(Rev January 2020

"Change of Accounting Period" 2949311305409

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public. Department of the Treasure

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection 7/1/2019 For the 2019 calendar year, or tax year beginning 12/31/2019 and ending Employer identification number Name of organization ALTCAP Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 41-2183377 Name change 3200 WAYNE AVENUE E Telephone number City or town State ZIP code Initial return (816) 216-1851 KANSAS CITY 64109 MO Final return/terminated Foreign postal code Foreign country name Foreign province/state/county G Gross receipts \$ 2.194.501 mended return F Name and address of principal officer Application pending H(a) is this a group return for subordinates? Ruben Alonso, III 3200 Wayne Avenue, Kansas City, MO 64109 H(b) Are all subordinates included? If "No," attach a list (see instructions) Tax-exempt status 501(c) () < (insert no) 4947(a)(1) or Website: ▶ www kcmocde ora H(c) Group exemption number Form of organization Х Corporation Trust Association Other > L Year of formation M State of legal domicile 2005 MO Summary Part I 22 209 5 FEB ALMANZOVERSAGEN Briefly describe the organization's mission or most significant activities: SEE DESCRIPTION ON PAGE 2, PART III, LINE 1 Check this box | If the organization discontinued its operations or disposed of page than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 14 Total number of volunteers (estimate in the second of the Total number of volunteers (estimate if necessary) 6 9 7a 0 7b 0 Prior Year **Current Year** DEC. 1 0. 2021 Contributions and grants (Part VIII, line 1h) 66,350 92,120 Program service revenue (Part VIII, line 2g). 2,412,561 2,100,713 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Column (A), lines 5, 6d, 8c, 9c, 10c, and 1eN, UT. 379,907 268 15,142 1,400 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,873,960 2,194,501 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17,500 18,000 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 735,016 15 405.871 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24g 17 342,555 328.576 Total expenses Add lines 13-17 (must equal Part IX, column A) 18 1,095,071 752,447 19 Revenue less expenses Subtract line 18 from line 12 1.778.889 1.442.054 Beginning of Current Year **End of Year** DEC 2 1 2021 20 Total assets (Part X, line 16). 9,766,911 14.438.576 21 Total liabilities (Part X, line 26) 857,387 4.086.998 Net assets or fund balances Subtract line 21 from 22 10,351,578 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here 202, RUBEN ALONSO, III PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Welch 25/28/zat/self-employed **BRIAN D WELCH** P00177410 Preparer Firm's name WELCH & ASSOCIATES, L L.C Firm's EIN > 43-1794646 Use Only Firm's address ▶ 920 Main Street, Suite 640, Kansas City, MO 64105 (816) 756-2620 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Yes

Form 9	90 (2019)	ALTCAP					<u>41-218</u>	<u>3377</u>	Page 2
<u></u> Pa	rt III			vice Accomplishm is a response or no		this Part III..		•	X
1	TO BE / INNOVA THE DE BUILDII	A CATALYST F ATIVE FINANC "VELOPMENT NG.	IAL PRODUCTS, TA OF STRATEGIC PA	N KANSAS CITY, MIS RGETED ECONOMIC RTNERSHIPS THAT	C AND COMMUNI PROMOTE COMM	TY DEVELOPME IUNITY COLLAB	NT PROGRAMN ORATION AND (IING, AND	
2	the prior	r Form 990 or 9	-	ant program services chedule O	during the year wh	ich were not lister	d on	Yes	X No
3	services If "Yes,"	s? ' describe these	e changes on Sched				[Yes	X No
	expense	es Section 501	1(c)(3) and 501(c)(4)	organizations are req each program service	uired to report the				
4a	As the communication of the co	only mission-dr nities in the Ka nd micro busine provided New I c real estate de inately women	nven, Kansas City-bansas City metro, AltC ess that are undesen Market Tax Credit fac evelopment projects a and minority-owene	314,861 includionsed CDFI exclusively cap is a critical source wed by traditional final chitated finaning for joins well as small busined businesses through	serving low to mode of capital for commodal institutions. In the creating business ess and micro loan its targeted loan fu	derate-income munities and FYE 2019 ses and s to inds			
4b	stimulat million i catalyst	008, the Organ te investment in n new market t for real estate	nization has participa n economically distre ax credits which was development project	162,380 including ted in a federal tax cressed communities. To used to finance job can be in its service area (got the Kansas City me	edit program that is he Organization de reating businesses predominately ecor	s used to eployed \$22.5 s and as a			
4c			ides ın-kınd service/r	48,800 includii esources to a non-pro ghborhood capacity b	ofit community deve	elopment	Revenue \$)
4d	Other pi	-	s (Describe on Sche 19,250 includi		0 \ /R	evenue \$	0)		
4e		ogram service i		545.29					

