>	Total additions (add lines 1 through 7, 8n, and 9d and enter on page 1) .....	<b>10</b>	_____ .

Part 2 - Subtractions:

<b>1</b>	Interest income (less related expenses) from United States government obligations .....	<b>1</b>	_____ .
<b>2</b>	Capital gain/loss adjustment .....	<b>2</b>	_____ .
<b>3</b>	Wisconsin net operating loss carryforward .....	<b>3</b>	_____ .
<b>4</b>	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) .....	<b>4</b>	_____ .
<b>5</b>	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) .....	<b>5</b>	_____ .
<b>6</b>	Transitional adjustments .....	<b>6</b>	_____ .
<b>7</b>	Other subtractions:		
<b>a</b>	_____	<b>7a</b>	_____ .
<b>b</b>	_____	<b>7b</b>	_____ .
<b>c</b>	_____	<b>7c</b>	_____ .
<b>d</b>	Total other subtractions (add lines 7a through 7c) .....	<b>7d</b>	_____ .
<b>8</b>	Total subtractions (Add lines 1 through 6 and 7d and enter on page 1) .....	<b>8</b>	_____ .



Schedule

**DE****Disregarded  
Entity Schedule****2020**Wisconsin Department  
of Revenue

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5S, or 6

Name of Disregarded Entity Owner  
**CAP SERVICES, INC.**Identifying Number  
**39 1080897****Disregarded Entities:**

	Name of Disregarded Entity	FEIN or SSN
1	ADAMS FRIENDSHIP SENIOR HOUSING, LLC	20 3545783
2	BERLIN SENIOR HOUSING, LLC	39 1080897
3	BRILLION AFFORDABLE HOUSING, LLC	39 1080897
4	BRODHEAD SENIOR HOUSING, LLC	20 3545733
5	CITY WALK, LLC	39 1080897
6	COLBY COTTAGES HOUSING, LLC	39 1080897
7	COLBY-ABBOTTSFORD SENIOR VILLAGE, LLC	27 1154737
8	COMMUNITY ASSETS FOR PEOPLE, LLC	26 4713575
9	FOX FIRE SENIOR HOUSING, LLC	20 5654431
10	IOLA SENIOR HOUSING, LLC	26 0195039
11	KEWAUNEE SENIOR HOUSING, LLC	39 1080897
12	LAKE COUNTRY SENIOR HOUSING, LLC	39 1080897
13	LANCASTER SENIOR HOUSING, LLC	20 5720814
14	MANAWA SENIOR HOUSING, LLC	39 1080897
15	MAUSTON SENIOR HOUSING, LLC	27 3141911
16	MORRIS PARK SENIOR HOUSING, LLC	26 0195132
17	NEKOSSA SENIOR HOUSING, LLC	39 1080897
18	OLEN PARK SENIOR HOUSING, LLC	20 5720783
19	RIVER CITY SENIOR HOUSING, LLC	20 5720842
20	RIVER WOOD HOUSING, LLC	46 0737786

