

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**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23

2022

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

WAYPOINT SERVICES

EIN or SSN

42-0680307

Name and title of officer or person subject to tax JAYE KENNEDY
CEO

Part I Type of Return and Return Information

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.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6,606,142</u>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

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

I authorize FORGE FINANCIAL & MANAGEMENT CONSUL to enter my PIN 61118 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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.

Signature of officer or person subject to tax _____

Date 05/09/24

Part III Certification and Authentication

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

42571652577

Do not enter all zeros

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.

ERO's signature ROSS VANLAAR, CPA

Date 05/09/24

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **990**

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

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAYPOINT SERVICES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 318 5TH ST SE City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS IA 52401	D Employer identification number 42-0680307 E Telephone number 319-365-1458 G Gross receipts \$ 6,664,599
F Name and address of principal officer: JAYE KENNEDY 318 FIFTH STREET SE CEDAR RAPIDS IA 52401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.WAYPOINTSERVICES.ORG		L Year of formation: 1894 M State of legal domicile: IA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WAYPOINT PROVIDES SHELTER AND SUPPORT FOR THOSE IN CRISIS DUE TO HOMELESSNESS, POVERTY, OR DOMESTIC VIOLENCE. IT ALSO PROVIDES QUALITY CHILD CARE TO OVER 400 CHILDREN DAILY OF ALL SOCIO-ECONOMIC LEVELS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	175
	6 Total number of volunteers (estimate if necessary)	6	270
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,611,854	4,407,020
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,718,163	2,073,424
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-41,959	51,697
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,015	74,001
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,326,073	6,606,142
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,043,814	5,587,437
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	422,529	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,803,951	2,203,947
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,847,765	7,791,384
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	478,308	-1,185,242
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,237,865	12,059,884
	22 Net assets or fund balances. Subtract line 21 from line 20	591,324	305,384
		12,646,541	11,754,500

Part II Signature Block

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

Sign Here	Signature of officer JAYE KENNEDY	Date	
	Type or print name and title CEO		
Paid Preparer Use Only	Print/Type preparer's name ROSS VANLAAR, CPA	Preparer's signature ROSS VANLAAR, CPA	Date 05/09/24
	Firm's name FORGE FINANCIAL & MANAGEMENT CONSULTING	Firm's EIN 88-2802798	Check <input type="checkbox"/> if self-employed PTIN P01532250
	Firm's address 1245 JORDAN CREEK PKWY STE 100 WEST DES MOINES, IA 50266-2343	Phone no. 515-620-3050	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

WAYPOINT INSPIRES PEOPLE TO MOVE FORWARD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,107,248 including grants of \$) (Revenue \$ 2,073,424)

CHILD CARE SERVICES:

PROVIDES LICENSED, QUALITY CARE WITH AGE APPROPRIATE CURRICULUM AND HEALTHY MEALS FOR CHILDREN AGES SIX WEEKS TO 12 YEARS. FULL-TIME CARE IS PROVIDED FOR CHILDREN AGE SIX WEEKS TO FIVE YEARS WITH PRESCHOOL AT TWO LOCATIONS, BEFORE AND AFTER SCHOOL CARE AT ONE LOCATION AND FULL-TIME SUMMER CARE AT TWO LOCATIONS IN CEDAR RAPIDS, IOWA. IN THE FISCAL YEAR 2023, 301 CHILDREN WERE SERVED WITH 74 RECEIVING FINANCIAL ASSISTANCE TO ATTEND.

4b (Code:) (Expenses \$ 684,268 including grants of \$) (Revenue \$)

DOMESTIC VIOLENCE VICTIM SERVICES PROGRAM: PROVIDES SUPPORT SERVICES TO HELP VICTIMS/SURVIVORS AND THEIR FAMILIES DEAL WITH THE TRAUMA OF DOMESTIC VIOLENCE. SERVICES INCLUDE 24-HOUR DOMESTIC VIOLENCE RESOURCE AND SUPPORT LINE; ONE-ON-ONE PEER COUNSELING; MEDICAL, LEGAL, AND CRIMINAL JUSTICE ADVOCACY; WEEKLY SUPPORT GROUPS; SAFETY AND BASIC NEEDS; AND COMMUNITY PREVENTION EDUCATION. IN FISCAL YEAR 2023, WAYPOINT SERVED 2,254 VICTIMS OF VIOLENCE AND ANSWERED THE 24/7 RESOURCE AND SUPPORT LINE 7,997 TIMES.