² art	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	 ^`
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	<u>^</u>	
3	candidates for public office? If "Yes," complete Schedule C, Part I.	,		
		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		L
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	}		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>		-	_^
o	complete Schedule D, Part III			_
_	·	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	l
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
_	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1110		 ^
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	
	·	110		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	.		١.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			- : : -
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
15		ا ۔ ا		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ł l		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	}	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	34	Ψĺ	
	domestic government on Fart ix, column (x), time 1 in 1es, complete schedule i, Farts i and ii	21	_X]	

Par	Checklist of Required Schedules (continued)		,	
20	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	122	├	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated]
	employees? If "Yes," complete Schedule J	23	×	
24a			 ^` -	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		l x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b] _	X
26	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%		Ì	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			i
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1	Ì	1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27	with the state of	X Section
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1033	\$3456	role in
a	If"Yes, " complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b	┼──	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		-	 ^
_	If"Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1		
	III, or IV, and Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	 		
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 -	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	15/		 ^-
38	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		30		
ral	Check if Schedule O contains a response or note to any line in this Part V			
	Chicar in Conduction Contains a recopolition of the arty line in this Fait V	· · ·		<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	E STATE	Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Control of the Contro	A THE PARTY.

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	0017		age O
,			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1.54	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			15
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	'		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	2		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		النبط	Sin a
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	<u> </u>	├
C	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	10 P.	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ĥ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		74	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			9
11	Section 501(c)(12) organizations. Enter			,
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	*		
40.	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . Section 501(c)(29) qualified nonprofit health insurance issuers.	۱ د		ئاسىدۇ
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	138		
ь	Enter the amount of reserves the organization is required to maintain by the states in which			-
V	the organization is licensed to issue qualified health plans		41.	
c	Enter the amount of reserves on hand	4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year	15	х	
	If "Yes," see instructions and file Form 4720, Schedule N	نخد		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	46	-35	2999(2)(1)
16	·	16		X
	If "Yes," complete Form 4720, Schedule O.		200	

Part VI Governan

Seci	ion A. Governing Body and Management				
4.	Friendship with an aftiration manufactor of the properties had not the and of the tourse	ا ا		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year.	1a	6		
	If there are material differences in voting rights among members of the governing body, or				٠ سخ ـ
	if the governing body delegated broad authority to an executive committee or similar				1
_	committee, explain on Schedule O	4.1			
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	6		43
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	مناك ا		
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, trustees, or key employees to a management company or other p		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed? .	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint		1	
	one or more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5 ,			
	stockholders, or persons other than the governing body?		7b	.	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	2		
	the year by the following	Ū		જું ૄર્જે ક	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	<u> </u>	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	e Code	ə. <i>)</i>	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10	3	Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such	•	- 1		ŀ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	101	2	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	118	1 X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		128	a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		121	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	i		
	describe in Schedule O how this was done		120	: X	<u> </u>
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	val by			76 35
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		158	1 X	<u> </u>
b	Other officers or key employees of the organization		15t		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
	with a taxable entity during the year?		16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	9		12.0
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16t	<u>. </u>	
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990		n 501(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	•			
		plain on Schedule			
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 b	ooks and records	•		
	WELCH & ASSOCIATES, L L C.	816-756-262)		
	920 MAIN STREET, KANSAS CITY, MO 64105				

								-			
Form 990 (2019)	ALTCAP	()							(· .)	41-21833	377 Page 7
. Part VII	Compensation of	Officers, Dire	ctors, Trustee	es, Key	/ Em	plo	yee	s, H	lighest Comp	ensated	
	Employees, and I			te to ar	ıy lin	ne ir	n this	Ра	rt VII		
Section A.	Officers, Director	s, Trustees, K	ey Employees	s, and	Higl	nes	t Co	mp	ensated Emp	loyees	
	this table for all person										!
of compensat	of the organization's cu ion Enter -0- in columi	ns (D), (E), and (F	=) if no compens	sation w	as pa	aid				-	unt
 List the who received 	of the organization's cu organization's five cui reportable compensati and any related organiz	rent highest com on (Box 5 of Form	pensated emplo	oyees (c	ther	thar	n an c	office	er, director, truste	ee, or key emplo	
	of the organization's for eportable compensation							ed e	mployees who r	eceived more th	an
	of the organization's fo more than \$10,000 of i										the
See instructio	ns for the order in which	th to list the perso	ons above								
Check the	is box if neither the org	anization nor any	/ related organiz	ation co	mpe	nsa	ted ar	пу с	urrent officer, dir	ector, or trustee	
					Pos	C) sition					
	(A) (B) Name and title Avera hou per w (list a hours relat organiz: belo			(do not check more than one box, unless person is both an officer and a director/trustee)			an	(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	

