Forge Financial & Management Consulting 1245 Jordan Creek Pkwy Ste 100 West Des Moines, IA 50266-2343 515-620-3050

May 9, 2024

CONFIDENTIAL

WAYPOINT SERVICES 318 5TH ST SE CEDAR RAPIDS, IA 52401

Dear Ms. Kennedy:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Ross VanLaar, CPA

Forge Financial & Management Consulting

Filing Instructions

WAYPOINT SERVICES

Exempt Organization Tax Return

Taxable Year Ended June 30, 2023

Date Due:

May 15, 2024

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/23 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Forge Financial & Management Consulting

1245 Jordan Creek Pkwy Ste 100 West Des Moines, IA 50266-2343

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

5/30	23	
)/ JU :	20 ZJ	

For calendar year 2022, or fiscal year beginning $\frac{7}{0.1}$, 2022, and ending Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service FIN or SSN Name of filer 42-0680307 SERVICES WAYPOINT Name and title of officer or person subject to tax JAYE KENNEDY CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ___ 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) ______ 3b 3a Form 1120-POL check here b Tax based on Investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) ______ 5b 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here 7a Form 4720 check here 8a Form 5227 check here 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . 10b 10a Form 8038-CP check here ... Declaration and Signature Authorization of Officer or Person Subject to Tax I am a person subject to tax with respect to (name I am an officer of the above entity or Under penalties of perjury, I declare that |X| and that I have examined a copy of the , (EIN) of entity) 2022 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 FORGE FINANCIAL & MANAGEMENT CONSUL to enter my PIN as my signature l authorize ... Enter five numbers, but ERO firm name on the tax year 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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. 05/09/24 Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 42571652577 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 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. 05/09/24 ROSS VANLAAR, CPA ERO's signature _ **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

A	For the 2	2022 calendar year, or tax year beginning $07/01/22$, and ending $06/30/2$		ployer identification number
В	Check if appl			proyer administration number
	Address char			-0680307
	Name change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)		ephone number
一		318 5TH ST SE		9-365-1458
	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code		
	terminated	CEDAR RAPIDS IA 52401	G Gro	oss receipts
	Amended ret			
\equiv	Application p		H(a) is this a group retu	rn for subordinates? Yes X No
	. Abanana, b	318 FIFTH STREET SE	H(b) Are all subordinat	es included? Yes No
		CEDAR RAPIDS IA 52401	If "No," attach	a list. See instructions
_		V	1	
	Tax-exempt	WWW.WAYPOINTSERVICES.ORG	H(c) Group exemption	number
J	Website:		ear of formation: 1894	
K	Form of org	Illization 24 Outpercuent 1100.	car of formation, 12 0 3	
	Part I	Summary control of the second		
	1 Br	efly describe the organization's mission or most significant activities: WAYPOINT PROVIDES SHELTER AND SUPPORT FOR THOSE IN CRIS	SIS DUE TO	
8		HOMELESSNESS, POVERTY, OR DOMESTIC VIOLENCE. IT ALSO P	POVIDES ONAL	TTY CHILD
nar	ļ	HOMELESSNESS, POVERII, OR DOMESTIC VIOLENCE: II ADDO II	LEVELS	
Governance	-	CARE TO OVER 400 CHILDREN DAILY OF ALL SOCIO-ECONOMIC	of ite net seeds	
Ĝ	2 Ch	neck this box if the organization discontinued its operations or disposed of more than 25%		3 20
ంక		imber of voting members of the governing body (Part VI, line 1a)		4 20
jes	1 4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)		5 175
Activities	5 To	tal number of individuals employed in calendar year 2022 (Part V, line 2a)		6 270
Ac	6 To	tal number of volunteers (estimate if necessary)		7a 0
		otal unrelated business revenue from Part VIII, column (C), line 12		7b 0
	b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	ے ہا	ontributions and grants (Part VIII, line 1h)	5,611,8	54 4,407,020
₫		ogram service revenue (Part VIII, line 2g)	2,718,1	63 2,073,424
Revenue	40 lp	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	-41,9	
ů,	10 11	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,0	74,001
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,326,0	6,606,142
_		rants and similar amounts paid (Part IX, column (A), lines 1–3)		0
		enefits paid to or for members (Part IX, column (A), line 4)		0
	45 0	plantes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,043,8	5,587,437
90	160 0			0
ğ	h T	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 422,529		
Evnonene	17 0	ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,803,9	2,203,947
	1111	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,847,7	
		evenue less expenses. Subtract line 18 from line 12	478,3	308 -1,185,242
-		CANING 1999 Oxhquison, davidor and 19 hour and 12	Beginning of Current \	Year End of Year
Assets or	20 T	otal assets (Part X, line 16)	13,237,8	
Ass	21 T	otal liabilities (Part X, line 26)	591,3	
3	를 22 N	et assets or fund balances. Subtract line 21 from line 20	12,646,5	11,754,500
1000	Part II	Signature Block		
<u></u>	Under non-	nities of perium. I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of	my knowledge and belief, It is
	true, correc	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge.	
_				
S	ign	Signature of officer		Date
	lere	JAYE KENNEDY CEO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date	Check If PTIN
P	aid	ROSS VANLAAR, CPA ROSS VANLAAR, CPA	05/09/24	
P	reparer	Firm's name FORGE FINANCIAL & MANAGEMENT CONSUL	TING Firm's	EIN 88-2802798
U	se Only	1245 JORDAN CREEK PKWY STE 100		
	-	Firm's address WEST DES MOINES, IA 50266-2343	Phone	
-	lay the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

orm 990 (2022) WAYPOINT SERVI	CES	42-0680307	Page 2
Part III Statement of Program S	Service Accomplishments		
Check if Schedule O cont	ains <u>a response or note to any li</u>	ne in this Part III	<u>X</u>
1 Briefly describe the organization's mission	n:		
WAYPOINT INSPIRES PEOF	LE TO MOVE FORWARD		

	during Manager	high wars not listed on the	
2 Did the organization undertake any significant	cant program services during the year w	filett were not listed on the	Yes X No
prior Form 990 or 990-EZ? If "Yes," describe these new services on the services on the services on the services of the service			الشنشا السبسا ١٠٠٠،٠٠٠
3 Did the organization cease conducting, or	make significant changes in how it con	ducts, any program	
			Yes X No
If "Yes," describe these changes on Sche	dule O.		
4 Describe the organization's program servi	ce accomplishments for each of its thre	e largest program services, as measured	by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the	e amount of grants and allocations to other	ers,
the total expenses, and revenue, if any, for	or each program service reported.		
			0.000.404
4a (Code:) (Expenses \$	3,107,248 including grants of \$) (Revenue	\$ 2,073,424)
CHILD CARE SERVICES:			TABLE TO STEEL THE TOTAL T. CO. L. C.
PROVIDES LICENSED, QUA	ALITY CARE WITH AGE	APPROPRIATE CURRICUL	OM AND HEALTHI
MEALS FOR CHILDREN AG		YEARS. FULL-TIME CARE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	WEEKS TO FIVE YEARS		WO LOCATIONS,
BEFORE AND AFTER SCHOOL	OL CARE AT ONE LOCA.	TION AND FULL-TIME SUTHE FISCAL YEAR 2023,	301 CHILDREN
TWO LOCATIONS IN CEDA	R RAPIDS, IOWA. IN T		
WERE SERVED WITH 74 R			
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
.,			
4b (Code:) (Expenses \$	684,268 including grants of) (Revenue	\$)
DOMESTICE VIOLENCE VI	CTIM SERVICES PROGRA	M: PROVIDES SUPPORT	SERVICES TO
HELP VICTIMS/SURVIVORS			
	CLUDE 24-HOUR DOMES	TIC VIOLENCE RESOURCE	
LINE; ONE-ON-ONE PEER	COUNSELING; MEDICAL		
ADVOCACY; WEEKLY SUPP	ORT GROUPS; SAFETY	AND BASIC NEEDS; AND	COMMUNITY
PREVENTION EDUCATION.		3, WAYPOINT SERVED 2	,254 VICTIMS OF
VIOLENCE AND ANSWERED	THE 24/7 RESOURCE	AND SUPPORT LINE /,9	97 TIMES.
	. ,		
	441 045	A \ (Dovonuo	¢ \
4c (Code:) (Expenses \$	441,945 including grants of		ASIC LIVING
MADGE PHILLIPS CENTER			
			TO 138 HOMELESS
		Ali IIIOVIDID DIIIIIII.	################################
WOMEN AND FAMILLES WI		PLE EXPERIENCING A H	OUSING CRISIS
		ASSESSED AND CONNECT	ED TO THE
IN 96 OF TOWA'S 99 CO			13,790
INDIVIDUALS WITH THIS	,		
THOT ATOMITO MITTIE THE	a.æ:::::a.aāā		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4d Other program services (Describe on S			
(Expenses \$ 2,074,423	including grants of \$) (Revenue \$))
4e Total program service expenses	6,307,884		Form 990 (2022)
			FULLE OF (2022)

Par	t IV Checklist of Required Schedules		Yes	No
	10 (17) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		163	110
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X	
	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	1	X .
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		X
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ı
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6	Χ	
	"Yes," complete Schedule D, Part I	-	22	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7,7
	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	1		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	1 1 1 1 1 1 1 1 1 1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		Š. Š. Š	34.74
••	VII, VIII, IX, or X, as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l l		1
а		11a	Χ	
	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			1
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	of its total assets reported in Part X, line 10 r if res, complete softed by rate 7 in Part X line 15 that is 5% or more of its total assets			
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part X	11e	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Γ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			†
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	X	
	Schedule D, Parts XI and XII	1		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b	ļ	X
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	+	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140	 	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l aah		X
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	├	28
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1	1	v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	┼	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1	1	37
	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		1	
* '	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	-	X
1Ω	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	ŀ
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Yes," complete Schedule G, Part III	19		X
	was a second to a little of the second to th	20a		X
20a	and the second state of th	20h		
b 	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on Part IX, column (A), line in n res, complete concess h, take, and	F	om 9	90 (20)

Pa	rt IV Checklist of Required Schedules (continued)		T	
			Yes	<u>No</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Δ_
23	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		-	v
	employees? If "Yes." complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		-	v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	050		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	ash		Χ.
	if "Ves." complete Schedule L. Part I	25b	 	
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%	20		X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	1		ı
	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	27		Х
	nersons? If "Yes." complete Schedule L, Part III		100 (100 / 1	7
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			710000
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	San 9 49 4	e e la 1919 de la	123673
а		28a		X
	"Yes," complete Schedule L, Part IV	28b	_	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	ļ	21
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c	1	X
	"Yes," complete Schedule L, Part IV		 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	 	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M		+	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		1	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
	complete Schedule N, Part II		 	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	1	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	-		T
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34	1	X_
	or IV, and Part V, line 1	├──		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	358	,	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		Χ_
	related organization? If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38	X	ł
7 - P <u>-</u>	19? Note: All Form 990 filers are required to complete Schedule O.	· · · · · · · · · · · · · · · · · · ·		
713	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.
	The standard in box 3 of Form 1006. Enter -0- if not applicable.		変数が	100
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 218 1b 0	100		
	b Enter the number of Forms vv-29 included of line ta. Enter 5 in the approach to vendors and	117		
	c Did the organization comply with backup withholding fulles for reportable gaming (gambling) winnings to prize winners?	10	7.7	
_	reportable gaming (gambling) withings to prize withless.			90 (2022

	200 (2002) WAYDOINT SERVICES 42-06803	0.7		Pa	ge 5
	990 (2022) WATEOIN L SERVICES			Yes	No
ra ^-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a 175	1425		100 PM
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	3?	2b	Х	
b 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 C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	ithority over,		ļ	7.7
	a financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	-0.5	X
b	If "Yes," onter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).		si Milika	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u> X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	on?	5b 5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		56		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a	İ	Х
	organization solicit any contributions that were not tax deductible as charitable contributions?		- Ua		
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or	6b		
	gifts were not tax deductible?		7 TO	Z. C. Sy	500
7	Organizations that may receive deductible contributions under section 170(c).	sods.		3 4	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	Jous	7a	Χ	
	and services provided to the payor?			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7c		X_
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.18		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
e	Did the organization receive any lunds, directly of indirectly, to pay promite or a personal benefit contra	ct?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		<u> </u>
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the		Seals	
O			. 8	(Carrier)	1987 55
9	Sponsoring organizations maintaining donor advised funds.		A Win	NAMES (1971)	Lidder.
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	<u> </u>	
b	not be a considered person?		9b		1 300
10	Section 501(c)(7) organizations. Enter:	1		VALUE 1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	8 A 488 (A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
а	Gross income from members or shareholders	71 a	\dashv		
b		446			4 8
	against amounts due or received from them.)	11b	12a	10020000	1, 15, 035
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b		1/4.59	\$ 160 S
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	[120]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
a			125		
_	Note: See the instructions for additional information the organization must report on Schedule O.				
t	Enter the amount of reserves the organization is required to maintain by the states in which	13b			
	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c			i (da
			14a		X
148	with the state of the second those payments? If "No " provide an explanation on Schedu	le O	14b	<u> </u>	
45	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or			
15	excess parachute payment(s) during the year?		15	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	X
	If "You" see instructions and file Form 4720. Schedule N.		in land		
16	the state of the state of the specific process of the specific process of the specific process of the state of the state of the specific process of the state of the specific process of the state of the state of the specific process of the state of the specific process of the state of the state of the specific process of the state of the	t Income?	16	NE STATE	X
10	if "Yes." complete Form 4720. Schedule O.		1000	weiń	in web
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any acti	vities			1
"	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	rj mguz	37 13 00
	time transfer to any time and a supplication of any		200		-37 Bee

If "Yes," complete Form 6069.

