Form **990-T Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) ► Go to www irs.gov/Form990T for instructions and the latest information Denartment of the Treasury Open to Public Inspection to 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service D Employer identification number Name of organization ( Check box if name changed and see instructions ) Check box if address changed instructions ) 39-1080897 CAP SERVICES, INC. B Exempt under section Print E Unrelated business activity code X 501(c)(3/ Number, street, and room or suite no. If a P.O box, see instructions. (See instructions.) Type ] 408(e) [ 2900 HOOVER ROAD, NO. A City or town, state or province, country, and ZIP or foreign postal code 1408A [ 1530(a) 531120 7529(a) STEVENS POINT, WI 54481 C Book value of all assets F Group exemption number (See instructions ) 319,906. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > SEE STATEMENT 1 . If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. Telephone number ► 715-343-7500 J The books are in care of ► SUSAN HENRY Part Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 42 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ............ 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 11,778. 3,071. 8,707. 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 12 Other income (See instructions; attach schedule) 8,707. 778. 3.071 Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) :Părt:II; (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) RECEIVED 14 14 15 15 Salaries and wages 16 Repairs and maintenance 16 NOV 1 8 2019 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 OGDEN, UT 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 23 Contributions to deferred compensation plans 24 24 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 28 Ō. Total deductions Add lines 14 through 28 29 29 8.707. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 8,707. Unrelated business taxable income Subtract line 31 from line 30 32

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Partill	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	8,707.
34 (	Amounts paid for disallowed fringes			34	20,413.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) S7	гмт 3	35	29,120.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of			
	lines 33 and 34			36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	36,			_
	enter the smaller of zero or line 36			38	0.
Partil	Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		•	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)		•	<u>40</u>	
41	Proxy tax See instructions		•	► <u>41</u>	
42	Alternative minimum tax (trusts only)			42	
	Tax on Noncompliant Facility Income See instructions			43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
	Tax and Payments	I I			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b		-	
c	General business credit Attach Form 3800	45c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	Total credits Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44	— ···		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other (	attach schedule		
48	Total tax Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	l I		49	
	Payments: A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b	-		
	Tax deposited with Form 8868	50c			
	Foreign organizations Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments. Form 2439	1 1			
	☐ Form 4136 ☐ Other Total ►	50g			
	Total payments. Add lines 50a through 50g			51	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached			52	
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			<del></del>	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1 5-4		54	
55 [Partiv	Enter the amount of line 54 you want: Credited to 2019 estimated tax		funded   ctions)	55	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature of				Yes No
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				163 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f				
	here	oreign country			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ensferor to a for	einn triist?		$-\frac{1}{x}$
31	If "Yes," see instructions for other forms the organization may have to file		oigh trust		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat correct, and Companying schedules and stat correct, and Companying schedules and state correct, and Companying schedules are stated as a state of the correct and stated as a state of the correct and stated as a state of the correct as a sta	ements, and to the	best of my know	ledge and belie	ef, it is true,
Sign	correct, and comblete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge	, F		
Here	PRESIDE	NT & CE	0	•	scuss this return with nown below (see
	Signaturi & Hofficer Date Title	<u> </u>		instructions)?	
	Print/Type preparer's name Preparer's signature Dat	e	Check	ıf PTIN	
Paid			self- employe	:d	
Prepa	rer JEAN CHRISTENSEN JEAN CHRISTENSEN 10	/04/19			0368719
Use O	la . NUTDUIT IID		Firm's EIN	▶ 39-	0758449
	PO BOX 8700				
	Firm's address ► MADISON, WI 53708-8700		Phone no.	608.27	74.1980

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuat	tion N/A					
1 Inventory at beginning of year	1			entory at end of year	r		6		
2 Purchases	2			t of goods sold Su		ine 6			
3 Cost of labor	3			n line 5. Enter here					
4 a Additional section 263A costs			line	2		•	7_		
(attach schedule)	4a		8 Do	the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b					for resale) apply to			
5 Total Add lines 1 through 4b	5			organization?		,,			$\top$
Schedule C - Rent Income (	From Real I	Property and			ease	d With Real Prop	erty)		
(see instructions)									
1 Description of property									
(1)									
(2)	-	•		•					
(3)									
(4)									
	2 Rent receive	ed or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	rsonal prope	roperty (if the percentagerty exceeds 50% or if profit or income)	ge	3(a) Deductions directly columns 2(a) a	r connec nd 2(b) (a	ted with the income ii attach schedule)	n
(1)					•••			-	
(2)									
(3)			-						
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column		er •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see if	nstruction	ns)		1		· · · · · · · · · · · · · · · · · · ·	
		,	_	oss income from		3 Deductions directly con to debt-finance			
1 Description of debt-fin	anced property		or all	ocable to debt- nced property	(a)	Straight line depreciation (attach schedule)	Ť	(b) Other deduction (attach schedule)	
					S	TATEMENT 6	S	TATEMENT	7
(1) 588 ALLEN				49,238.		8,183	•	4,6	57.
(2)									
(3)							_		
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to iced property schedule)		lumn 4 divided y column 5		7. Gross income reportable (column 2 x column 6)	(	8 Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1) 54,938.		229,660.		23.92%		11,778		3,0	71.
(2)		·		%					
(3)			•	%					
(4)	-			%					
STATEMENT 4	STAT	EMENT 5				nter here and on page 1,		Enter here and on pag	
				l	F	Part I, line 7, column (A)		Part I, line 7, column (	
Totals				<b>.</b>	F	11,778	- 1		71.