(A) Name and title	(B) Average hours	Position (do not check more than on box, unless person is both a officer and a director/trustee					an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RUBEN ALONSO, III	40 00									
PRESIDENT	0 00			X	<u> </u>			145,780	0	35,000
(2) DAVID BRAIN BOARD CHAIR	0 50 0 00	x		x				0	0	0
(3) JEAN-PAUL CHAURAND	0 50									
VICE CHAIR	0 00	Х		Х				0	0	0
(4) MARGARET MAY	0.50									
SECRETARY	0 00	Х		Х				0	0	0
(5) RANDALL LANDES	0 50									
TREASURER	0.00	Х	<u> </u>	Х				0	0	0
(6) ROBERT LANGENKAMP	0.50									
DIRECTOR	0 00	X	ļ		ļ			0	0	0
(7) GARY CORTES	0 50		ł							
FORMER CHAIR	0 00	X	ļ					0	0	0
(8) ROBERT GIVENS	0 50							_	_	
DIRECTOR	0.00	_X_						0	0	0
(9) JANICE ELLIS	0.50	v			}				_	
DIRECTOR	0.00 0.50	X		 	-			0	0	0
(10) ED HONESTY	0.00	х						0	0	
DIRECTOR	0.00	_^			\vdash			<u> </u>	<u> </u>	0
(11)										
(12)										
(13)										
(14)										

P	art VII Section A. Officers, Directors, Tru	stees, Key Emp	ploye	es,			ghes	t Co	mpensated Em	ployees (cont	nued)
	. (A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	more rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the
(15)											
(16)											
(17)			-								
(18)					!	_					-
(19)						-					
(20)											
(21)						 					
(22)											
(23)						-					
(24)											
(25)								-			
1b c	Subtotal Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).						L	* * *	145,780 0 145,780		0 35,000 0 0 0 35,000
<u>d</u> 2	Total (add lines 16 and 16). Total number of individuals (including but not lir reportable compensation from the organization					vho	recei				35,000
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				ee,	or h	ighes	t cc	ompensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	of reportable com	npens	atic						1	4 ×
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye										5 X
	tion B. Independent Contractors								-		
1	Complete this table for your five highest compe compensation from the organization. Report co										s tax year
	(A) Name and business addr	ess							(B) Description of serv	rices	(C) Compensation
									•		0 0
											0
		· · · · · · · · · · · · · · · · · · ·									0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-		tho	se li	sted	d abo	ve)	who received		0
					_			_ <u>~</u>	··	IN IL WALKS	Copies 386 American consumer as a sufficient