42-0680307

Form 990 (2022) WAYPOINT SERVICES Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Seci	ION A. Governing Body and Management				Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1a	1 20			7. V.O.
та	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			表表	Arthrope	
					Signal Laf	
_	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	20	7.00		
b	Enter the number of voting members included on line 1a, above, who are independent		J.— — -	186		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		Х
	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			•••		
3	Did the organization delegate control over management duties customally performed by or differ the direct			3		X
	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	 ?		4		X
4	Did the organization make any significant changes to its governing documents since the prior to the organization's assets?			- 5		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			6		X
6	Did the organization have members or stockholders?				-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7a		X
	one or more members of the governing body?				T	T
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7b	1	X.
	stockholders, or persons other than the governing body?	or by	the follow		1.21.33	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				Х	. 13442 17 11 11
а	The governing body?			8b	X	1
b	Each committee with authority to act on behalf of the governing body?	• • • • • •			1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9	i	X
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	mal	Rovenue			
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	mai	roveria	<u> </u>	Yes	No
	TO THE STATE OF TH			10a		X
10a	Did the organization have local chapters, branches, or affiliates?				+	+
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			106	.	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	a tha	form?	118		+
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling	y uic		37.70		155.00
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	X	All makingsu
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se io	COHINGIA:		1 23	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			120	X	1
	describe on Schedule O how this was done					
13	Did the organization have a written whistleblower policy?			14		
14	Did the organization have a written document retention and destruction policy?					1 3365
15	Did the process for determining compensation of the following persons include a review and approval by	,				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15	X	. 1 2 2 3.4
а	The organization's CEO, Executive Director, or top management official			15		X
b						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	•			16	an promits	X Table 4
	with a taxable entity during the year?			····		3 20 0
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			16	h	121 11,23,74 x 35
_	organization's exempt status with respect to such arrangements?				- 1	
	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	OUGHO	551(5)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain on Schedule O)	tarast	notice			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	161 6 81	policy,			
	and financial statements available to the public during the tax year.	-ords				
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstructions and reconstructions are stated to the person who possesses the organization's books and reconstructions.	Julus				
	MIKE WEAVERLING 318 FIFTH STREET SE	01		319-3	65-	1458
(CEDAR RAPIDS IA 524	UΤ		<u> フェッー</u> フ	<u> </u>	7100

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- /1	·/ -	- []	\sim	113	11/
-	/.		uv	\sim	\circ

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

Section A. 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor any	y rela	ated	orga	nizat	lion c	om	pensated any current office	r, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box	c, unle	ss pe	ition more t rson is	than on the Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	trustee	! trustee		iyee	mpensated				
(1) JAYE KENNEDY										
CEO	40.00			X				112,679	0.	5,701
(2) AUTUMN PAINE	40.00			l						
DEV & MKTING OFFICER	40.00			X				92,099	0	460
(3) MIKE WEAVERLING		\vdash								
CFO	40.00			X				86,322	0	4,800
(4) BRIANNE CUMMINS	(RESIGN	ĖD	2	Q 23	1)					
DIRECTOR	0.00	X			_			0	0	0
(5) JANICE KERKOVE	(RESIGNE	ф [—]	20:	23))					
DIRECTOR	0.00	X						0	0	0
(6) JASON VESTWEBER	(RESIGN	‡D	2	023	3)	'				
DIRECTOR	0.00	X		<u> </u>				C	0	0
(7) JILL MAST (RESI		β)		l	1					
DIRECTOR	0.00	X						C	0	0
(8) RON CORBETT (RE	SIGNED 2	202	3)				i			
DIRECTOR	0.00	X	_		ļ		_	C	0	0
(9) PHIL AKIN	2 00		ì							!
FORMER PRESIDENT	2.00	·· X						(0	0
(10) LEISA BRIETFELD	E R				T		Γ			
DIRECTOR	2.00	. _X						()C	0
(11) MARY BROBST										
D.T.D.T.O.T.O.D.	2.00		7			1	-			
DIRECTOR	1 0.00	1 4	7						<u> </u>	Fonn 990 (2022)

Part VII Section A. Officers	, Directors, Tru	stees	, K			oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	offi	, unle	sspei ndac	tion more rson i lirecto	than o	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1098-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) KARL CASSELL	2 00									
DIRECTOR	2.00 0.00	X				ļ		0	0	0
(13) BRITTNEY CLA	2.00									
PRESIDENT ELECT	0.00	X		X		_	_	0	0	0
(14) KELLY DECAMP	2.00									
DIRECTOR (15) PAUL ESKER	0.00	X			<u> </u>		L	0	0	0
(IS) PAUL EDRER	2.00								C	0
DIRECTOR (16) AMANDA FREEM	0.00 AN	X		├-			_	0		
************************************	2.00	X						0		
DIRECTOR (17) LESLIE GRIGG	\$	Λ	╁	 		 	┢			
DIRECTOR	2.00	X						0		0
(18) MICHELLE JEN	SEN									
PRESIDENT	4.00	X		X			L	0	(0
(19) CARMEN KLEIN	2 00									
DIRECTOR	0.00	X	<u> </u>					001 100		10,961
1b Subtotal										
d. Total (add lines 1h and 1c)								291,100		10,961
Total number of individuals (i reportable compensation from	ncluding but not n the organization	limite on	ed to	tho	se II	sted	abo	ve) who received more that	1 \$100,000 01	Yes No
3 Did the organization list any employee on line 1a? If "Yes	former officer, d	lirecto	or, tr	uste ar su	e, ke	ey en ndivid	nplo lual	yee, or highest compensate	ed	
4 For any individual listed on li organization and related organization.	ne 1a, is the sur anizations greate	m of er tha	repo ın \$	rtabl 150,0	e co)00?	mpei ' If "Y	nsat 'es, '	tion and other compensation complete Schedule J for s	n from the uch	4 X
individual 5 Did any person listed on line for services rendered to the	1a receive or a	cerue	COL	nner	ısati	on fra	am i	any unrelated organization (or individual	
Section B. Independent Contrac	tors									
compensation from the organ	nization. Report	comp	ens	ation	for	the c	ale	ndar year ending with of wi	unit the organizations tax	year. (C) Compensation
Name a	(A) nd business address						+	Descr	(B) iption of services	Compensation
,						· · · · ·	-			
					•		\dagger			
							+			
	1 1 2	al 11	.ا نم		4 16	oit o -l	40 H	hose listed shows) who	<u> </u>	
2 Total number of independer received more than \$100,00	it contractors (in 10 of compensat	ciuali ion fi	om om	the c	n iiii orgai	nizati	on On	HOSE HOLER RIDORE) WHO	0	Form 990 (202:

Par	VII	Statemen	nt of Revenue Schedule O conta	ine e	reenonee or no	nte to	any line in this	s Part VIII		
		Check if s	schedule O conta	11115 a	response or no		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ম ম	10	Federated campa	igns	1a	287,92	20			TRANSPORTE	
둳딃				1b						
ا ا			ts	1c						
₩ W			tions	1d			化表达的技术			
<u> </u>	е	Government grants (con	tributions)	1e	3,260,36	60				
Š		All other contributions, gl	lfts, grants, Included above	1f	858,7	40				
	α	Noncash contributions in	cluded in				3 1981 3 8 7 2	\$ 10 may 2 m		
Contributions, Gifts, Grants and Other Similar Amounts	_	lines 1a-1f		1g	<u> </u>	- 49	4,407,020			
<u> </u>	<u>h</u>	Total. Add lines	1a–1f				4,401,020			
- 1	_				Business 6		2,073,424	2,073,424	<u> </u>	
<u>8</u>	2a		FEES			10	2/0/0/12			
Program Service Revenue	b				l	_				
E 5	G		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1					
84	u									
£	f	All other program	service revenue							
			2a–2f				2,073,424			
	3	Investment incom	ne (including dividend	ls, inter	rest, and]	Í	E 4 200
		other similar amo	ounts)			-	54,329			54,329
	4	Income from inve	estment of tax-exemp	t bond	proceeds	-				
	5	Royalties								
ļ			(i) Real		(II) Personal	-				
l	6a	Gross rents					KADAMAS.			
		Less: rental expenses	6b							
		Rental Inc. or (loss)	6c				5 - 5 % No. 10 Cap (10 No. 10 No.	STEEL COMMENT OF THE STEEL COMMENTS OF THE S	1.3.5 n. 300 (1.3.5.5 s. c. c. c. c. 1.3.4	<u></u>
	d 7a	Net rental income	e or (10ss)(I) Securitie		(II) Other	-				
		sales of assets			6,5	000				
d.	h	other than Inventory Less; cost or other	7a		7.3					
Ĕ	b	basis and sales exps.	7b		9,1	32			4.47 (2014)	
eve	c	Gain or (loss)	7c		-2,6					restation of the State
Other Revenue	_		i)				-2,632	-2,632		
Œ		Gross income from	•			13				
•		(not including \$								
		of contributions rep						Page 1988		
		1c). See Part IV, lir	ne 18		86,5					
			enses		49,3	325	37,197		28 (1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	37,197
	ı		loss) from fundraising	events	T		31,191			
	9a	Gross income fr	=							
	١.		art IV, line 19	9a 9b		——-	e departura	(1000-00) (0.00 m/s)		
		Less: direct exp	loss) from gaming ac				on the college has been experienced appropriate of	<u> </u>		
	1	 Net income or (Gross sales of i 		Stivities.	1		The walker was a fine	V ACCOMB FRANCES		
	ling		wances	10a		ļ				与 创度公司系统
	l h	Less: cost of go		10b						
	1	-	loss) from sales of in	ventory]				
					Business					20.000
Miscellaneous Pougaine	, 11a	a MISCELLANE	ous		900	099	36,804	1		36,804
ane	t									
Sell Sell	9 (:								
S	(36.60	4		
	-		s 11a–11d				36,80		<u> </u>	128,330
	12	Total revenue.	See instructions				6,606,142	2,070,792	<u> </u>	- 990 cm

Form 990 (2022)

Statement of Functional Expenses Part IX 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 (D) (C) Management and (B) Program service Do not include amounts reported on lines 6b, 7b, Fundralsing general expenses expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 61,940 153,386 323,090 107,764 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 197,019 448,778 3,863,397 4,509,194 Other salaries and wages 7 8 Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions) 1,244 54,667 336,816 392**,**727 Other employee benefits 54,143 10,514 297.769 362,426 10 Payroll taxes Fees for services (nonemployees): 11 a Management b Legal Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 14,182 14,182 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 35,278 112,403 59,092 <u> 206,773</u> (A) amount, list line 11g expenses on Schedule O.) 2,024 7,341 8,494 17,859 12 Advertising and promotion 16,016 59,153 24,907 100,076 Office expenses 13 $43,\overline{135}$ 32,790 72,080 148,005 14 Information technology 15 Royalties 1,357 130,789 72**,**731 204,877 16 Occupancy 573 9,580 22,543 32,696 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 943 444 4,068 5,455 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 3,294 317 302**,**185 344,796 Depreciation, depletion, and amortization 22 23,734 51437,815 62,063 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 755,469 755**,**469 HOUSING ASSISTANCE 957 7,718 208,186 198,511 FOOD & SUPPLIES 34,677 56,643 17,015 MISCELLANEOUS 34,009 34,009 PROGRAM FEES 430 7,889 4,539 12,858 e All other expenses 529 1,060,971 6,307,884 7,791,384 Total functional expenses. Add lines 1 through 24e 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)

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	1,200	1	1,200
2	Cash—non-interest-bearing Savings and temporary cash investments	1,159,686	2	407,921
3	Pledges and grants receivable, net	1,259,732	3	885,084
1	Accounts receivable, net	45,721	4	12,098
5	Loans and other receivables from any current or former officer, director,		1 (Y !	
"	trustee, key employee, creator or founder, substantial contributor, or 35%		3 3 34 s- 3 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	controlled entity or family member of any of these persons	Late and All and the second	5	
6	Loans and other receivables from other disqualified persons (as defined			
`	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	And the state of t	6	The state of the s
7			7	
8			8	
9	Inventories for sale or use Prepaid expenses and deferred charges	48,519	9	49,702
1 -	Land, buildings, and equipment: cost or other			
100	basis. Complete Part VI of Schedule D 10a 12,847,636			
,	Less: accumulated depreciation 10b 5,341,307	7,808,021	10c	7,506,329
11	Investments—publicly traded securities	2,824,197	11	3,070,699
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14			14	
15		90,789	15	126,851
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	13,237,865	16	12,059,884
17	Accounts payable and accrued expenses	591,099		272,659
18			18	
19		225	19	125
20	Deferred revenue Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	and the continuence of the second section of	22	, Both that was a second robotic and a second robotic
23			23	
24	the second secon		24	
25	Other liabilities (including federal income tax, payables to related third			
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	•		25	32,600
26	of Schedule D Total liabilities. Add lines 17 through 25	591,324	26	
26	Organizations that follow FASB ASC 958, check here		147	
,	and complete lines 27, 28, 32, and 33.			
1 27	in the second se	9,787,557	27	9,125,095
27		2,858,984	28	0 000 105
, 20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		5115	
3	and complete lines 29 through 33.			
29		and the with the first fellingshire food	29	and the control of th
3 29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
	i ma-in or capital surplus, or land, building, or equipment land		31	
5 30 2 31	Detained earnings, endowment accumulated income or other funds			
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	12,646,541	32	

	990 (2022) WAYPOINT SERVICES	42-0680307			Page	<u>, 12</u>
	t XI Reconciliation of Net Assets				,	₹ 7]
	Check if Schedule O contains a response or note to any line in t	nis Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		7	6,60		
2	Total expenses (must equal Part IX, column (A), line 25)		2	7,79 -1,18		
3	Pevenue less expenses. Subtract line 2 from line 1		3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, columns of the second	nn (A))	4	12,64		
5	Net unrealized gains (losses) on investments		5		3 <u>,</u> 2	<u>0 T</u>
6	Donated services and use of facilities		6			—
7	Investment expenses		7			
8	Drior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equa	al Part X, line		TE	1 =	00
	32 column (B))		10	11,75	<u>4,5</u>	<u>uu</u> .
Pa	4 VIII Financial Statements and Reporting					П
5	Check if Schedule O contains a response or note to any line in	this Part XII	<u> </u>	,,,,,,,	Yes	No
		Other			Yes	NO
1	Approximation menion used to propore all a contract to the con					
	If the organization changed its method of accounting from a prior year or checked	Outor, Ospiani Si.				
	Schedule O.	ident accountant?		2a		Χ
2a	Were the organization's financial statements compiled or reviewed by an indepen	ar were compiled or		Awe		
	If "Yes," check a box below to indicate whether the financial statements for the ye	ai word dompiled o.		Doctor.	8 74 8	
	reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and s	engrate hasis		40.00		يكلان
	Separate basis Consolidated basis Both consolidated and s	ant?		2b	X	
b	Were the organization's financial statements audited by an independent accounts	ar were audited on a				19.00
	If "Yes," check a box below to indicate whether the financial statements for the ye	ur moro addition on a				
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and s	enarate hasis		627\T		
	X Separate basis Consolidated basis Both consolidated and s	enonsibility for oversight of				
(If "Yes" to line 2a or 2b, does the organization have a committee that assumes r	dependent accountant?		2c	Χ	
	the audit, review, or compilation of its financial statements and selection of an in	or the tay year explain on		1000		(A 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
	If the organization changed either its oversight process or selection process during	g the tax year, explain on				7 3
	Schedule O.	or audite as set forth in the			1	1
3	As a result of a federal award, was the organization required to undergo an audit	or addite as set forth in the		3a	X	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	ation did not undergo the				
ı	of "Yes," did the organization undergo the required audit or audits? If the organization	n to undergo such audits		3b	X	<u> </u>
	required audit or audits, explain why on Schedule O and describe any steps take	II to undergo adon donto		For	m 99 (0 (2022