identification (loss) (		ganizations			
number	unrelated income see instructions)	4 Total of specified payments made	5 Part of column included in the cor organization's gross	ntrolling	6 Deductions directly connected with income in column 5
(1)		<del>_</del>	<u> </u>		
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income 8 Net unrelated income (loss) 9 To (see instructions)	otal of specified payme made	in the control	imn 9 that is included ling organization's is income	11 Ded with	ductions directly connected income in column 10
(1)					
(2)					
(3)					
(4)					
		Enter here and	mns 5 and 10 d on page 1, Part I, column (A)	Enter he	d columns 6 and 11 are and on page 1, Part I, ane 8, column (B)
Totals		<b>•</b>	0.		0.
Schedule G - Investment Income of a Section 501(c)	(7), (9), or (1	7) Organization	_		
(see instructions)		· · · · · · · · · · · · · · · · · · ·			
1 Description of income	2 Amount of in	3 Deduction directly connected	ected   4 Se	t-asides	5 Total deductions and set-asides
		(attach sche		schedule)	(col 3 plus col 4)
(1)					
(2)					
(3)					
(4)	Enter here and on	00°0016.010°000 R46400	Constitution of	3465762 <b>.034576</b> 2723	2
	Part I, line 9, cotu	mn (A)			Enter here and on page 1 Part I, line 9, column (B)
Totals Schedule I - Exploited Exempt Activity Income, Other	er Than Adve	0 . 0 . ertising Income		Elektrika kalanda k	<u> </u>
(see instructions)		3			
3 Expenses	4 Net income				7 Excess exempt
1 Description of exploited activity and exploited activity activities are activities.	from unrelated t business (colu minus column gain, compute o through 7	mn 2 from activity 3) If a is not unrela cols 5 business inc	that attribu	xpenses utable to umn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)					
(2)					
(3)					
(4)					
Enter here and on page 1, Part I, line 10, col (A) line 10 col (B)					Enter here and on page 1, Part II, line 26
Totals ▶ 0. 0	• 6920				0.
Schedule J - Advertising Income (see instructions)		<u> </u>			
शिवारिक्षि Income From Periodicals Reported on a Co	nsolidated E	sasis 			
2 Gross advertising income  3 Direct advertising cos	cols 5 thro	2 minus 5 Circula n, compute income ough 7		dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
	8986 FF 388 FF 5	(14) (14) (14) (14) (14) (14) (14) (14)		8	
(1)		50/5 XXXXXXXX			
(1) (2)					
(2)					AND THE PERSON NAMED IN COLUMN TO TH

Form 990-T (2018) CAP SERVICES, INC.

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

Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)		_					
(3)							
(4)							
Totals from Part I	<b></b>	0.	0.	1			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.
Cabadula V Campana	+ i	of Officers I	liroctoro and	Trustone /	-4		

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

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

Form 990-T (2018)

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED
BUSINESS ACTIVITY

STATEMENT 1

RENTAL INCOME FROM NON-EXEMPT ORGANIZATIONS ON PROPERTIES FINANCED WITH DEBT

TO FORM 990-T, PAGE 1

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, 2018 CAP SERVICES, INC. IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION SECTION 1.263(A)-1(F).

FORM 990-T NET		OPERATING LOSS	DEDUCTION	STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/04	74,250.	74,250.	. 0.	0.	
12/31/05	98,919.	85,943.	12,976.	12,976.	
12/31/06	15,285.	0.	15,285.	15,285.	
12/31/07	176,673.	0.	176,673.	176,673.	
12/31/08	65,186.	0.	65,186.	65,186.	
12/31/09	80,826.	0.	80,826.	80,826.	
12/31/10	324,810.	0.	324,810.	324,810.	
12/31/12	1,587.	0.	1,587.	1,587.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	677,343.	677,343.	

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 4
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
588 ALLEN	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		69,905 67,182 64,461 61,740 59,020 56,298 53,577 50,857 48,136 45,415 42,694 39,970
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		659,255 12
AVERAGE AQUISITION DEBT		54,938
TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4		
FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 5
	INCOME  ACTIVITY NUMBER	
AVERAGE ADJUSTED BASIS DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY	
AVERAGE ADJUSTED BASIS	ACTIVITY NUMBER	·

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T	SCHEDULE E - DEPRECIATION	DEDUCTI	ON	STATEMENT 6
DESCRIPTION		VITY BER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	8,183.	8,183.
TOTAL OF FORM 990	)-T, SCHEDULE E, COLUMN 3(A)			8,183.
FORM 990-T	SCHEDULE E - OTHER DEDU	CTIONS		STATEMENT 7
DESCRIPTION		VITY IBER	AMOUNT	TOTAL
PROPERTY EXPENSES	S - SUBTOTAL -	1	4,657.	4,657.
	O-T, SCHEDULE E, COLUMN 3(B)			4,657.