Part VIII Statement of Revenue

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

		Check if Schedule O cor	ntains	a respons	se or	note to any line	ın i	this Part VIII.			
		-						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
yy	1a	Federated campaigns	•		1a		0	tanat me		TO BE DESCRIBED IN	光明
ant	b	Membership dues			1b		0				
ភ្ជ	С	Fundraising events			1c		0				
fts,	d	Related organizations			1d		0				
2 🖺	е	Government grants (contrib	utions	i) i	1e		O				
Sir	f	All other contributions, gifts	, gran	s, and			7				
er Et		sımılar amounts not include	d abo	ve	1f	92,12	20				
흔등	g	Noncash contributions inclu	ided ir	1							
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g	\$	0				
\$ C	h	Total. Add lines 1a-1f .				•	>	92,120			
						Business Code	£			BELLEVILLE AND	在那些工作。
<u>ic</u>	2a	Management Fees				541610		473,170			0
e Ş	b	New Market Tax Credits pro	gram	ıncome		525990	ᆚ	1,502,716	1,502,716	0	0
Program Service Revenue	С	Loan program income				611430	4	124,827	124,827	0	0
ev ev	d	d				_	0				
go ex	е							0			
2	f	All other program service re	evenue	.		L	_	0	and the way operation and the American		
	g	Total. Add lines 2a-2f	:			<u> </u>	<u> </u>	2,100,713			Manager States
	3	Investment income (includir	dends, in	teres	t, and			_			
		other similar amounts)			P	^	268	0	0	268	
	5	Income from investment of Royalties .	tax-ex	empt bon	a pro	oceeas .	┡	0			
	9	Royalties .		(ı) Rea		(iı) Personal	- H	0			
	6a	Gross rents	6a	(1) 1.00	·	()				GARNES TO SECURITY	
	b	Less rental expenses	6b				- 2				
	c	Rental income or (loss)	6c		0	 	O				MANAGE AS AS
	d	Net rental income or (loss)				<u> </u>	-	0		HOLVER HELD MANNEY	一种工作的主要的工作。
	7a	Gross amount from		(ı) Securi	ties	(II) Other	3				
		sales of assets					3				
		other than inventory .	7a		0		0	A			
ne	b	Less [,] cost or other basis					- T				
Revenue		and sales expenses	7b		0		0				
Re	С	Gain or (loss)	7c		0	<u> </u>	0				
_	d	Net gain or (loss) .		٠,		. >	>	0		1 1 2	- '.
Othe	8a	Gross income from fundrais	ing			:	1				
·		events (not including \$	C4	0_							Sept. Sept.
ĺ		of contributions reported on See Part IV, line 18	line 1	C)	0.		人				
	h	Less direct expenses			8a 8b						
	b	Net income or (loss) from fu	ndraid	ing ovent		<u> </u>		0			
	9a	Gross income from gaming			.5	<u> </u>	72				
	Ja	See Part IV, line 19			9a		n 🎇				
	b	Less direct expenses	•	• •	9b		0				
	c	Net income or (loss) from ga	amına	activities				0		THE PERSON NAMED OF THE PARTY.	THE PROPERTY OF THE PARTY.
i	10a	Gross sales of inventory, les	-				Ę		100		
		returns and allowances			10a		oß				
	b	Less: cost of goods sold		. [10b		0				
	C	Net income or (loss) from sa	ales of	ا inventor			-	0	PARTIE AND		STATE OF THE PROPERTY OF THE PARTY OF THE PA
<u>s</u>	•					Business Code	200				
စ္က ၅	11a	Rebates, refunds, credits				900099		47			47
an an	b	Reimbursements			-	900099		1,353			. 1,353
cellaneo Revenue	C				- :		\perp	0			
Miscellaneous Revenue	d	All other revenue .		•		L	_	0		Secretary was	
≥ _	е	Total. Add lines 11a-11d.				. •	4	1,400	州可以 加州1000		
	12	Total revenue. See instruct	ons			. ▶	<u>. </u>	2,194,501	2,100,713	· 0	1,668

ALTCAP ()
Statement of Functional Expenses Part IX

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

Check if Schedule O contains a response or note to any line in this Part IX .								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	domestic governments See Part IV, line 21	18,000	18,000					
2	Grants and other assistance to domestic				September 1985			
	individuals See Part IV, line 22	0	0					
3	Grants and other assistance to foreign				A PROPERTY OF			
	organizations, foreign governments, and foreign							
	ındıviduals. See Part IV, lines 15 and 16	0	0					
4	Benefits paid to or for members	0	0	阿里斯斯斯斯斯	新作品的			
5	Compensation of current officers, directors,							
	trustees, and key employees	84,839	63,629	21,210	0			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0	0	0	. 0			
7	Other salaries and wages	253,646	193,119	60,527	0			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	22,463						
9	Other employee benefits	21,110						
10	Payroll taxes	23,813	18,063	5,750	0			
11	Fees for services (nonemployees):							
a	Management	0	05.005					
b	Legal	55,698		30,693	0			
C	Accounting .	44,363	0	44,363	0			
ď	Lobbying . Professional fundraising services. See Part IV, line 17	0	0	0	0			
e	Investment management fees	0			0			
g	Other (If line 11g amount exceeds 10% of line 25, column	<u> </u>	0	0	0			
9	(A) amount, list line 11g expenses on Schedule O)	27,785	23,564	4,221	_			
12	Advertising and promotion	2,975		718	0			
13	Office expenses	5,167	3,919	1,248	0			
14	Information technology	6,250	6,250	7,2-70	0			
15	Royalties	0,230	0,200	0	0			
16	Occupancy	7,361	5,583	1,778	0			
17	Travel	913	0,000	913	0			
18	Payments of travel or entertainment expenses	<u></u>		0,0	<u> </u>			
	for any federal, state, or local public officials	0	l o	l o	0			
19	Conferences, conventions, and meetings	16,553	10,413	6,140	0			
20	Interest	54,819		0	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization	3,480	2,640	840	0			
23	Insurance	0	0	0	0			
24	Other expenses Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	Bad debt expense	59,853	59,853	0	0			
þ	Small business training and development	1,250	1,250	0	0			
C	New Market tax credit program costs	23,876	23,876	0	0			
d		0	0	0	0			
е	All other expenses	18,233	0	18,233	0			
25	Total functional expenses. Add lines 1 through 24e	752,447	545,291	207,156	0			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)							
	10110WING 30F 30*2 (A3C 330*/20)		1					