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)		
(A) Name and title	(B) (do not check more than one hours officer and a director/trustee) per week			an 98)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization related organi	and
(20) JAYMIE MCGRA	H 2.00										
SECRETARY (21) STACIE OSAKO	0.00	Х		X		<u> </u>		0	0		0
	2.00	X		!				0	0		0
DIRECTOR (22) STEPHEN PEDRO		22									
DIRECTOR (23) JUNE RAINBOW	0.00	X						0	0		0
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00	X		X				0	0		0
TREASURER (24) STARLET SMIT				1							
DIRECTOR (25) ASH STILES	0.00	X	-	<u> </u>	ļ	<u> </u>	<u> </u>	0	0		0
	2.00	X			ļ			0	0		0
(26) RICHARD SUBL											
DIRECTOR (27) TARA WACHEND	0.00	X	-	<u> </u>		_	-	0	C		0
	2 00	X						0	C)	0
DIRECTOR 1b Subtotal c Total from continuation she											
d Total (add lines 1b and 1c)									0400 000 -5		
Total number of individuals (in reportable compensation from	ncluding but not n the organizatio	limite n	ed to	tho	se li	sted	abo	ve) who received more than	1 \$100,000 01		Yes No
3 Did the organization list any the employee on line 1a? If "Yes	" complete Sche	dule	J fo	r su	ch ir	ndivic	lual			\$42.11	
For any individual listed on life organization and related organization.	ne 1a. is the sur	n of	repoi	rtable	e co	mpei	าsat	ion and other compensation	i from the		
individual 5 Did any person listed on line for services rendered to the	1a receive or a	cerue	con	npen	satio	on fro	m a	any unrelated organization o	or individual	5	
Section B. Independent Contract	tors										
Complete this table for your compensation from the organ	nization.Report	pens comp	ated ensa	inde ation	eper for	the c	cor aler	ndar year ending <u>with or wit</u>	nin the organizations tax	year.	(C)
Name a	(A) nd business address						-	Descri	(B) ption of services	Co	(C) empensation
							_				
			•••				-				
							-	<u> </u>			
,							-				
	t contractors /inc	dudir	na hi	ıt no	t lim	ited :	lo th	nose listed above) who		9 100 W.C 7 186 750	
2 Total number of independen received more than \$100,00	0 of compensati	on fr	om t	he o	rgar	nizatio	on "			Fo	m 990 (202

Part	VII Section A. Officers	, Directors, Trus	stee	5, K	y E	mpie	oyee	s, a	nd Highest Compensated	Employees (commeco)				
	(A) Name and title	(B) Average hours	Average box, unless person is both an officer and a director/trustee)			ne an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	(F) Estimated emount of other compensation					
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ organiza 1099-NEC) related or				
(28)	NIKKI WILCOX	2.00	Х						0	C				0
							ļ 		-					
						:			,			·		
				<u> </u>		-		 -						
							-	 						
				-	-		-	-						
													**	
1b c d	Subtotal Total from continuation she Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	eets to Part VII,	Sec limit	tion	Α					n \$100,000 of			Yes	No
3 4	Did the organization list any employee on line 1a? If "Yes For any individual listed on li organization and related organization and related organization and person listed on line."	ne 1a, is the sur anizations greate	edule m of er the	repo an \$	or su rtable 150,0	ch ii e co 000? 	ndivid impe If "Y	dual nsai 'es,'	tion and other compensation complete Schedule J for some any unrelated organization	n from the such or individual].	3		
5	for services rendered to the ion B. Independent Contract	organization? If	"Yes	," co.	mple	te S	chec	lule	J for such person			5		
1	Complete this table for your compensation from the orga	five bighoot com	pen	sated	inde ation	eper for	nden the	cale	ndar year ending with or w	e than \$100,000 of ithin the organization's tax (B) ription of services	year.	Cor	(C)	ion
	Name a	and business address				•			Desc	ipuon oi sarvade				
						•						<u></u>		-
2	Total number of independer received more than \$100,00	nt contractors (in	cludi	ng b	ut no	ot lin	nited	to t	hose listed above) who					n (2002

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization 42-0680307 WAYPOINT SERVICES Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported other support (see (described on lines 1--10 listed in your governing support (see organization instructions) document? instructions) above (see Instructions)) Yes No (A) (B) (C) (D) (E)

42-0680307

Page 2

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.) Part II

	ion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levled for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
_6	Public support. Subtract line 5 from line 4			2. 表现的名词名的现代的		34.00.977,1460,03		
	tion B. Total Support		1 (1) +0.10	() 0000	(-I) 0004	(-) 2022	(f) Total	
Calen	dar year (or fiscal year beginning In)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(I) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			·				
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10					140		
12	Gross receipts from related activities, etc.	(see instructions)				12		
13	First 5 years. If the Form 990 is for the o	rganization's first, :					 1	
	organization, check this box and stop her			<u> </u>				
Sec	tion C. Computation of Public S			(0.)			9/	
14	Public support percentage for 2022 (line 6						<u>%</u> %	
15	Public support percentage from 2021 Sch	edule A, Part II, lir	1e 14	40 and line 44 fe	22 1/28/ ar		70	
16a	33 1/3% support test—2022. If the organ				oo na% oi more,	CHOOK THIS	П	
	box and stop here. The organization qua 33 1/3% support test—2021. If the organ	innes as a publicly	supported organiz	alluli 2 or 16a, and line	15 is 33 1/3% or n	nore check		
þ	this box and stop here. The organization							
470	10%-facts-and-circumstances test—20	22 If the omanizat	ion did not check	box on line 13. 1	 6a, or 16b. and lin	e 14 is		
17a	10% or more, and if the organization med Part VI how the organization meets the f	ets the facts-and-ci acts-and-circumsta	rcumstances test, nces test. The org	check this box an anization qualifies	d stop here. Expla as a publicly supp	in in oorted		
b	organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported							
18	organization Private foundation. If the organization d instructions	id not check a box	on line 13, 16a, 1	6b, 17a, or 17b, c	heck this box and s	ie e	[7]	
							A (Form 990) 2022	

Schedule A (Form 990) 2022 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.)

Sect	ion A. Public Support					() 0000	(f) Total
Calend	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,616,963	5,549,403	5,925,723	5,611,854	4,407,020	24,110,963
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,091,077	2,366,201	1,786,928	2,718,163	2,073,424	12,035,793
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					C 400 414	36,146,756
6	Total. Add lines 1 through 5	5,708,040	7,915,604	7,712,651	8,330,017	6,480,444	30,140,730
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		54,910	41,096			96,006
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						25.005
C	Add lines 7a and 7b		54,910	41,096			96,006
8	Public support. (Subtract line 7c from line 6.)						36,050,750
Sec	tion B. Total Support					(-) 0000	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	
9	Amounts from line 6	5,708,040	7,915,604	7,712,651	8,330,017	6,480,444	36,146,756
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,501	50,606	41,444	45,564	54,329	248,444
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						WHO
С	Add lines 10a and 10b	56,501	50,606	41,444	45,564	54,329	248,444
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				37,015	73,001	110,016
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	28,028	502,591	1,25	L		531,870
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,792,569	8,468,801	7,755,346			37,037,086
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's first, ere	second, third, four	th, or fifth tax year	as a section 501(c)(3) 	
Se	ction C. Computation of Public S	upport Percer	itage				
15	Public support percentage for 2022 (line	8, column (f), divide	ed by line 13, colu	mn (f))		15	97.34%
16	Public support percentage from 2021 Scl	nedule A, Part III, li	ne 15 ,		<u> </u>	16	97.32 %
Se	ction D. Computation of Investm	ent Income Pe	rcentage				1.04
17	Investment income percentage for 2022	(line 10c, column (f), divided by line	13, column (f))		17	1%
18	Investment income percentage from 2021	Schedule A. Part I	II. line 17			<u> 18</u>	1./0_
198	47 is not more than 33 1/3% check this	hox and stop here	. The organization	i qualifies as a pu	pliciy supported org	janizauon	X
1	22 4/29/ curport toete2021 If the ord	anization did not cl	neck a box on line	14 or line 19a, ar	na line 16 is more i	11an 33 1/376, and	
	the 40 is not more than 33 1/3% check	this hox and stop I	h ere. The organiz	ation qualifies as a	a publiciy supported	a organization	·····
20	Private foundation. If the organization	did not check a box	on line 14, 19a, o	or 19b, check this	pox and see instru	ctions	e A (Form 990) 2022

Schedule A (Form 990) 2022

Supporting Organizations Part IV

(Complete only if you checked a box on 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 cor	ihiere Lair	V . J	
Secti	on A. All Supporting Organizations		Yes	No
			162	140
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1	L A. TALAL	ti Waliania
	class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2	53,527,014,038	22 . 15. 11. 1-4-4-4
	organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a	. I a la constitución	1
	lines 3b and 3c below.		17.193	
þ	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)? If "Yes," describe in Part VI when and how the	3b	A A STATE OF THE S	
	organization made the determination.			
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c	a de la constantina d	Physical Control of the Control of t
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	V. 7.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a	15 15 15	2 1220 1 200 1 20
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	70	1000	155357
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		2 000 4 000 000
	despite being controlled or supervised by or in connection with its supported organizations.		We North	1 19203
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? 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)	4c	I'l builde desire il il	and the second second
	purposes.		g jærkjelt	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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	5a	gal challenger som a	A. 141. 11 818
	was accomplished (such as by amendment to the organizing document).			
þ		5b	Majoral Autourne	2.00 to 2.00 t
	designated in the organization's organizing document?	5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	7/10	9. T. T. T. S.	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	235		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6	ot period o	3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		7 7.03	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	12.04		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	7	all lanears	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		TO THE LO	Nega.
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	8		25. (), 1. 2 1.00.00
	7? If "Yes," complete Part I of Schedule L (Form 990).			
98	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	9:		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.			ic week
t	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9	,	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	.5		
(Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	9	G	21.00.00
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10	a l	200 m
	supporting organizations)? If "Yes," answer line 10b below.	80		
i	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10	b	
	determine whether the organization had excess business holdings.)			m 990) 2

11 Has the organization accepted a gift or contribution from any of the following personar? a A person who directly or incitredity controls, either alsone or together with persons described on lines 11b and 11b band 11	Parl	Supporting Organizations (continued)			
a A passon who deeply no indirectly controls, either alone or topether with persons described on lines 11b and 11b blown, the governing body of a supported organization? b A family member of a person described on line 11s above? c A 38% controlled entitly of a person described on line 11s above? 11b C	<u> </u>			Yes	No
a A passon who deeply no indirectly controls, either alone or topether with persons described on lines 11b and 11b blown, the governing body of a supported organization? b A family member of a person described on line 11s above? c A 38% controlled entitly of a person described on line 11s above? 11b C	11	Has the organization accepted a gift or contribution from any of the following persons?	7.54 (6)		
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trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Should be A (Form 1991) 3023	3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			3a	5,946,851,37	5.5024719
Cahadula A (Earm 990) 7077	b		diam'r atr.		Contact of 1
	-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		A (Form	990/ 2022

	le A (Form 990) 2022 WAIPOINI SERVICES	Organizat	one	
Parl	Type III Non-Functionally Integrated 509(a)(3) Supporting	Nov 20 4	070 (evolein in Bart VA Se	20
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or] NOV. ZU, 1:	eto Costione A through E	76
	instructions. All other Type III non-functionally integrated supporting organizations	must compt	ele Sections A through L.	(B) Current Year
Secti	on A – Adjusted Net Income	İ	(A) Prior Year	(optional)
		1		<u> </u>
1	Net short-term capital gain	2		
2	Recoveries of prior-year distributions	3		
3	Other gross income (see instructions)	4		
4	Add lines 1 through 3.			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		/D) Current Voor
Seci	tlon B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	46.800		
1	instructions for short tax year or assets held for part of year):			
	A Average monthly value of securities	1a		
		1b		
	Average monthly cash balances	10		
	c Fair market value of other non-exempt-use assets	1d		
	d Total (add lines 1a, 1b, and 1c)	43.00		
•	Discount claimed for blockage or other factors		TERREST AVEC 1974	
	(explain in detail in Part VI):	2		
2		3		
3	Subtract line 2 from line 1d.			
4		4		
	see instructions).	5		
5		6		V
6		7		
7		- '8		
8	Minimum Asset Amount (add line 7 to line 6)			
Sec	ction C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1_		·
2		2		
3	(frame Charles D. line 9, column A)	3		
4	- 1 2	4		
5		5		
	to the abliant forms line 4 unlong subject to			
·	omergency temporary reduction (see Instructions).	6		
7	the state of the s	grated Type	III supporting organization	
,	(see instructions).			
	(See instructions).			Schedule A (Form 990) 202

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
2.7 (on D - Distributions				Current Year
4	Amounts paid to supported organizations to accomplish exempt purpo	ses		1	
1 	Amounts paid to supported organization to supporte organization to supporte organization to supported organization to supp	of supported		1	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
•	(provide details in Part VI). See instructions.		, <u></u>	-	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Section E – Distribution Allocations (see instructions) (i) (II) Underdistributions Dec 2022				(iil) Distributable Amount for 2022
			Pre-2022		ARROWIT TO MANY
11	Distributable amount for 2022 from Section C, line 6		And the second s	48 47 E	
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See instructions.			27.5.20	
3	Excess distributions carryover, if any, to 2022			122	
	From 2017				
	From 2018			artij.	
	From 2019			1300	
	From 2020				
	From 2021	25 2-19 30 A SAN SAN SAN			
f	Total of lines 3a through 3e	A AMBRONIA STATE OF THE STATE O		30	
	Applied to underdistributions of prior years			S-17 S-1	
	Applied to 2022 distributable amount			i Veye	
	Carryover from 2017 not applied (see instructions)			0735) 2745	
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from		256-60-60		
	Section D, line 7:			, jog	
а	Applied to underdistributions of prior years			520.6	<u> </u>
Ŀ	Applied to 2022 distributable amount			3 <u>3 3 3</u>	
- 0	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if		Ì		
	any. Subtract lines 3g and 4a from line 2. For result		•		
	greater than zero, explain in Part VI. See instructions.			er, 177	
- 6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			4	
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			4.3	
8	Breakdown of line 7:			er Die Groots	
	Excess from 2018	38 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Excess from 2019			96.68 C. S	
	Excess from 2020			19. JA	
	d Excess from 2021				
_	Excess from 2022		用 。在《原文》		Schodule A (Form 990) 202

Schedule A (Form 990) 2022

Schedule A (For	m 990) 2022 N	AYPOINT SER	VICES		42-0680307	Page 8
Part VI	Supplemental Inform III, line 12; Part IV, Sec B, lines 1 and 2; Part I 3a, and 3b; Part V, line lines 2, 5, and 6. Also	ction A, lines 1, 2, 3 V, Section C, line 1: e 1: Part V. Section	b, 3c, 4b, 4c, 5a ; Part IV, Sectior B. line 1e: Part \	, 6, 9a, 9b, 9c, 11a n D, lines 2 and 3; V. Section D, lines	a, 116, and 116; Part Part IV, Section E, lir 5, 6, and 8; and Part	nes 1c, 2a, 2b,
PART I	II, LINE 12 -	OTHER INCOME	DETAIL			,
FUNDRA	ISING		\$	46,392		
MISCEL	LANEOUS		\$	9,999	***********************	
GAMING		***************************************	\$	0		
INSURA	NCE PROCEEDS					
			,	***************************************		
			,			
				,		
		*******************				***************************************
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DAA