4c (Code:) (Expenses \$ 441,945 including grants of \$) (Revenue \$)

MADGE PHILLIPS CENTER SHELTER: PROVIDES EMERGENCY SHELTER, BASIC LIVING SUPPLIES, AND CASE MANAGEMENT FOR HOMELESS WOMEN AND FAMILIES WITH CHILDREN. IN FISCAL YEAR 2023, THE PROGRAM PROVIDED SHELTER TO 138 HOMELESS WOMEN AND FAMILIES WITH CHILDREN.

COORDINATED ENTRY (CE): ENSURING ALL PEOPLE EXPERIENCING A HOUSING CRISIS IN 96 OF IOWA'S 99 COUNTIES ARE QUICKLY ASSESSED AND CONNECTED TO THE APPROPRIATE INTERVENTION. IN FISCAL YEAR 2023, CE SUPPORTED 13,790 INDIVIDUALS WITH THIS SERVICE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,074,423 including grants of \$) (Revenue \$)

4e Total program service expenses 6,307,884

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, contributions, and organizational status.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 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 one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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 (section 501(c)(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)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MIKE WEAVERLING 318 FIFTH STREET SE IA 52401 319-365-1458
CEDAR RAPIDS

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAYE KENNEDY CEO	40.00 0.00			X				112,679	0	5,701
(2) AUTUMN PAINE DEV & MKTING OFFICER	40.00 0.00			X				92,099	0	460
(3) MIKE WEAVERLING CFO	40.00 0.00			X				86,322	0	4,800
(4) BRIANNE CUMMINS (RESIGNED 2023) DIRECTOR	0.00 0.00	X						0	0	0
(5) JANICE KERKOVE (RESIGNED 2023) DIRECTOR	0.00 0.00	X						0	0	0
(6) JASON VESTWEBER (RESIGNED 2023) DIRECTOR	0.00 0.00	X						0	0	0
(7) JILL MAST (RESIGNED 2023) DIRECTOR	0.00 0.00	X						0	0	0
(8) RON CORBETT (RESIGNED 2023) DIRECTOR	0.00 0.00	X						0	0	0
(9) PHIL AKIN FORMER PRESIDENT	2.00 0.00	X						0	0	0
(10) LEISA BRIETFELDER DIRECTOR	2.00 0.00	X						0	0	0
(11) MARY BROBST DIRECTOR	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KARL CASSELL	2.00									
DIRECTOR	0.00	X						0	0	
(13) BRITNEY CLARKE	2.00									
PRESIDENT ELECT	0.00	X		X				0	0	
(14) KELLY DECAMP	2.00									
DIRECTOR	0.00	X						0	0	
(15) PAUL ESKER	2.00									
DIRECTOR	0.00	X						0	0	
(16) AMANDA FREEMAN	2.00									
DIRECTOR	0.00	X						0	0	
(17) LESLIE GRIGGS	2.00									
DIRECTOR	0.00	X						0	0	
(18) MICHELLE JENSEN	4.00									
PRESIDENT	0.00	X		X				0	0	
(19) CARMEN KLEINSMITH	2.00									
DIRECTOR	0.00	X						0	0	
1b Subtotal								291,100	10,961	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								291,100	10,961	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 287,920					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 3,260,360					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 858,740					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		4,407,020				
Program Service Revenue	2a CHILD CARE FEES	Business Code 624410	2,073,424	2,073,424			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,073,424				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		54,329			54,329	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	6,500				
		b Less: cost or other basis and sales exps.	7b	9,132			
		c Gain or (loss)	7c	-2,632			
	d Net gain or (loss)			-2,632	-2,632		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		8a	86,522				
b Less: direct expenses		8b	49,325				
c Net income or (loss) from fundraising events			37,197		37,197		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code 900099	36,804			36,804	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			36,804			
12 Total revenue. See instructions			6,606,142	2,070,792	0	128,330	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	323,090	107,764	153,386	61,940
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,509,194	3,863,397	448,778	197,019
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	392,727	336,816	54,667	1,244
10 Payroll taxes	362,426	297,769	54,143	10,514
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,182		14,182	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	206,773	59,092	112,403	35,278
12 Advertising and promotion	17,859	8,494	2,024	7,341
13 Office expenses	100,076	59,153	24,907	16,016
14 Information technology	148,005	72,080	32,790	43,135
15 Royalties				
16 Occupancy	204,877	130,789	72,731	1,357
17 Travel	32,696	22,543	9,580	573
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,455	444	4,068	943
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	344,796	302,185	3,294	39,317
23 Insurance	62,063	37,815	23,734	514
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOUSING ASSISTANCE	755,469	755,469		
b FOOD & SUPPLIES	208,186	198,511	7,718	1,957
c MISCELLANEOUS	56,643	17,015	34,677	4,951
d PROGRAM FEES	34,009	34,009		
e All other expenses	12,858	4,539	7,889	430
25 Total functional expenses. Add lines 1 through 24e	7,791,384	6,307,884	1,060,971	422,529
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,200	1	1,200
	2 Savings and temporary cash investments	1,159,686	2	407,921
	3 Pledges and grants receivable, net	1,259,732	3	885,084
	4 Accounts receivable, net	45,721	4	12,098
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,519	9	49,702
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,847,636		
	b 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 Intangible assets		14	
	15 Other assets. See Part IV, line 11	90,789	15	126,851
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,237,865	16	12,059,884	
Liabilities	17 Accounts payable and accrued expenses	591,099	17	272,659
	18 Grants payable		18	
	19 Deferred revenue	225	19	125
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	32,600
	26 Total liabilities. Add lines 17 through 25	591,324	26	305,384
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,787,557	27	9,125,095
	28 Net assets with donor restrictions	2,858,984	28	2,629,405
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,646,541	32	11,754,500
	33 Total liabilities and net assets/fund balances	13,237,865	33	12,059,884