Balance Sheet

		Check if Schedule O contains a response or	note t	o any line in this Part X		1	
		•			(A) Beginning of year		(B) End of year
,	1	Cash—non-interest-bearing			3,418,215	1	3,749,443
	2	Savings and temporary cash investments .			0	2	01. 10, 1.0
	3	Pledges and grants receivable, net			0	3	
	4	Accounts receivable, net			68,258	4	225,423
	5	Loans and other receivables from any current or	· form	er officer, director	00,200	Mar March	225,425 Mary 2012 2013 2013
	, J	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes			0	5 5	
	6	Loans and other receivables from other disqualific	•			3.20m	
	0	under section 4958(f)(1)), and persons described			0	6	0
গ্ৰ	7	Notes and loans receivable, net .	111300	200(0)(0)(0)	0	7	0
Assets	8	Inventories for sale or use.		•	0	8	0
As	9	Prepaid expenses and deferred charges	• •	• • •	0	9	0
	_		I				
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a	61,223			
		Less accumulated depreciation .	10a	54,925	To consider and the section of the s	10c	6 200
	11	Investments—publicly traded securities	100	34,923	9,779	111	6,298
	12	Investments—publicly traded securities Investments—other securities See Part IV, line		• •	0	12	0
	13	Investments—program-related See Part IV, line			6,199,659	13	10,348,912
	14	Intangible assets			11,000		11,000
	15	Other assets See Part IV, line 11			60,000	ì	97,500
	16	Total assets. Add lines 1 through 15 (must equal	al line	33)	9,766,911		14,438,576
	17	Accounts payable and accrued expenses	ar mile		784,151		279,222
	18	Grants payable	•		0	18	2,3,222
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete F	oart I\	of Schedule D	0	21	0
S	22	Loans and other payables to any current or form					
Itie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			0	22	Programme and the second secon
Ë	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelated			73,236	24	3,769,280
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Part X of Schedule D .		0	25	38,496	
	26	Total liabilities. Add lines 17 through 25			857,387	26	4,086,998
v,		Organizations that follow FASB ASC 958, che	ck he	re ► X			
ည		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			8,849,524	27	10,279,078
ä	28	Net assets with donor restrictions			60,000		72,500
п		Organizations that do not follow FASB ASC 9	 158. cl	neck here			
F		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds .			0	29	0
ets	30	Paid-in or capital surplus, or land, building, or ed		ent fund	0	30	0
SS	31	Retained earnings, endowment, accumulated in			0	31	0
Net Assets or Fund Balances	32	Total net assets or fund balances			8,909,524	32	10,351,578
ž	33	Total liabilities and net assets/fund balances			9,766,911		14,438,576

Form 9	990 (2019) ALTCAP	41-2	2183377	Pag	e 12
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	2	,194	,501
2	Total expenses (must equal Part IX, column (A), line 25)	2			,447
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,442	,054
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,909	,524
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		-	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10	,351	,578
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			. [
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			学家	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			735	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a	X	
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	22//12/52	X
	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			**	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			30	
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X X	可可以
	If the organization changed either its oversight process or selection process during the tax year, explain on	•	120 C	N. 6545	1974
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		22621256/1	配送部	2532110
-u	the Single Audit Act and OMB Circular A-133?		3a	1	Х
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.		3b	j	

Form **990** (2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Sùpplemental Financial Statements