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

WAY	POINT SERV	ICES 42	2-0680307						
	ation type (check or								
Filers of	f:	Section:							
orm 99	0 or 990-EZ	X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990-PF		501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
Check i Note: C	Only a section 501(c)(covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	9e						
Genera	l Rule								
X	For an organization or more (in money contributor's total co	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00 or property) from any one contributor. Complete Parts I and II. See instructions for determining ontributions.	О а						
Specia	I Rules								
	regulations under se	described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16 yed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; on ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	oa, or						
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	contributor, during to contributions totaled during the year for General Rule appl	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any of the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were receive an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributionere during the year	d						
must	answer "No" on Part	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 9 IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P neet the filing requirements of Schedule B (Form 990).	990), but it F, Part I, line						

Name of organization
WAYPOINT SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	BRADLEY & RILEY, P.C. PO BOX 2804 CEDAR RAPIDS IA 52406-2804	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	CARMEN K KLEINSMITH 357 SPRING CREEK RD MT VERNON IA 52314-9676	\$ 9,467	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributtons	(d) Type of contribution
No.	CATHERINE A TERUKINA 2800 FALBROOK DR NE CEDAR RAPIDS IA 52402-2606	\$ 21,236	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	CEDAR RAPIDS BANK & TRUST 500 1ST AVE NE STE 100 CEDAR RAPIDS IA 52401	\$ 5,374	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 5	CRESCENT-JANKO MASONIC FOUNDATION 260 STAMY RD ROBINS IA 52328	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CRYSTAL GROUP INC. 855 METZGER DR HIAWATHA IA 52233	\$ 10,714	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WAYPOINT SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	DAKOTA RED CORPORATION PO BOX 5541 CEDAR RAPIDS IA 52406	\$ 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 8	DIANE RICCOLO 533 KNOLLWOOD DR SE CEDAR RAPIDS IA 52403	\$ 15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
No.	FARMERS STATE BANK 1240 8TH AVE MARION IA 52302-3504	\$ 15,590	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	HUGH EKBERG 224 ABBOTSFORD RD CEDAR RAPIDS IA 52403	\$ 9,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11.	IOWA INTERSTATE RAILROAD, LTD 5900 6TH ST SW CEDAR RAPIDS IA 52404	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
12	JAMES STOKEBRAND 1120 DEPOT LN SE #205 CEDAR RAPIDS IA 52401	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
WAYPOINT SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13.	JUDITH A. BAIRD 464 DOWS RD CEDAR RAPIDS IA 52403	s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 1.4.	JUDITH A. WORKMAN 1225 13TH ST NW #205 CEDAR RAPIDS IA 52405-2449	\$ 11,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
No.	JULIANNE THOMAS 4749 MOUNT VERNON RD SE CEDAR RAPIDS IA 52403-3941	\$ <u>20,225</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1.6	KATHY E ENO 111 COTTAGE GROVE AVE SE #602 CEDAR RAPIDS IA 52403	\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1.7	LURA E MCBRIDE PO BOX 465 MARION IA 52302	\$ 6,725	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 18	LYNDA A. SCHIMBERG 3111 PINNEY WOODS LN SE CEDAR RAPIDS IA 52403	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
WAYPOINT SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.19	MARILYN CALLAHAM 523 STONE HEDGE DR NW CEDAR RAPIDS IA 52405	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
20.	MCINTYRE FOUNDATION PO BOX 232 MOUNT VERNON IA 52314	\$ 24,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
21	MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS IA 52403-1292	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 22	NEW LEADER MANUFACTURING 1330 76TH AVE SW CEDAR RAPIDS IA 52404-7038	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
23	ROHDE FAMILY CHARITABLE FOUNDATION PO BOX 646 CEDAR RAPIDS IA 52406	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
24	SHEY SYSTEMS INC. 2050 PROGRESS DR HIAWATHA IA 52233-2406	\$ 17,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
WAYPOINT SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.25	SHIRLEY D. RISSI 514 INDIAN RD SE CEDAR RAPIDS IA 52403	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
26.	SKOGMAN COMPANIES 417 1ST AVE SE CEDAR RAPIDS IA 52401	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2.7.	UNITED FIRE GROUP 118 2ND AVE SE CEDAR RAPIDS IA 52401-1253	\$ 11,000	Person X				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
28.	UNITED TECHNOLOGIES 10 FARM SPRINGS RD FARMINGTON CT 06032	\$ 8,149	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
29	US BANK 222 2ND AVE SE CEDAR RAPIDS IA 52401	s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 30	VAN METER INDUSTRIAL, INC. 850 32ND AVE SW CEDAR RAPIDS IA 52404-3913	\$ 5,530	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
WAYPOINT SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
31	VERIZON FOUNDATION 300 BRICKSTONE SQUARE STE 601 ANDOVER MA 01810	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.32	WAYNE AND NAN KOCOUREK FOUNDATION 750 W LAKE COOK RD STE 460 BUFFALO GROVE IL 60089	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.33	WILLIAM B. QUARTON PO BOX 3013 CEDAR RAPIDS IA 52406-9000	\$ 6,095	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
34.	WRAY FAMILY FOUNDATION 8503 WAVELAND CT COAL VALLEY IL 61240-9676	\$ <u>15,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
35	US BANK NATIONAL ASSOCIATION 4000 WEST BROADWAY ROBBINSDALE MN 55422	s 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
36	GREENSTATE CREDIT UNION PO BOX 800 NORTH LIBERTY IA 52317	\$ 30,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
WAYPOINT SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
37.	MICHELLE M JENSEN 6103 RAPIDS RIDGE RD NE CEDAR RAPIDS IA 52411	\$ 5,236	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 3.8	ALLIANT ENERGY FOUNDATION INC 4902 N BILTMORE LN MADISON WI 53718-2148	\$ 5,286	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
No.	LIMOLINK INCORPORATED 3375 ARMAR DR MARION IA 52302	s 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4 0	MARK RESCHLY 3648 CLARK RD SE CEDAR RAPIDS IA 52302	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
41	MCGRATH AUTOMATIVE GROUP 1600 51ST ST CEDAR RAPIDS IA 52404	\$ 6,080	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
42	RAYSER HOLDINGS INC. 1014 5TH AVE SE CEDAR RAPIDS IA 52403	\$ 5,158	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
WAYPOINT SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 4.3	KATHLEEN AND RICHARD MINETTE 4340 FAWN HILL CT SE CEDAR RAPIDS IA 52403	\$ 5,060	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44.	MARCIA & DONALD PRIMUS 1933 51ST ST NE CEDAR RAPIDS IA 52402	\$ 5,000	Person X		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 4.5	AEGON TRANSAMERICA FOUNDATION 6400 C ST SW CEDAR RAPIDS IA 52401	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4.6.	KATE F. HAWKINS 234 S MADISON ST APT D DENVER CO 80209	\$ 18,963	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for Instructions and the latest Information.

Open to Public Inspection

Schedule D (Form 990) 2022

OMB No. 1545-0047

Name of	the organization		· ·
TAT 23	YPOINT SERVICES		42-0680307
W. C	Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or	Accounts.
ar tudili	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
	Aggregate value of contributions to (during year)		
3 /	Aggregate value of grants from (during year)	050 600	
4 .	Aggregate value at end of year	270,600	
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	571 v 17 n
	funds are the organization's property, subject to the organization's excl	usive legal control?	X Yes 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 dono	or advisor, or for any other purpose	X Yes No
	conferring impermissible private benefit?		
Par	Conservation Easements. Complete if the organization answered "Yes" on F	Form 990 Part IV line 7.	
1 ,	Purpose(s) of conservation easements held by the organization (check	all triat apply). cation) Preservation of a historically	important land area
ļ	Preservation of land for public use (for example, recreation or educ	Preservation of a certified h	
	Protection of natural habitat	L Preservation of a certifica in	
ایا	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conse	pystion contribution in the form of a cons	servation
	complete lines 2a through 2d if the organization field a qualified conscious	Tyduoti continuation in the form of a series	Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic structure incl	uded in (a)	2c
	Number of conservation easements included in (c) acquired after July 2		
	and the second s		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization	ation during the
•	tax year	-	
4	Number of states where property subject to conservation easement is	located	
	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	rumy from
-	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	lations, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	⁾⁽ⁱ⁾ ☐ Yes ☐ No
	and section 170(h)(4)(B)(ii)?	***************************************	Lumb
9	In Part XIII, describe how the organization reports conservation easerr	nents in its revenue and expense statements in its revenue and expense statements that	ent and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	describes trie
7 (<u>**</u>	organization's accounting for conservation easements. It III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assets
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	Form 990. Part IV. line 8.	Official 7100000.
	If the organization elected, as permitted under FASB ASC 958, not to		nce sheet works
1a	of art, historical treasures, or other similar assets held for public exhibit	ition education or research in furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes these items.	•
h	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statement and balance	sheet works of
a	art, historical treasures, or other similar assets held for public exhibition	on, 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		\$
_	If the organization received or held works of art, historical treasures, of	or other similar assets for financial gain.	provide the
2	following amounts required to be reported under FASB ASC 958 relati	ing to these items:	
	Revenue included on Form 990, Part VIII, line 1		\$
a h	Assets included in Form 990, Part X		\$
	· · · · · · · · · · · · · · · · · · ·		A 1 1 - D /F 000\ 000

	lule D (Form 990) 2022 WAYPOINT S	EKVICED	et Historical Tea		· Other S		Seeate /	'contini		<u> </u>
	t III Organizations Maintaining C	ollections of A	int, Historical Tre	asures, o	ve significa	ot use of	455615 (COMMIN	ieu)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	-			ke signilisca	iii, use oi	ıs			
а	Public exhibition		oan or exchange prog							
þ	Scholarly research	⊕ [_] ○	ther				,			
C	Preservation for future generations									
4	Provide a description of the organization's collection	tions and explain t	now they further the o	rganization's	exempt pur	rpose in P	art			
	XIII.			a						
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of e maintained as pa	art, historical treasure art of the organization:	es, or other s s collection?	milar			Yes	s 🔲	No
	rt IV Escrow and Custodial Arrar									
	Complete if the organization at 990, Part X, line 21.	nswered "Yes"	on Form 990, Par	t IV, line 9,	or report	ted an a	mount o	n Form		
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions or	other assets	not					
	included on Form 990, Part X?							Ye	s [No
b	If "Yes," explain the arrangement in Part XIII an	d complete the folio	owing table:							
								Amount		
C	Beginning balance		.,,		,,	10				
d	Additions during the year					1c				
е	Distributions during the year					16				
f	Ending balance					1f				
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for escrow or cust	todial account	liability?			Ye	s	No
	If "Yes," explain the arrangement in Part XIII. C	neck here if the ex	olanation has been pro	ovided on Pa	t XIII					
Pa	rt V Endowment Funds.				_					
	Complete if the organization a	nswered "Yes"								
		(a) Current year	(b) Prior year	(c) Two year		(d) Three ye		(e) Four		
1a	Beginning of year balance	2,911,981	3,429,675		5,862	2,68	36 , 228	2,8	373 <u>,</u>	599
b	Contributions		1,210	1	0,346	·				
	Net investment earnings, gains, and									
	losses	333,283	-438,904	76	7,654	1	04,878		<u>167,</u>	782
d	Grants or scholarships			W 11						
	Other expenditures for facilities and						Ì			
	programs	82,835	80,000	5	4,187		35,244		355 <u>,</u>	<u> 153</u>
f	Administrative expenses									
	End of year balance	3,162,429	2,911,981	3,42	9,675	2,7	05,862	2,0	586 ,	228
	Provide the estimated percentage of the curren	t year end balance	(line 1g, column (a))	held as:						
а	Board designated or quasi-endowment 25	3.00%								
b	Permanent endowment 38.00 %									
	Term endowment 34.00 %									
_	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess		tion that are held and	administered	for the					,
	organization by:	_							Yes	No
	(i) Unrelated organizations							3a(i)	Χ	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
P:	art VI Land, Buildings, and Equip									
Funda.	Complete if the organization a	inswered "Yes"	on Form 990, Par	rt IV, line 1	1a. See	Form 99	0, Part X	(, line 1	10.	
	Description of property	(a) Cost or other b				cumulated		(d) Book	value	
		(investment)	(othe	er)	depr	reciation				
19	Land		3	24,144			SV.	3	24,	144
				95,293	4,	849,3	54		45,	
	Buildings									
	: Leasehold improvements	···	9	28,199		491,9	53	4	36,	246
	Equipment									
e	Other II. Add lines 1a through 1e. (Column (d) must eq	ual Form 000 Part	X column (R) line 1	Oc.)				7,5	06.	329
lota	u. Adu ilnes Ta through Te. (Column (d) must eq	uai ruiii 990, rail	7, 00141111 (D), 11116 T			*********				

	(a) Description of security or category	(b) Book value	ne 11b. See Form 990, Part X, line 12. (c) Method of valuation:
	(including name of security)	(-,	Cost or end-of-year market value
i) Financial o			
-	d equity interests		
-			
(42)			
(D)			
(E)			
(F)	,,,,,,,		
(G)			
(H)			
713.000	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.	rm 000 Bort IV li	no 11a See Form 990 Part X line 13
	Complete if the organization answered "Yes" on Fo	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)		<u>, ,</u>	
(4)			
(5) (6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)		
(9) Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
(9)	Other Assets.	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15.
(9) Total. (Colum		orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. <i>(Colum</i> Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Colum	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Colum. Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliane 25. (a) Description of liability		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliation 25. (a) Description of Hability income taxes		(b) Book value line 11e or 11f. See Form 990, Part X, (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CURR	Other Assets. Complete if the organization answered "Yes" on Form (a) Description In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliane 25. (a) Description of Hability income taxes ENT PORTION OF LEASE LIABILITIES		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CURR (3) LEAS	Other Assets. Complete if the organization answered "Yes" on Form (a) Description In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliane 25. (a) Description of Hability income taxes ENT PORTION OF LEASE LIABILITIES		(b) Book value line 11e or 11f. See Form 990, Part X, (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CURR (3) LEAS (4)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliane 25. (a) Description of Hability income taxes ENT PORTION OF LEASE LIABILITIES		(b) Book value line 11e or 11f. See Form 990, Part X, (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CURR (3) LEAS (4) (5)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliane 25. (a) Description of Hability income taxes ENT PORTION OF LEASE LIABILITIES		(b) Book value line 11e or 11f. See Form 990, Part X, (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CURR (3) LEAS (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliane 25. (a) Description of Hability income taxes ENT PORTION OF LEASE LIABILITIES		(b) Book value line 11e or 11f. See Form 990, Part X, (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CURR (3) LEAS (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliane 25. (a) Description of Hability income taxes ENT PORTION OF LEASE LIABILITIES		(b) Book value line 11e or 11f. See Form 990, Part X, (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) CURR (3) LEAS (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliane 25. (a) Description of Hability income taxes ENT PORTION OF LEASE LIABILITIES		(b) Book value line 11e or 11f. See Form 990, Part X, (b) Book value