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,606,142
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,791,384
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,185,242
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,646,541
5	Net unrealized gains (losses) on investments	5	293,201
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,754,500

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JAYMIE MCGRATH	2.00									
SECRETARY	0.00	X		X			0	0	0	
(21) STACIE OSAKO	2.00									
DIRECTOR	0.00	X					0	0	0	
(22) STEPHEN PEDRON	2.00									
DIRECTOR	0.00	X					0	0	0	
(23) JUNE RAINBOW	2.00									
TREASURER	0.00	X		X			0	0	0	
(24) STARLET SMITH	2.00									
DIRECTOR	0.00	X					0	0	0	
(25) ASH STILES	2.00									
DIRECTOR	0.00	X					0	0	0	
(26) RICHARD SUBLETT	2.00									
DIRECTOR	0.00	X					0	0	0	
(27) TARA WACHENDORF	2.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test—2022; b 33 1/3% support test—2021; 17a 10%-facts-and-circumstances test—2022; b 10%-facts-and-circumstances test—2021; 18 Private foundation.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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						
6 Total. Add lines 1 through 5	5,708,040	7,915,604	7,712,651	8,330,017	6,480,444	36,146,756
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						
c Add lines 7a and 7b		54,910	41,096			96,006
8 Public support. (Subtract line 7c from line 6.)						36,050,750

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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						
c 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	1,251			531,870
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,792,569	8,468,801	7,755,346	8,412,596	6,607,774	37,037,086

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	97.34%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	97.32%

Section D. Computation of Investment Income Percentage

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 III, line 17	18	1%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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 complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
3b 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)?
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
4c 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)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
5c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations?
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?
9b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?
9c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?
10b Did the organization have any excess business holdings in the tax year?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details 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 organization is responsive (provide details in Part VI). See instructions.	8
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) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