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number
ALTO	AP `		41-2183377
Par		Advised Funds or Other Similar Fu	
		ed "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 don	or advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject t	o the organization's exclusive legal control	? Yes No
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the be		ny other purpose
	conferring impermissible private benefit?		Yes No
Par	I Conservation Easements.		
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	ple, recreation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easer	ments	2b
С	Number of conservation easements on a certif		2c
d	Number of conservation easements included in	n (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 tern	ninated by the organization during
	the tax year		
4	Number of states where property subject to co		
5	Does the organization have a written policy reg	·	, handling of
	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	ervation easements during the year
_	5		
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of	
	and section 170(h)(4)(B)(ii)?		· · · Yes No
9	In Part XIII, describe how the organization repo		
	balance sheet, and include, if applicable, the te		incial statements that describes the
Dan	organization's accounting for conservation eas Organizations Maintaining Collect		Other Similar Accete
rail		ed "Yes" on Form 990, Part IV, line 8.	Other Sillinal Assets.
1a	If the organization elected, as permitted under		e statement and halance sheet
	works of art, historical treasures, or other similar		
	public service, provide in Part XIII the text of th		
b	If the organization elected, as permitted under		
-	works of art, historical treasures, or other similar		
	public service, provide the following amounts re		
	(i) Revenue included on Form 990, Part VIII, II		▶ \$
	(ii) Assets included in Form 990, Part X.		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of ar		
_	following amounts required to be reported under		inditional gain, provide the
а	Revenue included on Form 990, Part VIII, line		▶ \$
h	Assets included in Form 990. Part Y		5 ► 5

Schedu	ile D ((Form 990) 2019 ALTCAP	<i>/</i>			6		41-218	3377		Page 2
Part		Organizations Maintaining Co	llections of Art	, Histor	rical Trea	asures, or (Other S	Similar Asset	ts (conti	nued)	
3	Usır	ng the organization's acquisition, acce	ession, and other r	ecords, d	check any	of the follows	ng that	make significar	it use of it	S	
	colle	ection items (check all that apply)		_							
а		Public exhibition		d []	Loan or	exchange pro	ogram				
b		Scholarly research		е 🔲	Other				••••		
С		Preservation for future generations									
4	Pro	vide a description of the organization's	s collections and e	explain h	ow they fu	arther the orga	anizatio	n's exempt purp	ose in Pa	art .	
	XIII										
5	Dur	ring the year, did the organization solic	cit or receive dona	tions of a	art, historic	cal treasures,	or othe	r sımilar			_
	ass	ets to be sold to raise funds rather that	an to be maintaine	d as part	t of the org	ganization's c	ollectior	1 ⁹ .	Ye	es 🔝	No
Part	IV	Escrow and Custodial Arrange	ements.				···		•		
		Complete if the organization ans	swered "Yes" on	Form 9	90, Part	IV, line 9, o	r repor	ted an amour	nt on For	m	
		990, Part X, line 21.									
1a	ls th	he organization an agent, trustee, cus	todian or other into	ermediar	y for conti	ributions or ot	her ass	ets not	_	_	
		uded on Form 990, Part X?	•						Ye	es	No
b	If "Y	Yes," explain the arrangement in Part	XIII and complete	the follow	wing table	•					
							ļ <u>-</u> -		Amount		
C	_	ginning balance			•		1c				0
d		ditions during the year					1d				
e		tributions during the year	•		•		1e				
f		ding balance									0
2a		the organization include an amount of							Y€	es 🔀	No
b	If "Y	res," explain the arrangement in Part	XIII Check here if	the expl	anation ha	as been provi	ded on	Part XIII .		<u> </u>]
Part	V .	Endowment Funds.									
		Complete if the organization ans									
		_	(a) Current year	(b) Pn	or year	(c) Two years		(d) Three years bar		our years	
1a	_	ginning of year balance.			0				0		0
b		ntributions .									
С		t investment earnings, gains,									
		i losses					-				
d e		ner expenditures for facilities	· †								
C		d programs					ŀ				
f		ministrative expenses									
q		d of year balance	0		0		0		0		0
2		ovide the estimated percentage of the	current year end b	palance (line 1g, co	olumn (a)) hel	d as				
а	Boa	ard designated or quasi-endowment	>	%							
b	Per	manent endowment	%								
C		m endowment 🕨%	-							•	
		e percentages on lines 2a, 2b, and 2c									
3a		there endowment funds not in the po	ssession of the or	ganızatic	on that are	held and adı	minister	ed for the			T
		anization by							a	Yes	No
	(i)	Unrelated organizations .	•	•		•		•	3a(i)		X
					 d C-b-				3a(ii)		X
b		Yes" on line 3a(ii), are the related orga scribe in Part XIII the intended uses of							3b	Ь	<u> </u>
4		Land, Buildings, and Equipme		S CHUOWI	nent lunu	s					
Part	VI	Complete if the organization and		Form	990 Part	· IV/ line 11a	See F	Form 990 Pai	rt X line	10	
		Description of property	(a) Cost or oth			or other basis		Accumulated			
		Description of property	(a) Cost or oth			other)		epreciation	(0) 8	ook valu	0
	Lan	nd		0	<u> </u>	0					0
b		Idings		0		0	THE PERSON NAMED IN	0			0
c		asehold improvements		0		0		0	· · · · · · · · · · · · · · · · · · ·		0
d		upment		0		12,703		10,576			2,127
е	Oth	·		0		48,520		44,349			4,171
Total	. Add	d lines 1a through 1e <i>(Column (d) mu</i>	st equal Form 990), Part X,	column (B), line 10c.)					6,298