	it XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line	<u>12a.</u>		C 00C 040
1	Total revenue, gains, and other support per audited financial statements			1	6,896,949
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	293,201		
а	Net unrealized gains (losses) on investments	2a 2b	11,788	N. W.	
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.) Add lines 2a through 2d			20	304 , 989
3	Subtract line 2e from line 1			3	6,591,960
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	14,182	4552	1/ 100
C	Add lines 4a and 4b			4c 5	14,182
5 	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int: XII Reconciliation of Expenses per Audited Financial Statem	ents With	Fypenses per i		
	Complete if the organization answered "Yes" on Form 990, P	art IV, line	: 12a.		
1	Total expenses and losses per audited financial statements			1	7,788,990
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	11,788	(0) (y) (2) (1)	
þ	•	1 - 1			
С	Other losses	1 0 1			
d	Other (Describe in Part XIII.)			2e	11,788
e	Add lines 2a through 2d			3	7,777,202
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	.1	,	52.57 (S	
a	Links and Towns COO Dark VIII line 7h	4a			
t.		1 4. 1	14,182	Ata Par	4 4 400
c	Add lines 4a and 4b			4c	14,182
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	,		5	7,791,384
<u> P</u>	art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/ lines these	ad 2h: Part V line 4: F	Part X I	ine
Prov	ride the descriptions required for Part II, lines 3, 5, and ७; Part III, lines 1a and 4, Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	າ, ແນ ວຣ ານ ຜາ anvaddition	nalinformation.	uit A, i	
Z; F	ART V, LINE 4 - INTENDED USES FOR ENDOWMEN	T FUND	S		
٠.٠	AKI V, HIND 4 INIDAD ODES FOR SHOWN				
Γ	HE OVERRIDING PURPOSE OF THE UNRESTRICTED	ENDOWM	ENT SHALL E	BE T	O FUND,
E	ROTECT AND SUSTAIN THE EVER CHANGING AND E	XPANDI	NG NEEDS OF	TH	E
	RGANIZATION IN ORDER TO MEET ITS MISSION.	A SECC	NDARY PURPO	DSE	OF THE
ţ	NRESTRICTED ENDOWMENT FUND SHALL BE TO PRO	VIDE S	OME LEVEL (OF S	UPPORT AS A
	SOURCE OF INCOME TO SUPPORT CURRENT OPERATI	ONS AN	D PROGRAMS	OF	THE
	RGANIZATION. RESTRICTED FUNDS FOR DESIGNAT	ED WAY	POINT SERVI	ICES.	WILL BE
!	MANAGED AND DISTRIBUTED ACCORDING TO THE IN	NSTRUC'I	TIONS.		
٠					
	PART X - FIN 48 FOOTNOTE				
	VAYPOINT SERVICES FOR WOMEN, CHILDREN AND F				
:	TAXES UNDER SECTION 501(C)(3) OF THE INTERN	IAL REV	ENUE CODE	AND	A SIMILAR

Part XIII Supplemental Information (continued)	
SECTION OF THE IOWA INCOME TAX LAW, WHICH PROVIDES INCOME	
CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIC	GIOUS, CHARITABLE,
OR EDUCATIONAL PURPOSES. THE ORGANIZATION IS NOT CLASSIFI	IED AS A PRIVATE
FOUNDATION. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS	B BY TAXING
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR	R ANY TAX PERIODS
IN PROGRESS.	
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN -	OTHER
INVESTMENT FEES	\$ 14,182
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN -	OTHER
	\$ 14,182
,	
•	
	.,

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 42-0680307 WAYPOINT SERVICES Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (III) Dld fund-(v) Amount paid to (vi) Amount paid to raiser have (or retained by) (or retained by) (iv) Gross receipts (i) Name and address of individual custody or (ii) Activity organization from activity fundraiser listed in or entity (fundraiser) control of contributions? col. (i) Yes No 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

42-0680307

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through NONE TRIBUTE TO WOME 1911 SOCIETY EV col. (c)) (total number) (event type) 86,522 43,094 43,428 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 86,522 43,094 43,428 line 2) 4 Cash prizes 5 Noncash prizes 1,237 6 Rent/facility costs 18,288 12,609 5,679 7 Food and beverages 1,420 8 Entertainment 28,380 18,518 9,862 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) Revenue bingo/progressive bingo 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes." explain:

chec	lule G (Form 990) 2022	WAYPOINT	SERVICES	42-0680307	F	age 3
					Yes	No
2	Is the organization a grant	tor, beneficiary or trus	stee of a trust, or a memb	er of a partnership or other entity	_	
_	formed to administer char	itable gaming?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
3	Indicate the percentage of	f gaming activity con	ducted in:			
а	The organization's facility				13a	<u>%</u>
b	An outside facility			L	13b	%_
14	Enter the name and addre	ess of the person wh	o prepares the organization	on's gaming/special events books and		
	records:	·				
	Name		,			
	Address					
15a	Does the organization has	ve a contract with a t	hird party from whom the	organization receives gaming	Yes	Пио
	revenue?	t of garring revenue	received by the organizati	on \$ and the		
b						
	amount of gaming revenu					
С	If "Yes," enter name and	address of the third p	arty:			
	Nome					
	Name					
	Address				,,	
16	Gaming manager informa	ation:				
	Name	,			,	
	Gaming manager compe	ensation \$				
	Description of services p	rovided				
	Director/officer	Employee	Independe	ent contractor		
17	Mandatory distributions:					
a	Is the organization requir	red under state law to	make charitable distribut	ions from the gaming proceeds to		
-	retain the state gaming I				Yes	. No
b	Enter the amount of dist	ributions required und	ler state law to be distribu	tted to other exempt organizations or		
	enent in the organization	's own exempt activit	ies during the fax vear	\$		
Pé	rt IV Supplemen	ital Information s 9, 9b, 10b, 15b	Provide the explana	tions required by Part I, line 2b, columns (iii) as applicable. Also provide any additional infor	and (v); and mation.	
	*****	.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			,			
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	,			404		
				Sche	dule G (Form 9	90) 2022

SCHEDULE O (Form 990)

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.

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection
Employer Identification number

Schedule O (Form 990) 2022

Name of the organization 42-0680307 WAYPOINT SERVICES FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS RAPID REHOUSING AND HOMELESS PREVENTION SERVICES: THIS PROGRAM PROVIDES NEARLY HOMELESS OR HOMELESS HOUSEHOLDS SUPPORT TO KEEP THEM IN THEIR HOMES OR FIND OTHER AFFORDABLE HOUSING. THE FUNDS ARE NOT INTENDED TO PROVIDE LONG-TERM FINANCIAL SUPPORT, BUT SHORT-TERM AND MEDIUM-TERM ASSISTANCE IN ORDER TO MAINTAIN STABILITY. IN THE 2023 FISCAL YEAR, WAYPOINT SUPPORTED 3,300 INDIVIDUALS IN SECURING AFFORDABLE HOUSING THROUGH RAPID RE-HOUSING SERVICES AND HOMELESS PREVENTION SERVICES. SURVIVORS: THIS PROGRAM PROVIDES SUPPORT TO INDIVIDUALS WHO HAVE LOST A FAMILY MEMBER OR FRIEND THROUGH HOMICIDE OR VEHICULAR HOMICIDE. THE PROGRAM ALSO SUPPORTS VICTIMS OF VIOLENT FELONY CRIMES SUCH AS KIDNAPPING, ROBBERY, AND ATTEMPTED MURDER. SERVICES INCLUDE EMERGENCY CRISIS INTERVENTION, LEGAL AND CRIMINAL JUSTICE SYSTEM NAVIGATION, ADVOCACY, SUPPORT GROUPS AND INFORMATION AND REFERRALS BASED ON NEEDS. FOR FY23, 521 INDIVIDUALS WERE SERVED FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES AND REVIEWS THE FEDERAL 990 TAX RETURN PRIOR TO FILING THE RETURN. THE CHIEF FINANCIAL OFFICER LEADS THE REVIEW PROCESS WITH THE COMMITTEE HIGHLIGHTING THE MATERIAL ITEMS AND ANY AREAS OF CHANGE. THEN, THE FEDERAL 990 TAX RETURN IS GIVEN TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. THE CFO LEADS THE REVIEW POINTING OUT AREAS THAT HAVE CHANGED TO THE BOARD. THE BOARD OF DIRECTORS THEN TAKE A VOTE TO APPROVE THE FEDERAL 990 TAX RETURN. AFTER APPROVAL, THE

SIGNED BY THE BOARD PRESIDENT AND FILED.

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

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL OF THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. IN ADDITION, WAYPOINT INCLUDES ON ITS WEBSITE A COPY OF THE AUDITED FINANCIAL STATEMENTS EACH YEAR.

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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
WAYPOINT SERVICES	42-0680307
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLANATION
INVESTMENT FEES	\$ -14,182
INVESTMENT FEES	\$ 14,182
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	DEGE 0 07 0
	PAGE 2 OF 2

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FYE: 6/30/2023

Federal Asset Report Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr PerConv M	eth Prior	Current
Asset Description	111 001 1100	0000	<u> </u>	101		
Od. B. Addison						
Other Depreciation: 1 4TH AVE PROPERTY	7/01/90	211,477		211,477 0 Lar		0
2 LAND ADDITIONS MPC	5/01/98 -1/01/77	21,767 1,428,731		21,767 0 Lat 1,428,731 45 MO S/S		0 0
3 BUILDINGS 4 RENOVATION	1/01/77	1,428,731		1,032,068 45 MO S/	L 702,179	22,934
5 RENOVATION	12/31/92	1,040,956		1,040,956 45 MO S/.		23,132
6 CEILING EXHAUST FANS	3/01/92 6/30/92	1,370 7,759		1,370 45 MO S/ 7,759 45 MO S/		172
7 DONATED ARCH FEES 8 CAPITALIZED INTEREST	6/30/92	3,431		3,431 45 MO S/	L 2,248	76
9 FEBRUARY ADDITIONS	2/01/93	2,480		2,480 45 MO S/		55 383
10 MARCH ADDITIONS	3/01/93 4/01/93	17,221 44,825		17,221 45 MO S/ 44,825 45 MO S/		996
11 APRIL ADDITIONS 12 MAY ADDITIONS	5/01/93	20,129		20,129 45 MO S/	L 13,047	447
13 JUNE ADDITIONS	6/01/93	46,463		46,463 45 MO S/		1,032 752
14 JULY ADDITIONS	7/01/93 8/01/93	33,864 90		33,864 45 MO S/ 90 45 MO S/		7 52
15 AUGUST ADDITIONS 16 SEPTEMBER ADDITIONS	9/01/93	25,318		25,318 45 MO S/	L 16,221	563
17 OCTOBER ADDITIONS	10/01/93	9,167		9,167 45 MO S/ 8,609 45 MO S/		203 191
18 DECEMBER ADDITIONS	12/01/93 3/01/94	8,609 13,250		8,609 45 MO S/ 13,250 45 MO S/		295
19 2ND FLOOR WINDOWS 20 PAINTING 2ND FLOOR	3/01/94	3,678		3,678 45 MO S/	L 2,315	82
21 CEILING TILE 2ND FLOOR	3/01/94	1,380		1,380 45 MO S/ 7,418 45 MO S/		30 165
22 TUCKPOINTING 1905 BLDG 23 JL JELINEK FILE ROOM	5/01/94 3/02/95	7,418 2,751		2,751 45 MO S/		61
23 JL JELINEK FILE ROOM 24 SCHUMACHER GLORIA'S OFFIC	12/31/95	2,363		2,363 45 MO S/	L 1,397	52
25 LADCO DUCT & REGISTER	1/01/96	419		419 45 MO S/ 2,363 45 MO S/		9 52
26 SCHUMACHER DOORS & WINDOW	2/01/96 4/01/97	2,363 4,771		4,771 45 MO S		106
27 PELLA WINDOWS 28 HOOK WINDOWS	4/01/97	10,200		10,200 45 MO S	L 5,667	226
29 BG BRECKE CONDENSER	8/01/97	2,868		2,868 45 MO Sa 2,342 45 MO Sa	L 1,588 L 1,293	64 52
30 HOOK WINDOWS 31 PELLA WINDOWS	9/01/97 9/01/97	2,342 2,191		2,191 45 MO S	/L 1,210	49
31 FELLA WINDOWS 32 HOOK WINDOWS	11/01/97	5,000		5,000 45 MO S	[′] L 2,741	111 153
33 HOOK WINDOWS	12/01/97	6,885 4,929		6,885 45 MO S. 4,929 45 MO S.		109
34 PELLA WINDOWS 35 3RD FLOOR BALLROOM RENOVA	12/01/97 4/01/98	3,915		3,915 45 MO S	/L 2,110	87
36 SCHOONOVER TUCKPOINTING	9/01/98	31,189		31,189 45 MO S	/L 16,520	693 26
37 SIDEWALK FRONT OF BUILDIN	12/01/98 12/01/98	1,175 1 7,85 0		1,175 45 MO S 17,850 45 MO S		396
38 3RD FLOOR RENOVATION 39 AUTOMATIC DOOR OPENERS	6/01/99	4,724		4,724 10 MO S	/L 4,724	0
40 ACCESS KEYPAD	10/01/02	3,043		3,043 10 MO S		0
41 DONOR WALL	8/13/04 6/01/05	4,909 26,411		4,909 10 MO S 26,411 20 MO S		1,320
42 WALL FACADE 43 1ST FLOOR DOOR TO SECURE	6/20/05	3,009		3,009 20 MO S	/L 2,570	151
44 PEARL TAYLOR REPLACE CARP	1/31/06	2,180		2,180 10 MO S		0
45 PAINTING UK	1/01/07 1/01/07	3,004 38,917		3,004 5 MO S 38,917 20 MO S		1,946
46 UK EXPANSION 47 REPLACE FLOORING ADM HALL	6/10/07	2,723		2,723 10 MO S	/L 2,723	0
48 REPAIR OUTSIDE WALL	7/08/07	7,769		7,769 20 MO S 8,899 20 MO S	/L 5,827 /L 6,267	389 445
49 HVAC UNIT 50 PRIMUS CONST MAIN BUILDIN	5/23/08 4/07/09	8,899 48,674		48,674 45 MO S		1,082
50 PRIMUS CONST MAIN BUILDIN 51 PRIMUS CONST BOILER	5/07/09	37,100		37,100 20 MO S	/L 24,115	1,855
52 PRIMUS CONST MAIN BUILDIN	5/07/09	43,716		43,716 45 MO S 12,700 45 MO S	/L 12,628 /L 3,669	
53 PRIMUS CONST MAIN BUILDIN 54 PRIMUS CONST MAIN BUILDIN	6/01/09 6/15/09	12,700 54,687		54,687 45 MO S	VL 15,798	1,215
55 A'HEARN PLUMBING	6/18/09	3,023		3,023 20 MO S	JL 1,965	151
56 PRIMUS CONST MAIN BUILDIN	6/30/09	30,138 7,613		30,138 45 MO S 7,613 45 MO S	3/L 8,706 3/L 2,199	670 169
57 PRIMUS CONST MAIN BUILDIN 58 MAIN BLDG DRYWALL	6/30/09 12/31/08	1,981		1,981 45 MO S	594 594	. 44
59 MAIN BLDG WOOD DOORS	10/21/08	3,958	}	3,958 20 MO S		198 668
60 CIRCUIT BRAKERS	8/11/08 8/20/08	13,354 8,25 0		13,354 20 MO S 8,250 20 MO S		412
61 ELEVATOR REPAIR 62 ELEVATOR REPAIR	10/27/08	24,750	, 	24,750 20 MO S	3/L 16,913	1,237
63 CONCRETE BASEMENT FLOOR	9/19/08	5,000)	5,000 45 MO S	S/L 1,528 S/L 1,745	
64 CONCRETE BASEMENT FLOOR	10/10/08 6/30/09	5,745 18,100) }	5,745 45 MO 5 18,100 45 MO 5		
65 PRIMUS CONST MAIN BUILDIN 66 PRIMUS CONST MAIN BUILDIN	6/30/09	17,870	,)	17,870 45 MO S	S/L 5,162	397
67 PRIMUS CONST MAIN BUILDIN	6/30/09	14,200)	14,200 45 MO 5 12,712 45 MO 5	5/L 4,103 5/L 3,672	
68 PRIMUS CONST MAIN BUILDIN	6/30/09	12,712		12,/12 45 MO	3,072	, 203