PART III, LINE 12 - OTHER INCOME DETAIL

FUNDRAISING	\$	46,392
MISCELLANEOUS	\$	9,999
GAMING	\$	0
INSURANCE PROCEEDS	\$	475,479

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

WAYPOINT SERVICES

42-0680307

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

WAYPOINT SERVICES

Employer identification number

42-0680307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRADLEY & RILEY, P.C. PO BOX 2804 CEDAR RAPIDS IA 52406-2804	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CARMEN K KLEINSMITH 357 SPRING CREEK RD MT VERNON IA 52314-9676	\$ 9,467	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CATHERINE A TERUKINA 2800 FALBROOK DR NE CEDAR RAPIDS IA 52402-2606	\$ 21,236	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CEDAR RAPIDS BANK & TRUST 500 1ST AVE NE STE 100 CEDAR RAPIDS IA 52401	\$ 5,374	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CRESCENT-JANKO MASONIC FOUNDATION 260 STAMY RD ROBINS IA 52328	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CRYSTAL GROUP INC. 855 METZGER DR HIAWATHA IA 52233	\$ 10,714	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DIANE RICCOLO 533 KNOLLWOOD DR SE CEDAR RAPIDS IA 52403	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	FARMERS STATE BANK 1240 8TH AVE MARION IA 52302-3504	\$ 15,590	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HUGH EKBERG 224 ABBOTSFORD RD CEDAR RAPIDS IA 52403	\$ 9,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	IOWA INTERSTATE RAILROAD, LTD 5900 6TH ST SW CEDAR RAPIDS IA 52404	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JAMES STOKEBRAND 1120 DEPOT LN SE #205 CEDAR RAPIDS IA 52401	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	JUDITH A. WORKMAN 1225 13TH ST NW #205 CEDAR RAPIDS IA 52405-2449	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JULIANNE THOMAS 4749 MOUNT VERNON RD SE CEDAR RAPIDS IA 52403-3941	\$ 20,225	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KATHY E ENO 111 COTTAGE GROVE AVE SE #602 CEDAR RAPIDS IA 52403	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	LURA E MCBRIDE PO BOX 465 MARION IA 52302	\$ 6,725	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	LYNDA A. SCHIMBERG 3111 PINNEY WOODS LN SE CEDAR RAPIDS IA 52403	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	MCINTYRE FOUNDATION PO BOX 232 MOUNT VERNON IA 52314	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS IA 52403-1292	\$ 7,475	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	NEW LEADER MANUFACTURING 1330 76TH AVE SW CEDAR RAPIDS IA 52404-7038	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ROHDE FAMILY CHARITABLE FOUNDATION PO BOX 646 CEDAR RAPIDS IA 52406	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	SHEY SYSTEMS INC. 2050 PROGRESS DR HIAWATHA IA 52233-2406	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	SKOGMAN COMPANIES 417 1ST AVE SE CEDAR RAPIDS IA 52401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	UNITED FIRE GROUP 118 2ND AVE SE CEDAR RAPIDS IA 52401-1253	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	UNITED TECHNOLOGIES 10 FARM SPRINGS RD FARMINGTON CT 06032	\$ 8,149	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	US BANK 222 2ND AVE SE CEDAR RAPIDS IA 52401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	VAN METER INDUSTRIAL, INC. 850 32ND AVE SW CEDAR RAPIDS IA 52404-3913	\$ 5,530	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	WAYNE AND NAN KOCOUREK FOUNDATION 750 W LAKE COOK RD STE 460 BUFFALO GROVE IL 60089	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	WILLIAM B. QUARTON PO BOX 3013 CEDAR RAPIDS IA 52406-9000	\$ 6,095	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	WRAY FAMILY FOUNDATION 8503 WAVELAND CT COAL VALLEY IL 61240-9676	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	US BANK NATIONAL ASSOCIATION 4000 WEST BROADWAY ROBBINSDALE MN 55422	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GREENSTATE CREDIT UNION PO BOX 800 NORTH LIBERTY IA 52317	\$ 30,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	ALLIANT ENERGY FOUNDATION INC 4902 N BILTMORE LN MADISON WI 53718-2148	\$ 5,286	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	LIMOLINK INCORPORATED 3375 ARMAR DR MARION IA 52302	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	MARK RESCHLY 3648 CLARK RD SE CEDAR RAPIDS IA 52302	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	MCGRATH AUTOMATIVE GROUP 1600 51ST ST CEDAR RAPIDS IA 52404	\$ 6,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	RAYSER HOLDINGS INC. 1014 5TH AVE SE CEDAR RAPIDS IA 52403	\$ 5,158	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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
43	KATHLEEN AND RICHARD MINETTE 4340 FAWN HILL CT SE CEDAR RAPIDS IA 52403	\$ 5,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	MARCIA & DONALD PRIMUS 1933 51ST ST NE CEDAR RAPIDS IA 52402	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	AEGON TRANSAMERICA FOUNDATION 6400 C ST SW CEDAR RAPIDS IA 52401	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	KATE F. HAWKINS 234 S MADISON ST APT D DENVER CO 80209	\$ 18,963	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