Part VII	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financia	il derivatives	0		
	held equity interests	0		······································
(3) Other	· · ·			
-				
(D)				
<u>(E)</u>				
(H)	(b) and and Farm 000 Part V and (D) line 401			LENGT CAMES ON COURT COMPANY
	n (b) must equal Form 990, Part X, col. (B) line 12)	<u> </u>		4.6.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
Part VIII	Investments—Program Related.	'Vos" on Form 900	Part IV line 11c See Form 0	00 Bort V line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Investr	ments in subsidiaries	16,649	С	· · · · · · · · · · · · · · · · · · ·
	receivable, net	10,332,263		· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	in (b) must equal Form 900, Part X, col. (B) line 13.)	10,348,912		Alder Alberta Branch (Alberta Branch (Alberta Branch (Alberta Branch (Alberta Branch (Alberta Branch (Alberta B
Part IX	Other Assets.	D/ II F 000	D-4 N / 11 44 O	
	Complete if the organization answered		Part IV, line 11d. See Form 9	
	(a) Descri	ption		(b) Book value
(1)				
(2)				<u> </u>
(3)				
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col (B) li	ne 15.)		(
Part X	Other Liabilities.			
	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11e or 11f. See F	Form 990, Part X,
	line 25.			
1.		ion of liability	· · · · · · · · · · · · · · · · · · ·	(b) Book value
	I income taxes		· · · · · · · · · · · · · · · · · · ·	
	gent liability			38,496
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)		,		
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)	ımn (b) must equal Form 990, Part X, col. (B) lı	ne 25)		20.424
	r uncertain tax positions. In Part XIII, provide the te		reanization's financial statements th	38,496
- Liability 10	. ansonam rak posmons, mir an Am, provide me te	At or the locations to the o	rgamzation o ilitaticiai Statements (f)	ar 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.

X

O.Ldi	Ilo D /Form 990\ 2010 AL TO AD	į			
	lle D (Form 990) 2019 ALTCAP	1000		41-2183377	Page 4
Par				eturn.	
	Complete if the organization answered "Yes" on Form 990, Part I	v, iine	12a.		
1	Total revenue, gains, and other support per audited financial statements .			1	5,021,022
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	, ,			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	2,826,521		
е	Add lines 2a through 2d			2e	2,826,521
3	Subtract line 2e from line 1			3	2,194,501
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u> </u>	5	2,194,501
Pari				Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line	12a		-
1	Total expenses and losses per audited financial statements .			1	1,800,079
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		ı		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	<u>2d</u>	1,047,632	7	
	Add lines 2a through 2d	•		2e	1,047,632
3	Subtract line 2e from line 1	i ' ' i		3	752,447
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			_
	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	752,447
	XIII Supplemental Information.		41 101 5		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa				rt X, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	vide an	y additional inform	ation	
Part >	Line 2 The preparation of financial statements in accordance with accounting				
princi	ples generally accepted in the the United States of America requires the		·		
Organ	nization to report information regarding our exposure to various tax positions. We				
have	determined whether any tax positions have met the recognition threshold and has	<u> </u>			
meas	ured our exposure to those tax positions. We believe that we have adequately ad	dresse	<u>d</u>		
all rel	evant tax posisitons and that there are no unrecorded tax liabilities. Federal and				
state	taxing authorities generally have the right to examine and audit the three years of				
tax re	turns filed. Any interest or penalties assessed on us are recorded in expenses. No	9			·
intere	st or penalties from federal or state taxing authorities were recorded in the	- 			
_					
financ	al statements	 -			

Part XI Line 2d Our audited financial statements were for the period July 1, 2018 -