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		Date		Bus Sec Basis
Asset	Description	In Service	Cost	% 179 Bonus for Depr Per Conv Meth Prior Current
69	PRIMUS CONST MAIN BUILDIN	6/30/09	9,368 2,430	9,368 45 MO S/L 2,706 208 2,430 10 MO S/L 2,430 0
70 71	SECURITY KEY PAD SYSTEM PRIMUS CONST BOILER	4/20/05 6/15/09	10,000	10,000 20 MO S/L 6,500 500
72	BUILDING - MPC	5/01/98	1,023,615	1,023,615 45 MO S/L 549,719 22,747 2,591 15 MO S/L 2,591 0
73 74	CERAMIC TILE BEDROOM DOOR LOCKS	9/01/99 7/01/06	2,591 5,647	2,591 15 MO S/L 2,591 0 5,647 10 MO S/L 5,647 0
	FRONT DOOR LOCK	4/01/07	1,440	1,440 10 MO S/L 1,440 0
76	GRASS TURF PLAYGROUND	5/01/08 5/01/08	10,285 2,676	10,285 20 MO S/L 7,285 514 2,676 5 MO S/L 2,676 0
77 78	PAINT FENCE & POSTS CARPET ALL MPC BEDROOMS	8/01/08	6,627	6,627 10 MO S/L 6,627 0
79	PRIMUS CONST - MPC	5/08/09	7,542	7,542 45 MO S/L 2,207 168 13,147 45 MO S/L 3,798 292
80 81	PRIMUS CONST - MPC A'HEARN PLUMBING	6/15/09 6/18/09	13,147 1,312	1,312 20 MO S/L 853 66
82	PRIMUS CONST - MPC	6/30/09	13,802	13,802 45 MO S/L 3,987 307
83	MPC DRYWALL MPC WOOD DOOR & HARDWARE	12/31/08 10/21/08	12,983 2,042	12,983 45 MO S/L 3,895 288 2,042 20 MO S/L 1,396 102
84 85	SCHINDLER ELEVATOR REPAIR	8/20/08	7,475	7,475 20 MO S/L 5,170 374
86	SCHINDLER ELEVATOR REPAIR	10/02/08	22,425 10,404	22,425 20 MO S/L 15,418 1,121 10,404 45 MO S/L 3,005 232
87 88	PRIMUS CONST - MPC PRIMUS CONST - MPC	6/30/09 6/30/09	19,602	19,602 45 MO S/L 5,663 436
89	PLAYGROUND	11/01/93	941	941 5 MO S/L 941 0 26 650 5 MO S/L 26.650 0
90 91	PLAYGROUND SS EVACUATION CRIBS	11/01/94 5/26/05	26,650 1,262	26,650 5 MO S/L 26,650 0 1,262 5 MO S/L 1,262 0
92	SS EVACUATION CRIBS	5/26/05	1,262	1,262 5 MO S/L 1,262 0
	SS EVACUATION CRIBS	10/06/05 7/07/06	1,439 1,503	1,439 5 MO S/L 1,439 0 1,503 3 MO S/L 1,503 0
94 95	PRO CARE SOFTWARE SS EVACUATION CRIBS	11/06/06	2,560	2,560 5 MO S/L 2,560 0
96	DELL OPTIPLEX - LISA	4/30/07	934	934 5 MO S/L 934 0 2,184 5 MO S/L 2,184 0
97 98	RAINBOW ROOM COMPRESSOR EDUCATOR LAMINATOR 25IN	9/30/08 8/13/08	2,184 1,462	1,462 5 MO S/L 2,184 0
99	IPSO COIN WASHER	6/11/09	2,022	2,022 5 MO S/L 2,022 0
	IPSO 25LB DRYER SECURITY CAMERAS	6/11/09 6/27/06	2,797 5,040	2,797 5 MO S/L 2,797 0 5,040 5 MO S/L 5,040 0
101 102	COMM REFRIGERATOR	6/27/06	2,347	2,347 10 MO S/L 2,347 0
103	07 DODGE CARAVAN	9/26/07 5/29/08	25,351 3,323	25,351 5 MO S/L 25,351 0 3,323 10 MO S/L 3,323 0
104 105	COMM FREEZER A.O. SMITH GAS WATER HEAT	12/18/08	3,323 7,417	7,417 10 MO S/L 7,417 0
106	ELECTRIC WATER HEATER	8/28/08	3,654	3,654 10 MO S/L 3,654 0 21,000 5 MO S/L 21,000 0
107 108	3 WASHERS & DRYERS 2 CARRIER FURNACES	11/06/08 8/31/08	21,000 10,000	10,000 20 MO S/L 6,917 500
109	LAPTOP, PROJECTOR, SCREEN	2/28/06	3,535	3,535 3 MO S/L 3,535 0 1,889 3 MO S/L 1,889 0
110		4/17/06 2/07/07	1,889 1,364	1,889 3 MO S/L 1,889 0 1,364 5 MO S/L 1,364 0
111 112	DELL D520 LAPTOP DELL OPTIPLEX	4/30/07	934	934 5 MO S/L 934 0
113	FURN - MCI	12/01/90 1/01/91	4,724 3,465	4,724 5 MO S/L 4,724 0 3,465 5 MO S/L 3,465 0
114 115	BLUE LEATHER FURNITURE PIONEER OFFICE PRODUCTS	5/01/91	3,556	3,556 5 MO S/L 3,556 0
116	BG BRECKE	5/01/91	1,350	1,350 5 MO S/L 1,350 0 13,748 5 MO S/L 13,748 0
117	PHONE SYSTEM - PALMER MERCY FURNITURE	12/01/91 12/01/91	13,748 1,005	13,748 5 MO S/L 13,748 0 1,005 5 MO S/L 1,005 0
119	PHONES	4/01/92	1,015	1.015 5 MO S/L 1,015 0
- 120	PHELANS - FURNITURE - 101 PION-BD TABLES & CHAIR	6/01/92 6/01/92	8,809 3,130	8,809 5 MO S/L 8,809 0 3,130 5 MO S/L 3,130 0
	PALMER	4/01/93	3,468	3,468 5 MO S/L 3,468 0
123	PALMER	9/01/93	660	660 5 MO S/L 660 0 664 5 MO S/L 664 0
124	PALMER BLACKBAUD	12/01/93 3/01/97	664 5,478	5,478 5 MO S/L 5,478 0
	BLACKBAUD	4/01/97	5,463	5,463 5 MO S/L 5,463 0
127		7/01/97 8/01/99	3,500 2,831	3,500 5 MO S/L 3,500 0 2,831 5 MO S/L 2,831 0
128 129		12/01/00	13,931	13,931 5 MO S/L 13,931 0
130	GREAT PLAINS CONSULTING	12/01/00	9,325 4,662	9,325 5 MO S/L 9,325 0 4,662 5 MO S/L 4,662 0
131		7/01/01 1/01/03	7,262	7,262 5 MO S/L 7,262 0
133	GP MASS BILLING CONSULTIN	4/01/03	1,370	1,370 5 MO S/L 1,370 0
134 135		9/01/03 1/29/04	3,040 1,050	3,040 5 MO S/L 3,040 0 1,050 5 MO S/L 1,050 0
136		1/29/04	1,050	1,050 5 MO S/L 1,050 0
137	POWER EDGE 2600 SERVER	11/01/04 7/24/04	29,773 1,051	29,773 5 MO S/L 29,773 0 1,051 5 MO S/L 1,051 0
138 139		7/24/04 7/24/04	1,051	1,051 5 MO S/L 1,051 0

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		Data		Bus Sec Basis
Asset	Description	Date In Service	Cost	% 179 Bonus for Depr PerConv Meth Prior Current
140	DELL PC - DIANE	7/24/04	1,051	1,051 5 MO S/L 1,051
141	DELL PC - AMY	7/24/04 11/10/04	1,335 941	1,335 5 MO S/L 1,335 0 941 5 MO S/L 941 0
	DELL PC - BRENDA MIGRATION/UPGRADE	8/31/04	2,400	2,400 3 MO S/L 2,400 C
143	MS OFFICE 03 LICENCESES	11/10/04	1,102	1,102 3 MO S/L 1,102
	RAISER'S EDGE UPGRADE	2/07/05	450	450 3 MO S/L 450 0 200 3 MO S/L 200 0
146	SONIC VPN - 4 LICENSES DELL PC - LIZ	3/30/05 4/11/05	200 1,194	1,194 5 MO S/L 1,194
147 148	RAISER'S EDGE LICENSE	7/29/05	1,750	1,750 3 MO S/L 1,750
149	DELL PENTIUM PC	4/17/06	1,061	1,061 3 MO S/L 1,061 6,400 5 MO S/L 6,400
150	BUICK LESABRE 8 PORT INTERCHANGE VOICEM	7/06/06 6/01/09	6,400 5,496	5,496 5 MO S/L 5,496
151 152	TENTICE CINCIPAL STANI	10/01/07	22,718	22,718 5 MO S/L 22,718
153	PROOFER CABINET	3/01/07	1,486	1,486 5 MO S/L 1,486 (4,139 10 MO S/L 4,139
154	REFIGERATOR 3 DOOR	10/21/08 3/12/09	4,139 7,937	4,139 10 MO S/L 4,139 7,937 5 MO S/L 7,937
155 156	CMA DISHWASHER 3 PAN STEAMER	4/24/09	5,238	5,238 5 MO S/L 5,238
157	HOBART 20 QT MIXER	4/01/09	1,590	1,590 5 MO S/L 1,590 (4.695 5 MO S/L 4.695
158	3 DOOR FREEZER	4/01/09 4/24/09	4,695 4,461	4,695 5 MO S/L 4,695 4,461 5 MO S/L 4,461
159 160	CONVECTION OVEN ELECTRIC 36 ELECTRIC RANGE	4/24/09	5,736	5.736 5 MO S/L 5.736
161	DELL PC - CONNIE	5/13/05	1,104	1,104 5 MO S/L 1,104
162	RAISER'S EDGE UPGRADE	1/31/05	1,943	1,943 5 MO S/L 1,943 1,028 5 MO S/L 1,028
163 164	DELL VOSTRO LAPTOP WATER HEATER/AIR COMPRESS	5/04/08 11/01/95	1,028 17,278	17,278 5 MO S/L 17,278
165	CMX CONTROLLER	12/01/98	2,309	2,309 5 MO S/L 2,309
167	REBUILD PUMP MOTORS	1/13/09	6,722	6,722 5 MO S/L 6,722 7,820 5 MO S/L 7,820
168	2003 FORD WINSTAR	12/28/06 8/18/09	7,820 9,633	9,633 20 MO S/L 6,182 48
169 170	LADCO Roof Top A/C Unit LADCO EXHAUST FANS	8/18/09	3,760	3,760 20 MO S/L 2,413 18
171	SCHOONOVER WEST TUCKPOINT	8/20/09	59,223	59,223 45 MO S/L 16,889 1,31' 8,964 45 MO S/L 2,539 20'
172	PRIMUS CONST - MAIN BUILD	10/05/09 11/03/09	8,964 41,832	8,964 45 MO S/L 2,539 20 41,832 45 MO S/L 11,775 93
173 174	PRIMUS CONST - MAIN BUILD REED CONTRACTING - GYM	11/10/09	6,350	6,350 45 MO S/L 1,788 14
175	SCHOONOVER TUCKPOINTING	6/17/10	57,811	57,811 45 MO S/L 15,417 1,28 7,284 45 MO S/L 2,064 16
176	PRIMUS CONST - MPC BUILDI	10/05/09 11/16/09	7,284 5,254	7,284 45 MO S/L 2,064 16 5,254 45 MO S/L 1,479 11
177 178	PRIMUS CONST - MPC BUILDI TOT TREE FOR GYM	11/10/09	2,639	2,639 5 MO S/L 2,639
179	SAFETY RUGS FOR GYM	6/30/10	5,500	5,500 5 MO S/L 5,500 3,390 10 MO S/L 3,390
	PIONEER BASEMENT DESK	8/27/09	3,390 3,245	3,390 10 MO S/L 3,390 3,245 10 MO S/L 3,245
181 182	PIONEER MAIN LEVEL DESK MPC SECURITY SYSTEM	8/27/09 6/30/10	5,316	5,316 5 MO S/L 5,316
183	CONDENSING UNIT	9/15/09	3,362	3,362 5 MO S/L 3,362
184	FIRE ALARM PANEL	9/21/09	2,512	2,512 45 MO S/L 712 5 10,079 5 MO S/L 10,079
185 186	7 DELL COMPUTERS BARRACUDA WEB FILTERING	12/27/10 6/29/11	10,079 8,174	8,174 3 MO S/L 8,174
187		3/01/11	2,035	2,035 5 MO S/L 2,035
188	TERMINAL SERVER	6/30/11	1,575	1,575 3 MO S/L 1,575 1,160 5 MO S/L 1,160
	1 DELL COMPUTER	12/27/10 1/01/77	1,160 90,900	90,900 0 Land 0
190	LAND 1 DELL COMPUTER	12/27/10	1.160	1,160 5 MO S/L 1,160
192	KEN POSPISIL PAINTING	8/26/11	2,541	2,541 5 MO S/L 2,541 132,382 20 MO S/L 67,846 6,61
	DRYSPACE - ROOF	3/31/12 3/31/12	132,382 75,919	132,382 20 MO S/L 67,846 6,61 75,919 20 MO S/L 38,909 3,79
194	LADCO -HVAC CI3 - ENERGY MNGT SYSTEM	3/31/12	66,168	66,168 20 MO S/L 33,911 3,30
196	TERMINAL SERVICE/APPL HOS	8/19/11	3,675	3,675 3 MO S/L 3,675 1,234 5 MO S/L 1,234
197	LAPTOP - SILVIA	9/22/11	1,234 29,788	1,234 5 MO S/L 1,234 29,788 5 MO S/L 29,788
198 199		3/29/12 11/22/11	1,493	1,493 5 MO S/L 1,493
200	ATTENDANCE ON DEMAND PC	11/22/11	1,493	1.493 5 MO S/L 1,493
201	ATTENDANCE ON DEMAND PC	11/22/11 3/31/12	1,493 2,850	1,493 5 MO S/L 1,493 2,850 3 MO S/L 2,850
202 203	A CONTROL A CONTROL	5/31/12 5/31/12	2,830 5,726	5,726 5 MO S/L 5,726
204	C13 ENERGY MANAGEMENT SYS	3/01/13	77,456	77,456 20 MO S/L 36,146 3,8°
205	DRYSPACE- MAIN BLG ROOF	6/30/13	77,406 1,704,035	77,406 20 MO S/L 34,833 3,81 1,704,035 45 MO S/L 359,844 37,80
206		1/01/13 12/14/12	1,704,033	1,315 5 MO S/L 1,315
20	THE PARTY OF THE PARTY OF THE PARTY.	11/01/12	154,973	154,973 7 MO S/L 154,973
209	COMPUTER ENCOMPASS	1/14/13 6/30/14	1,037 2,690	1,037 5 MO S/L 1,037 2,690 10 MO S/L 2,152 20
210		8/31/14	6,555	6,555 10 MO S/L 5,135 6
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		D /		D	0	Dania				l
Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
	DAN'S OVERHEAD DOORS - AUTO DO		2,247			2,247	10	MO S/L	1,498	225
212	DAN'S OVERHEAD DOORS - AUTO DO	C: 2/14/16	2,179			2,179	10	MO S/L	1,362	218
213 214	MEDIAQUEST SIGNS - KIDSPOINT SIGNS - ENERGY MANAGEMENT SYSTE	3/14/10	1,375			1,375	2ŏ	MO S/L	596	69
214	DRYSPACE - MAIN BUILDING ROOF	11/30/13	5,277			5,277		MO S/L	2,265	264
215	IOWA FIRE PROTECTION - SPRINKLE		5,600			5,600		MO S/L	2,403	280
217	Furnance A/C Unit	8/27/15	14,865			14,865		MO S/L	5,079	743
218	School Bus	5/31/15	28,004			28,004		MO S/L	28,004	0
219	RRK Phone System	8/14/15	6,494			6,494	5	MO S/L	6,494	0
220	Informatics Website	4/30/15	3,000			3,000	3	MO S/L	3,000	0
221	Informatics Website	6/30/15	2,288			2,288	3	MO S/L	2,288	0
222	Informatics - website	11/16/15	11,332			11,332	3	MO S/L	11,332	0
223	ACE- Freezer Compressor	5/14/14	1,316			1,316	5	MO S/L	1,316	0
224	2007 Dodge Caravan A/C Repair	6/03/14	1,471			1,471	5	MO S/L	1,47 1	0
225	Entrance Improvement	6/30/14	2,215			2,215	5	MO S/L	2,215	0
226	6 laptoprs for DV	2/28/15	7,035			7,035		MO S/L	7,035	0
227	Conference phone	1/01/15	1,175			1,175	3	MO S/L	1,175	0
228	Laptop for Jaye	2/28/15	1,167			1,167		MO S/L	1,167	0
229	2 desks for Jaye/Dave	12/18/14	2,270			2,270	5	MO S/L	2,270	0
230	New Server	1/23/15	25,311			25,311	5	MO S/L	25,311	0
231	Apple - AC Autumn	2/28/14	2,119			2,119	5	MO S/L	2,119	0
232	Curtains for Ballroom	1/31/15	8,409			8,409		MO S/L	8,409	0
233	Arch Shade/Blind	1/31/15	2,187			2,187	5	MO S/L	2,187	0
234	Floor Scrubber	9/01/15	6,078			6,078	_	MO S/L	6,078	0
235	Duball - relace breaker	8/18/15	3,802			3,802	5	MO S/L	3,802	0
236	Sound Panels	9/27/13	1,192			1,192	5	MO S/L	1,192 1,493	0
237	Attendnace on Demand Computer	11/22/11	1,493			1,493	5	MO S/L		0
238	Attendance on Demand Computer	11/22/11	1,493			1,493	5 3	MO S/L MO S/L	1,493 2,682	0
239	Baudville - Badge maker	7/26/13	2,682			2,682	<i>5</i>	MO S/L MO S/L	1,600	ŏ
240	Automatic Door Group - Magic Force	9/23/13	1,600			1,600 2,506	5	MO S/L	2,506	ŏ
241	Boiler Repair & Fans	10/01/13 10/15/13	2,506 1,269			1,269	_	MO S/L	1,269	ŏ
242	Hawkeye Replace Breaker	10/13/13					,	MO S/L		<u>-</u>
	Total Other Depreciation		8,974,957			8,974,957			5,308,088	163,416
	Total ACRS and Other Depi	eciation	8,974,957			8,974,957			5,308,088	163,416
1	Grand Totals		8,974,957			8,974,957			5,308,088	163,416
	Less: Dispositions and Trans	fers	0			0			0	0
	Less: Start-up/Org Expense		0			0			0	0
	Net Grand Totals		8,974,957			8,974,957			5,308,088	163,416
	THE GIREN TOWNS		3,5,5 2 /				l			