WAYPOINT SERVICES

42-0680307

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year (1), Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year (270,600), and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements (2a), Total acreage restricted by conservation easements (2b), Number of conservation easements on a certified historic structure included in (a) (2c), Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register (2d), Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,911,981	3,429,675	2,705,862	2,686,228	2,873,599
b Contributions		1,210	10,346		
c Net investment earnings, gains, and losses	333,283	-438,904	767,654	104,878	167,782
d Grants or scholarships					
e Other expenditures for facilities and programs	82,835	80,000	54,187	85,244	355,153
f Administrative expenses					
g End of year balance	3,162,429	2,911,981	3,429,675	2,705,862	2,686,228

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 28.00 %
 - b** Permanent endowment 38.00 %
 - c** Term endowment 34.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		324,144		324,144
b Buildings		11,595,293	4,849,354	6,745,939
c Leasehold improvements				
d Equipment		928,199	491,953	436,246
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,506,329

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT PORTION OF LEASE LIABILITIES	24,556
(3) LEASE LIABILITIES	8,044
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
	32,600

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 6,606,142.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 7,791,384.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE OVERRIDING PURPOSE OF THE UNRESTRICTED ENDOWMENT SHALL BE TO FUND, PROTECT AND SUSTAIN THE EVER CHANGING AND EXPANDING NEEDS OF THE ORGANIZATION IN ORDER TO MEET ITS MISSION. A SECONDARY PURPOSE OF THE UNRESTRICTED ENDOWMENT FUND SHALL BE TO PROVIDE SOME LEVEL OF SUPPORT AS A SOURCE OF INCOME TO SUPPORT CURRENT OPERATIONS AND PROGRAMS OF THE ORGANIZATION. RESTRICTED FUNDS FOR DESIGNATED WAYPOINT SERVICES WILL BE MANAGED AND DISTRIBUTED ACCORDING TO THE INSTRUCTIONS.

PART X - FIN 48 FOOTNOTE

WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR

Part XIII Supplemental Information (continued)

SECTION OF THE IOWA INCOME TAX LAW, WHICH PROVIDES INCOME TAX EXEMPTION FOR CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, OR EDUCATIONAL PURPOSES. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR 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

INVESTMENT FEES \$ 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

WAYPOINT SERVICES

Employer identification number

42-0680307

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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? Yes No

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		1911 SOCIETY EV <small>(event type)</small>	TRIBUTE TO WOME <small>(event type)</small>	NONE <small>(total number)</small>	(add col. (a) through col. (c))
Revenue	1 Gross receipts	43,428	43,094		86,522
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	43,428	43,094		86,522
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,237			1,237
	7 Food and beverages	5,679	12,609		18,288
	8 Entertainment	1,420			1,420
	9 Other direct expenses	9,862	18,518		28,380
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					37,197

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____ Yes No
 a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

WAYPOINT SERVICES

Employer identification number

42-0680307

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 RETURN IS SIGNED BY THE BOARD PRESIDENT AND FILED.