December 31, 2019 This tax return is prepared for the period July 1, 2019 - December 31,

2019 The difference between the revenue recorded on our audited financial statements and

Schedule D (Form 990) 2019	ALTCAP	(, <u>)</u>		(mest)	41-2183377	Page 5
Part XIII Supplem		ion (continued)				
ع ــــــــــــــــــــــــــــــــــــ	ه در المام الم	a tha different rene-	tina periode			
what is reported in our t	ax return is due ti	o the different report	ung penods			
Part XII Line 2d Same e	explanation regard	ding the difference in	n expenses as disc	ussed for		
,						
the difference in revenu	e in Part XI, 2d					
	,					
						· • • • • • • • • • • • • • • • • • • •
			~~~~			
						·

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public

Employer Identification number

° N X Yes 41-2183377 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? . . . General Information on Grants and Assistance Part I **ALTCAP** 

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

990, Part IV, line 21	1, for any recipi	ent that received	more than \$5,000. F	art II can be duplic	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ice is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESSIBLE LIVING 1126 Queens Place Kansas City, MO 6	81-4681862		10,000				Working Capital
(2)							
(3)							
(4)				; ; ;			
(5)							
(9)							
(1)							
(8)							
(6)							
(01)							
(11)							
(13)		:					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and go	overnment organiza	tions listed in the line	fable			0

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

Schedule I (Form 990) (2019)

Page 2

Schedule I (Form 990) (2019)

Part III

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) Part I Line 2 We do not monitor the use of the award because it was made to provide the recipient with working capital and not for a (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance specific use. 2 ~ က 9

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

 $\smile$ Compensation Information  $^{(}$ 

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

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

**ALTCAP** 41-2183377 Questions Regarding Compensation Part I Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to STATE OF THE STATE Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4b Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?. 5a а Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of The organization?.... Any related organization? . . . . 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes." describe in Part III . . . . . . . Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

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

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

NOTE: THE SULL COLUMNS (DIVID-CIT) OF EACH INSECTION OF THE TOTAL OF THE SULL PART OF THE TAY ADDITION OF THE TAY OF THE TAY ADDITION OF THE TAY OF THE TA	neren	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC componsation	uon A, line Ta, applica	tole column (D) and (	E) amounts for marin	uividual.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
RUBEN ALONSO, III	(3)	145,780		0	14,578	20,000	180,358	
1 PRESIDENT	€	0	0	0		0	• • • • • • • • • •	0
	€							
2	(ii)							
	(ı)							
3	( <u>ii</u> )							
	(1)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	(ii)							
	(i)							
5	(E)							
	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
9	(ii)							
	(1)							
7	(ii)							
	()							
8	(ii)							
	(0)							
6	(ii)							
	8	1						
10	( <u>ii</u> )							
	(1)							
11	<u>(ii</u>							
	ε	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					)
12	(ii)							
	ε							
13	(ii)							
	Ξ							
14	(ii)							
	€		1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
15	(E)							
	ε							
16	(ii)							
				•			Schei	Schedule J (Form 990) 2019

ō	41-2183377 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	or Part II. Also complete this part
for any additional information.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	)
	(رم
	Schedule J (Form 990) 2019

## SCHEDULE O (Form 990 or 990-EZ)

## Suppl ental Information to Form 990 o 0-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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

ALTCAP . [41-2183377
Form 990, Part III, Line 4d Program Service Expenses 19,250, Grants and allocations 0,
Revenue 0 The Organization offers a 16-week entrepreneurship and business training program
which uses a curriculum created by Workshop in Business Opportunities The training program
allows the Organization to support small business development and growth in our service area.
Form 990, Part VI, Section B, Line 11b The tax return is prepared by an external accountant
and reviewed by management. After review by management the return is provided to the full
board for review and approval prior to being filed with the IRS
Form 990, Part VI, Section B, Line 12c The Organization's management level employees and its
Board of Directors annually review the Standards of Conduct policy.
Form 990, Part VI, Section B, Line 15a Compensation was set by the Board of Directors and was
based upon a comprehensive review of comparables of peer organizations with similar roles and
responsibilities for the President.
Form 990, Part VI, Section C, Line 19 ⁻ The Organization will provide copies of these documents
upon request at no charge.
,
·

Schedule O (Form 990 or 990-EZ) (2019)	( , )	<u> لاينځ</u>		Page 2
Name of the organization			Employer identification i	number
ALTCAP			41-2183377	
			7. 2.0007.1	
			•	
			•	
				/

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