61118 WAYPOINT SERVICES Depreciation Adjustment Report **-***0307 All Business Activities FYE: 6/30/2023 AMT Adjustments/ Preferences Tax ___ AMT Description Form Unit Asset There are no assets that meet the criteria of this report

61118 WAYPOINT SERVICES

-*0307 Future Depreciation Report FYE: 6/30/24

Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
<u>Other</u>	Depreciation:				
Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 66 67 58 59 60 61 62 63 64 65 66 67	4TH AVE PROPERTY LAND ADDITIONS MPC BUILDINGS RENOVATION RENOVATION RENOVATION CEILING EXHAUST FANS DONATED ARCH FEES CAPITALIZED INTEREST FEBRUARY ADDITIONS MARCH ADDITIONS MARCH ADDITIONS MARCH ADDITIONS JULY ADDITIONS JULY ADDITIONS JULY ADDITIONS OCTOBER ADDIT	7/01/90 5/01/98 1/01/77 1/01/91 12/31/92 3/01/92 6/30/92 6/30/92 2/01/93 3/01/93 4/01/93 5/01/93 6/01/93 10/01/93 10/01/93 12/01/93 3/01/94 3/01/94 3/01/94 3/01/94 3/01/94 3/01/94 3/01/97 12/01/97 12/01/97 12/01/97 12/01/97 12/01/97 12/01/97 12/01/97 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/98 12/01/97 1/01/07 1/01/07 1/01/07 6/10/07 7/08/07 5/23/08 4/07/09 5/07/09 6/15/09 6/15/09 6/15/09 6/15/09 6/15/09 6/15/09 6/30/09 12/31/08 10/21/08 8/11/08 8/20/08 10/21/08 8/11/08 8/11/08 8/20/08 10/21/08 9/19/08 10/10/08 6/30/09 6/30/09 6/30/09 6/30/09 6/30/09	211,477 21,767 1,428,731 1,032,068 1,040,956 1,370 7,759 3,431 2,480 17,221 44,825 20,129 46,463 33,864 90 25,318 9,167 8,609 13,250 3,678 1,380 7,418 2,751 2,363 419 2,363 4,771 10,200 2,868 2,342 2,191 5,000 6,885 4,929 3,915 31,189 1,175 17,850 4,774 3,043 4,909 26,411 3,009 2,180 3,044 38,917 2,723 7,769 8,899 48,674 37,100 43,716 12,700 54,687 3,023 30,138 7,613 1,981 3,958 13,354 8,250 24,750 5,000 17,870 14,200	0 0 0 0 22,935 23,132 30 173 77 555 382 996 448 1,033 753 204 191 294 82 31 165 61 53 100 53 106 227 64 52 48 111 153 110 87 693 26 397 0 0 1,946 0 0 1,946 0 0 1,946 1,055 1,082 1,	

61118 WAYPOINT SERVICES

-*0307 Future Depreciation Report

Form 990, Page 1

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
68	PRIMUS CONST MAIN BUILDIN	6/30/09	12,712	282	0
69	PRIMUS CONST MAIN BUILDIN	6/30/09	9,368	209	0
70	SECURITY KEY PAD SYSTEM	4/20/05	2,430	0 500	0
71 72	PRIMUS CONST BOILER BUILDING - MPC	6/15/09 5/01/98	10,000 1,023,615	22,747	0
73	CERAMIC TILE	9/01/99	2,591	0	ŏ
74	BEDROOM DOOR LOCKS	7/01/06	5,647	0	0
75	FRONT DOOR LOCK	4/01/07	1,440	0	0
76	GRASS TURF PLAYGROUND	5/01/08	10,285 2,676	514 0	0 0
77 78	PAINT FENCE & POSTS CARPET ALL MPC BEDROOMS	5/01/08 8/01/08	2,676 6,627	0	0
79	PRIMUS CONST - MPC	5/08/09	7,542	167	ŏ
80	PRIMUS CONST - MPC	6/15/09	13,147	292	0
81	A'HEARN PLUMBING	6/18/09	1,312	65	0
82	PRIMUS CONST - MPC	6/30/09 12/31/08	13,802 12,983	306 289	0
83 84	MPC DRYWALL MPC WOOD DOOR & HARDWARE	10/21/08	2,042	102	ŏ
85	SCHINDLER ELEVATOR REPAIR	8/20/08	7,475	374	0
86	SCHINDLER ELEVATOR REPAIR	10/02/08	22,425	1,121	0
87	PRIMUS CONST - MPC	6/30/09	10,404	231	0
88 89	PRIMUS CONST - MPC PLAYGROUND	6/30/09 11/01/93	19,602 941	435 0	0
90	PLAYGROUND	11/01/94	26,650	ŏ	ŏ
91	SS EVACUATION CRIBS	5/26/05	1,262	0	0
92	SS EVACUATION CRIBS	5/26/05	1,262	0	0
93	SS EVACUATION CRIBS	10/06/05 7/07/06	1,439 1,503	0 0	0
94 95	PRO CARE SOFTWARE SS EVACUATION CRIBS	11/06/06	2,560	0	ő
96	DELL OPTIPLEX - LISA	4/30/07	934	ŏ	ŏ
97	RAINBOW ROOM COMPRESSOR	9/30/08	2,184	0	0
98	EDUCATOR LAMINATOR 25IN	8/13/08	1,462	0	0
99 100	IPSO COIN WASHER IPSO 25LB DRYER	6/11/09 6/11/09	2,022 2,797	0 0	0
101	SECURITY CAMERAS	6/27/06	5,040	ő	ŏ
102	COMM REFRIGERATOR	6/27/06	2,347	0	0
103	07 DODGE CARAVAN	9/26/07	25,351	0	0
104	COMM FREEZER	5/29/08 12/18/08	3,323 7,417	0	0 0
105 106	A.O. SMITH GAS WATER HEAT ELECTRIC WATER HEATER	8/28/08	3,654	ő	0
107	3 WASHERS & DRYERS	11/06/08	21,000	ő	Ŏ
108	2 CARRIER FURNACES	8/31/08	10,000	500	0
109	LAPTOP, PROJECTOR, SCREEN	2/28/06	3,535	0	0
110 111	DELL LAPTOP DELL D520 LAPTOP	4/17/06 2/07/07	1,889 1,364	0	0
1112	DELL DELL DELL DELL OPTIPLEX	4/30/07	934	ŏ	ő
113	FURN - MCI	12/01/90	4,724	0	0
114	BLUE LEATHER FURNITURE	1/01/91	3,465	0	. 0
115	PIONEER OFFICE PRODUCTS BG BRECKE	5/01/91 5/01/01	3,556	0	0
116 117	PHONE SYSTEM - PALMER	5/01/91 12/01/91	1,350 13,748	ő	0
118	MERCY FURNITURE	12/01/91	1,005	0	0
119	PHONES	4/01/92	1,015	0	0
120	PHELANS - FURNITURE - 101	6/01/92	8,809	0 0	0
121 122	PION-BD TABLES & CHAIR PALMER	6/01/92 4/01/93	3,130 3,468	0	0
123	PALMER	9/01/93	660	ŏ	ŏ
124	PALMER	12/01/93	664	0	0
125	BLACKBAUD	3/01/97	5,478	0	0
126	BLACKBAUD ASIAN RUG	4/01/97 7/01/97	5,463 3,500	0	0
127 128	NEW TIME CLOCK & SOFTWARE	8/01/99	2,831	ŏ	ŏ
129	GREAT PLAINS SOFTWARE	12/01/00	13,931	0	0
130	GREAT PLAINS CONSULTING	12/01/00	9,325	0	0
131	GREAT PLAINS CONSULTING	7/01/01 1/01/03	4,662 7,262	0	0 0
132 133	GP A/R CONSULTING GP MASS BILLING CONSULTIN	4/01/03 4/01/03	7,202 1,370	0	0
133	UPGRADE VOICE MAIL	9/01/03	3,040	ŏ	ŏ
135	GREAT PLAINS UPGRADE	1/29/04	1,050	0	0
136	ENCORE SOFTWARE UPGRADE	1/29/04	1,050	0	0
137	POWER EDGE 2600 SERVER DELL PC - CHRIS	11/01/04 7/24/04	29,773 1,051	0	0
138	DEAL CO. CHAIS	1121191	1,031	J	J
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61118 WAYPOINT SERVICES