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

Schedule O (Form 990) 2022

Name of the organization

WAYPOINT SERVICES

Employer identification number

42-0680307

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD OF DIRECTORS AND BOARD OF TRUSTEES ANNUALLY FILL OUT AND SIGN THE CONFLICT OF INTEREST POLICY. THE CHIEF FINANCIAL OFFICER REVIEWS EACH FORM AND SUMMARIZES THE CONFLICTS OF INTEREST FOR THE BOARD PRESIDENT. THE WAYPOINT CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER ARE ALSO AWARE AND REQUIRE FOR ANY POTENTIAL CONFLICT THAT THE BOARD MEMBER BE EXCUSED FROM DISCUSSION AND VOTE ON THE TOPIC.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

WAYPOINT REQUESTED ITS HUMAN RESOURCE CONSULTANT TO GATHER DATA ON COMPENSATION FOR OTHER CHIEF EXECUTIVE OFFICERS OF NON-PROFIT AGENCIES IN THE SAME REGIONAL AREA OF WAYPOINT. THE CONSULTANT ALSO LISTED THE NUMBER OF EMPLOYEES, TOTAL ASSETS AND TOTAL REVENUES FOR EACH OF THE ORGANIZATIONS. THE CONSULTANT PREPARED A SUMMARY ANALYSIS AND PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. AFTER THEIR REVIEW AND CONSULTATION WITH THE CONSULTANT THEY RECOMMEND TO THE ENTIRE BOARD OF DIRECTORS THE COMPENSATION TO BE GIVEN TO THE CHIEF EXECUTIVE OFFICER. AFTER DISCUSSION, A MOTION IS MADE AND SECONDED AND THE BOARD OF DIRECTORS VOTES ON THE MOTION. THE COMPENSATION APPROVED BY THE BOARD OF DIRECTORS IS RECORDED IN THE MINUTES AS RECORDED BY THE SECRETARY.

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.