-*0307 Future Depreciation Report FYE: 6/30/24

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
139	DELL PC - JACKIE	7/24/04	1,051	0	0
140	DELL PC - DIANE	7/24/04 7/24/04	1,051 1,335	0	0
141 142	DELL PC - AMY DELL PC - BRENDA	11/10/04	941	0	0
143	MIGRATION/UPGRADE	8/31/04	2,400	0	0
144	MS OFFICE 03 LICENCESES	11/10/04	1,102	0	0
145 146	RAISER'S EDGE UPGRADE SONIC VPN - 4 LICENSES	2/07/05 3/30/05	450 200	0	0
147	DELL PC - LIZ	4/11/05	1,194	ŏ	ŏ
148	RAISER'S EDGE LICENSE	7/29/05	1,750	0	0
149	DELL PENTIUM PC	4/17/06 7/06/06	1,061 6.400	0	0
150 151	BUICK LESABRE 8 PORT INTERCHANGE VOICEM	6/01/09	5,496	ő	0
152	8 PORT INTERCHANGE VOICEM JUNGE GREEN VAN PROOFER CABINET	10/01/97	22,718	0	0
153	******	3/01/07	1,486	0	0
154 155	REFIGERATOR 3 DOOR CMA DISHWASHER	10/21/08 3/12/09	4,139 7,937	0	0
156	3 PAN STEAMER	4/24/09	5,238	ŏ	ő
157	HOBART 20 QT MIXER	4/01/09	1,590	0	0
158 159	3 DOOR FREEZER CONVECTION OVEN ELECTRIC	4/01/09 4/24/09	4,695 4,461	0 0	0
160	36 ELECTRIC RANGE	4/24/09	5,736	0	ő
161	DELL PC - CONNIE	5/13/05 1/31/05 5/04/08	1,104	0	0
162	RAISER'S EDGE UPGRADE	1/31/05	1,943	0	0
163 164	DELL VOSTRO LAPTOP WATER HEATER/AIR COMPRESS	11/01/95	1,028 17,278	0 0	0
165	CMX CONTROLLER	12/01/09	2,309	ŏ	ŏ
167	REBUILD PUMP MOTORS	1/13/09	6,722	0	0
168 169	2003 FORD WINSTAR LADCO Roof Top A/C Unit	12/28/06 8/18/09	7,820 9,633	0 482	0
170	LADCO EXHAUST FANS	8/18/09	3,760	188	ŏ
171	SCHOONOVER WEST TUCKPOINT PRIMUS CONST - MAIN BUILD	8/20/09	59,223	1,316	0
172		10/05/09	8,964	199	$0 \\ 0$
173 174	PRIMUS CONST - MAIN BUILD REED CONTRACTING - GYM	11/03/09 11/10/09	41,832 6,350	929 141	0
175	SCHOONOVER TUCKPOINTING	6/17/10	57,811	1,284	ŏ
176	PRIMUS CONST - MPC BUILDI	10/05/09	7,284	162	0
177 178	PRIMUS CONST - MPC BUILDI TOT TREE FOR GYM	11/16/09 11/03/09	5,254 2,639	117 0	0
179	SAFETY RUGS FOR GYM	6/30/10	5,500	ŏ	ŏ
180	PIONEER BASEMENT DESK	8/27/09 8/27/09	3,390	0	0
181 182	PIONEER MAIN LEVEL DESK MPC SECURITY SYSTEM	8/27/09 6/30/10	3,245 5,316	0	0
183	CONDENSING UNIT	6/30/10 9/15/09	3,362	ŏ	ő
184	FIRE ALARM PANEL	9/21/09	2,512	55	0
185	7 DELL COMPUTERS	12/27/10	10,079	0	0
186 187	BARRACUDA WEB FILTERING MPC SECURITY SYSTEM	6/29/11 3/01/11	8,174 2,035	0	0
188	TERMINAL SERVER	6/30/11	1,575	0	0
189	1 DELL COMPUTER	12/27/10	1,160	0	0
190 191	LAND 1 DELL COMPUTER	1/01/77 12/27/10	90,900 1,160	0	0
192	KEN POSPISIL PAINTING	8/26/11	2,541	ŏ	ŏ
193	DRYSPACE - ROOF	3/31/12	132,382	6,619	0
194	LADCO -HVAC CI3 - ENERGY MNGT SYSTEM	3/31/12 3/31/12	75,919 66,168	3,796 3,309	0
195 196	TERMINAL SERVICE/APPL HOS	8/19/11	3,675	0,509	ŏ
197	LAPTOP - SILVIA	9/22/11	1,234	0	0
198	PHONE SYSTEM	3/29/12	29,788	0	0
199 200	ATTENDANCE ON DEMAND PC ATTENDANCE ON DEMAND PC	11/22/11 11/22/11	1,493 1,493	0	0
201	ATTENDANCE ON DEMAND PC	11/22/11	1,493	Õ	Ō
202	BOILER CONTROLS	3/31/12	2,850	0	0
203 204	1998 VAN MOTOR & OTHER C13 ENERGY MANAGEMENT SYS	5/31/12 3/01/13	5,726 77,456	0 3 , 873	0 0
204	DRYSPACE- MAIN BLG ROOF	6/30/13	77,406	3,871	ŏ
206	BLG RENOVATION AFTER MOVE	1/01/13	1,704,035	37,867	0
207	FREEZER-HOME APPLIANCE FURNITURE STOREY KENWORTH	12/14/12 11/01/12	1,315 154,973	0	0
208 209	COMPUTER ENCOMPASS	1/14/13	1,037	0	0
210	ASPHALT PARKING	6/30/14	2,690	269	Ō

61118 WAYPOINT SERVICES

-*0307 Future Depreciation Report FYE: 6/30/24

FORM 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
				656	
211	PARKING LOT RESURFACE	8/31/14	6,555		0
212		10/05/15	2,247	224	0
213	MEDIAQUEST SIGNS - KIDSPOINT SIGNS	3/14/16	2,179	218	0
214	CI3 - ENERGY MANAGEMENT SYSTEM PH		1,375	69	0
215	DRYSPACE - MAIN BUILDING ROOF	11/30/13	5,277	264	0
216	IOWA FIRE PROTECTION - SPRINKLER SY		5,600	280	0
217	Furnance A/C Unit	8/27/15	14,865	743	0
218	School Bus	5/31/15	28,004	0	0
219	RRK Phone System	8/14/15	6,494	0	0
220	Informatics Website	4/30/15	3,000	0	0
221	Informatics Website	6/30/15	2,288	0	0
222	Informatics - website	11/16/15	11,332	0	0
223	ACE- Freezer Compressor	5/14/14	1,316	0	0
224	2007 Dodge Caravan A/C Repair	6/03/14	1,471	0	0
225	Entrance Improvement	6/30/14	2,215	0	0
226	6 laptoprs for DV	2/28/15	7,035	0	0
227	Conference phone	1/01/15	1,175	0	0
228	Laptop for Jaye	2/28/15	1,167	0	0
229	2 desks for Jaye/Dave	12/18/14	2,270	0	0
230	New Server	1/23/15	25,311	0	0
231	Apple - AC Autumn	2/28/14	2,119	0	0
232	Curtains for Ballroom	1/31/15	8,409	0	0
233	Arch Shade/Blind	1/31/15	2,187	0	0
234	Floor Scrubber	9/01/15	6,078	0	0
235	Duball - relace breaker	8/18/15	3,802	0	0
236	Sound Panels	9/27/13	1,192	0	0
237	Attendnace on Demand Computer	11/22/11	1,493	0	0
238	Attendance on Demand Computer	11/22/11	1,493	0	0
239	Baudville - Badge maker	7/26/13	2,682	0	0
240	Automatic Door Group - Magic Force	9/23/13	1,600	0	0
241	Boiler Repair & Fans	10/01/13	2,506	0	0
242	Hawkeye Replace Breaker	10/15/13	1,269	0	0
	Total Other Democration		8,974,957	163,422	0
	Total Other Depreciation		8,974,937	103,422	V
	Total ACRS and Other Depreciation		8,974,957	163,422	0
	Grand Totals		8,974,957	163,422	0

Two Year Comparison Report 2021 & 2022 Form 990 07/01/22 06/30/23 For calendar year 2022, or tax year beginning Taxpayer Identification Number Name WAYPOINT SERVICES 42-0680307 2021 2022 Differences 1. 1,034,251 146,660 112,409 1. Contributions, gifts, grants 2. 2. Membership dues and assessments 4,577,603 3,260,360 -1,317,2433. Government contributions and grants 3. -644,739 2,073,424 2,718,163 4. Program service revenue 4. 45,564 8,765 5. 5. Investment income 6. Proceeds from tax exempt bonds 6. -87,523-2,63284,891 7. Net gain or (loss) from sale of assets other than inventory 7. 37,197-1.42138,618 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming 9. 10. 10. Net gain or (loss) on sales of inventory -603 36,804 37,407 11. Other revenue 11. 8,326,073 6,606,142 12. 12. Total revenue. Add lines 1 through 11 13. Grants and similar amounts paid 13. 14. 14. Benefits paid to or for members 13,371 309,719 323,090 15. 15. Compensation of officers, directors, trustees, etc. 530,252 734,095 264,347 16. 16. Salaries, other compensation, and employee benefits 17. 17. Professional fundraising fees 197,464 220,955 23,491 18. Other professional fees 18. 5,546 199,331 204,877 19. Occupancy, rent, utilities, and maintenance 19. 344,796 345,207 -41120. 20. Depreciation and Depletion -<u>628,630</u> 2,061,949 1,433,319 21. 21. Other expenses 7,791,384 -56,381 7,847,765 22. 22. Total expenses. Add lines 13 through 21 -1,185,242 478**,**308 663,550 23. 23. Excess or (Deficit). Subtract line 22 from line 12 719,931 8,326,073 6,606,142 24. Total exempt revenue 24. 25. 25. Total unrelated revenue 2,714,219 2.199.122 -515.09726. Total excludable revenue 26. 12,059,884 177,981 13,237,865 27. Total assets 27. -285,940 591,324 <u>305,384</u> 28. 28. Total liabilities -892,041 12,646,541 11,754,500 29. Retained earnings 29.

18

18

114

217

30.

31.

32.

30. Number of voting members of governing body

33. Number of volunteers

31. Number of independent voting members of governing body

32. Number of employees

20

20

270

175

Form 990		Тах Б	Tax Return History			2022
Name WAYPOINT	SERVICES				Employer 42-C	Employer Identification Number 42-0680307
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	2,616,963	5,549,403	5,925,723	5,611,854	4,407,020	
Membership dues Program service revenue	3,091,077	2,366,201	1,786,928	2,718,163	2,073,424	
Capital gain or loss				-87,523	-2,632	
Investment income	56,501	50,606	41,444	45,564	١ ٦	
Fundraising revenue (Income/loss)	3,397	1,639	23,775	38,618	37,197	
Gaming revenue (income/loss)						
Other revenue	7,588	476,639	17,		36,	
Total revenue	5,775,526	8,444,488	7,795,520	8,326,073	6,606,142	
Grants and similar amounts paid						
Benefits paid to or for members					- 1	
Compensation of officers, etc.	190,224	203,526		309,719	323,	
Other compensation	٦	3,881,110			5,264,347	
Professional fees	271,424	303,412		N.	۷.	
Occupancy costs	189,671	169,206	170,621	199,331	٠,	
Depreciation and depletion	259,471	249,679	300,160	345,207	•	
Other expenses	980,606	1,078,102	1,971,238	2,061,949	٦,	
Total expenses	5,992,000		. J	7,847,765	- 4	
Excess or (Deficit)	-216,474	2,559,453	869,572	478,308	-1,185,242	
1	1		L (
Total exempt revenue	5, 7,5,526	8,444,488	070,087,1	8,320,073	0,000,142	
Total unrelated revenue				1	1	
Total excludable revenue	3, 158, 563	2,895,085	1,869,797	,714,	,199,	
Total Assets	8,791,644		14,189,053	13,237,865	12,059,884	
Total Liabilities	389,146	1,596,633	1,550,689	591,	305,	
Net Fund Balances	8,402,498	11,025,921	12,638,364	12,646,541	11,754,500	

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Taxable Interest on Investments

Description	 					
	 Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TAXABLE INTEREST	\$ 54,329		14			
TOTAL	\$ 54,329					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description							
	_	Total Expenses	 Program Service	M 	anagement & General		Fund Raising
PROFESSIONAL SERVICES	\$	127,897	\$	\$	104,894	\$	23,003
CONSULTING FEES		90,664	59,092		7,509		24,063
LESS IN KIND		-11,788				_	-11,788
TOTAL	\$	206,773	\$ 59,092	\$	112,403	\$_	35 , 278

Form 990, Part IX, Line 24e - All Other Expenses

Description								
		Total Expenses	_	Program Service	N _	lanagement & General	_	Fund Raising
DUES & LICENSES	\$	10,639	\$	3,739	\$	6,470	\$	430
RENTAL		2,219		800		1,419		
TOTAL	\$_	12,858	\$_	4,539	\$	7,889	\$	430

Schedule A. Part III, Line 1(e)

Description

	Amount
FEDERATED CAMPAIGNS	\$ 287,920
GOVERNMENT GRANTS	3,260,360
PPP LOAN FORGIVENESS	3,230,333
DIRECT CONTRIBUTIONS	858,740
NON-CASH CONTRIBUTIONS	0.50,740

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Schedule A. Part III, Line 1(e) (continued)

Description	Amoun	nt
RIBUTE TO WOMEN		14
GIFT KIND GOODS	\$	
GENTLEMEN'S EVENT		
NON-CASH CONTRIBUTIONS		
1911 SOCIETY EVENT		
NON-CASH CONTRIBUTIONS		
TOTAL	\$ 4,407	, 02
Schedule A. P	art III, Line 2(e)	
D	n	
Descriptio		
	Amour	nt
	Amour	
	Amour	, 42
CHILD CARE FEES TOTAL	Amour \$ 2,073 \$ 2,073	, 42
CHILD CARE FEES TOTAL Schedule A, Part III, Line 7a - So		, 42
CHILD CARE FEES TOTAL Schedule A. Part III, Line 7a - Si Donor Name	\$\frac{2,073}{\$,2,073}\$\$ upport from Disqualified Persons	, 42
CHILD CARE FEES TOTAL Schedule A, Part III, Line 7a - So Donor Name 2018 2019	## Amour ## 2,073 ##	, 42
TOTAL Schedule A. Part III, Line 7a - Some Some Some Some Some Some Some Some	Amour \$ 2,073 \$ 2,073 \$ 2,073 upport from Disqualified Persons 2020 2021 2022 \$ 41,096 \$ \$, 42
### CHILD CARE FEES TOTAL Schedule A. Part III, Line 7a - See	Amour \$ 2,073 \$ 2,073 \$ 2,073 ** ** ** ** ** ** ** ** **	, 42
CHILD CARE FEES TOTAL Schedule A. Part III, Line 7a - Some Donor Name 2018 2019 \$ \$ 54,910 TOTAL \$ 0 \$ 54,910 Schedule A. Part Sche	### Amour \$ 2,073 \$ 2,0	,42
CHILD CARE FEES TOTAL Schedule A. Part III, Line 7a - Some Donor Name 2018 2019 \$ 54,910 TOTAL \$ 0 \$ 54,910	## Amour ## 2,073 \$ 2,07	,,42
### CHILD CARE FEES TOTAL Schedule A, Part III, Line 7a -	Amour \$ 2,073	,,42 ,,42
### CHILD CARE FEES TOTAL Schedule A. Part III, Line 7a -	Amour \$ 2,073	,,42 ,,42
CHILD CARE FEES TOTAL Schedule A. Part III, Line 7a - Set Donor Name 2018 2019 \$ \$ 54,910 TOTAL \$ 0 \$ 54,910 Schedule A. Part III. Line 7a - Set Description	## Amour ## 2,073 \$ 2,07	,,42

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Schedule A. Part III. Line 11

Description		
		Amount
MISCELLANEOUS	\$	36,804
CASUALTY REIMBURSEMENT	τ	20,001
TRIBUTE TO WOMEN		11,967
GENTLEMEN'S EVENT		may v v
1911 SOCIETY EVENT		25,230
RENT 2		, -
LESS: DEDUCTIONS		-1,000
TOTAL	\$	73,001

TRIBUTE TO WOMEN

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER DIRECT EXPENSES IN KIND EXPENSES	\$ 6,730 11,788
TOTAL	\$ 18,518

GENTLEMEN'S EVENT

Other Direct Fundraising or Gaming Expenses

Description	Am	ount
OTHER DIRECT EXPENSES IN KIND EXPENSES	\$	
TOTAL	\$	0

1911 SOCIETY EVENT

Other Direct Fundraising or Gaming Expenses

Descri	ption	A	mount
OTHER DIRECT	EXPENSES	\$	9,862
TOTAL		\$	9,862

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TRIBUTE TO WOMEN	<u>Gross receipts</u>	
Description GROSS RECEIPTS TOTAL	### Amount ### \$ 43,094 ### \$ 43,094	
GENTLEMEN'S EVENT	Gross receipts	
Description GROSS RECEIPTS TOTAL	#	
1911 SOCIETY EVENT	<u>Gross receipts</u>	
Description GROSS RECEIPTS TOTAL	Amount \$ 43,428 \$ 43,428	