Name of the organization

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

Federal Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	4TH AVE PROPERTY	7/01/90	211,477				211,477	0	-- Land	0	0
2	LAND ADDITIONS MPC	5/01/98	21,767				21,767	0	-- Land	0	0
3	BUILDINGS	1/01/77	1,428,731				1,428,731	45	MO S/L	1,428,731	0
4	RENOVATION	1/01/91	1,032,068				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/L	682,403	23,132
6	CEILING EXHAUST FANS	3/01/92	1,370				1,370	45	MO S/L	924	31
7	DONATED ARCH FEES	6/30/92	7,759				7,759	45	MO S/L	5,087	172
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/L	1,621	55
10	MARCH ADDITIONS	3/01/93	17,221				17,221	45	MO S/L	11,226	383
11	APRIL ADDITIONS	4/01/93	44,825				44,825	45	MO S/L	29,137	996
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/L	30,029	1,032
14	JULY ADDITIONS	7/01/93	33,864				33,864	45	MO S/L	21,823	752
15	AUGUST ADDITIONS	8/01/93	90				90	45	MO S/L	59	2
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/L	5,860	203
18	DECEMBER ADDITIONS	12/01/93	8,609				8,609	45	MO S/L	5,468	191
19	2ND FLOOR WINDOWS	3/01/94	13,250				13,250	45	MO S/L	8,343	295
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/L	870	30
22	TUCKPOINTING 1905 BLDG	5/01/94	7,418				7,418	45	MO S/L	4,644	165
23	JL JELINEK FILE ROOM	3/02/95	2,751				2,751	45	MO S/L	1,670	61
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/L	248	9
26	SCHUMACHER DOORS & WINDOW	2/01/96	2,363				2,363	45	MO S/L	1,389	52
27	PELLA WINDOWS	4/01/97	4,771				4,771	45	MO S/L	2,678	106
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 S/L	1,588	64
30	HOOK WINDOWS	9/01/97	2,342				2,342	45	MO S/L	1,293	52
31	PELLA WINDOWS	9/01/97	2,191				2,191	45	MO S/L	1,210	49
32	HOOK WINDOWS	11/01/97	5,000				5,000	45	MO S/L	2,741	111
33	HOOK WINDOWS	12/01/97	6,885				6,885	45	MO S/L	3,761	153
34	PELLA WINDOWS	12/01/97	4,929				4,929	45	MO S/L	2,693	109
35	3RD FLOOR BALLROOM RENOVA	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
37	SIDEWALK FRONT OF BUILDIN	12/01/98	1,175				1,175	45	MO S/L	617	26
38	3RD FLOOR RENOVATION	12/01/98	17,850				17,850	45	MO S/L	9,356	396
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/L	3,043	0
41	DONOR WALL	8/13/04	4,909				4,909	10	MO S/L	4,909	0
42	WALL FACADE	6/01/05	26,411				26,411	20	MO S/L	22,560	1,320
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/L	2,180	0
45	PAINTING UK	1/01/07	3,004				3,004	5	MO S/L	3,004	0
46	UK EXPANSION	1/01/07	38,917				38,917	20	MO S/L	30,161	1,946
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/L	5,827	389
49	HVAC UNIT	5/23/08	8,899				8,899	20	MO S/L	6,267	445
50	PRIMUS CONST MAIN BUILDIN	4/07/09	48,674				48,674	45	MO S/L	14,061	1,082
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/L	12,628	972
53	PRIMUS CONST MAIN BUILDIN	6/01/09	12,700				12,700	45	MO S/L	3,669	282
54	PRIMUS CONST MAIN BUILDIN	6/15/09	54,687				54,687	45	MO S/L	15,798	1,215
55	A'HEARN PLUMBING	6/18/09	3,023				3,023	20	MO S/L	1,965	151
56	PRIMUS CONST MAIN BUILDIN	6/30/09	30,138				30,138	45	MO S/L	8,706	670
57	PRIMUS CONST MAIN BUILDIN	6/30/09	7,613				7,613	45	MO S/L	2,199	169
58	MAIN BLDG DRYWALL	12/31/08	1,981				1,981	45	MO S/L	594	44
59	MAIN BLDG WOOD DOORS	10/21/08	3,958				3,958	20	MO S/L	2,704	198
60	CIRCUIT BRAKERS	8/11/08	13,354				13,354	20	MO S/L	9,236	668
61	ELEVATOR REPAIR	8/20/08	8,250				8,250	20	MO S/L	5,707	412
62	ELEVATOR REPAIR	10/27/08	24,750				24,750	20	MO S/L	16,913	1,237
63	CONCRETE BASEMENT FLOOR	9/19/08	5,000				5,000	45	MO S/L	1,528	111
64	CONCRETE BASEMENT FLOOR	10/10/08	5,745				5,745	45	MO S/L	1,745	127
65	PRIMUS CONST MAIN BUILDIN	6/30/09	18,100				18,100	45	MO S/L	5,229	402
66	PRIMUS CONST MAIN BUILDIN	6/30/09	17,870				17,870	45	MO S/L	5,162	397
67	PRIMUS CONST MAIN BUILDIN	6/30/09	14,200				14,200	45	MO S/L	4,103	315
68	PRIMUS CONST MAIN BUILDIN	6/30/09	12,712				12,712	45	MO S/L	3,672	283

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
69	PRIMUS CONST MAIN BUILDIN	6/30/09	9,368				9,368	45	MO S/L	2,706	208
70	SECURITY KEY PAD SYSTEM	4/20/05	2,430				2,430	10	MO S/L	2,430	0
71	PRIMUS CONST BOILER	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
73	CERAMIC TILE	9/01/99	2,591				2,591	15	MO S/L	2,591	0
74	BEDROOM DOOR LOCKS	7/01/06	5,647				5,647	10	MO S/L	5,647	0
75	FRONT DOOR LOCK	4/01/07	1,440				1,440	10	MO S/L	1,440	0
76	GRASS TURF PLAYGROUND	5/01/08	10,285				10,285	20	MO S/L	7,285	514
77	PAINT FENCE & POSTS	5/01/08	2,676				2,676	5	MO S/L	2,676	0
78	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
80	PRIMUS CONST - MPC	6/15/09	13,147				13,147	45	MO S/L	3,798	292
81	A'HEARN PLUMBING	6/18/09	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	12/31/08	12,983				12,983	45	MO S/L	3,895	288
84	MPC WOOD DOOR & HARDWARE	10/21/08	2,042				2,042	20	MO S/L	1,396	102
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				22,425	20	MO S/L	15,418	1,121
87	PRIMUS CONST - MPC	6/30/09	10,404				10,404	45	MO S/L	3,005	232
88	PRIMUS CONST - MPC	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
90	PLAYGROUND	11/01/94	26,650				26,650	5	MO S/L	26,650	0
91	SS EVACUATION CRIBS	5/26/05	1,262				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
93	SS EVACUATION CRIBS	10/06/05	1,439				1,439	5	MO S/L	1,439	0
94	PRO CARE SOFTWARE	7/07/06	1,503				1,503	3	MO S/L	1,503	0
95	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
97	RAINBOW ROOM COMPRESSOR	9/30/08	2,184				2,184	5	MO S/L	2,184	0
98	EDUCATOR LAMINATOR 25IN	8/13/08	1,462				1,462	5	MO S/L	1,462	0
99	IPSO COIN WASHER	6/11/09	2,022				2,022	5	MO S/L	2,022	0
100	IPSO 25LB DRYER	6/11/09	2,797				2,797	5	MO S/L	2,797	0
101	SECURITY CAMERAS	6/27/06	5,040				5,040	5	MO S/L	5,040	0
102	COMM REFRIGERATOR	6/27/06	2,347				2,347	10	MO S/L	2,347	0
103	07 DODGE CARAVAN	9/26/07	25,351				25,351	5	MO S/L	25,351	0
104	COMM FREEZER	5/29/08	3,323				3,323	10	MO S/L	3,323	0
105	A.O. SMITH GAS WATER HEAT	12/18/08	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
107	3 WASHERS & DRYERS	11/06/08	21,000				21,000	5	MO S/L	21,000	0
108	2 CARRIER FURNACES	8/31/08	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
110	DELL LAPTOP	4/17/06	1,889				1,889	3	MO S/L	1,889	0
111	DELL D520 LAPTOP	2/07/07	1,364				1,364	5	MO S/L	1,364	0
112	DELL OPTIPLEX	4/30/07	934				934	5	MO S/L	934	0
113	FURN - MCI	12/01/90	4,724				4,724	5	MO S/L	4,724	0
114	BLUE LEATHER FURNITURE	1/01/91	3,465				3,465	5	MO S/L	3,465	0
115	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
117	PHONE SYSTEM - PALMER	12/01/91	13,748				13,748	5	MO S/L	13,748	0
118	MERCY FURNITURE	12/01/91	1,005				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	6/01/92	8,809				8,809	5	MO S/L	8,809	0
121	PION-BD TABLES & CHAIR	6/01/92	3,130				3,130	5	MO S/L	3,130	0
122	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
124	PALMER	12/01/93	664				664	5	MO S/L	664	0
125	BLACKBAUD	3/01/97	5,478				5,478	5	MO S/L	5,478	0
126	BLACKBAUD	4/01/97	5,463				5,463	5	MO S/L	5,463	0
127	ASIAN RUG	7/01/97	3,500				3,500	5	MO S/L	3,500	0
128	NEW TIME CLOCK & SOFTWARE	8/01/99	2,831				2,831	5	MO S/L	2,831	0
129	GREAT PLAINS SOFTWARE	12/01/00	13,931				13,931	5	MO S/L	13,931	0
130	GREAT PLAINS CONSULTING	12/01/00	9,325				9,325	5	MO S/L	9,325	0
131	GREAT PLAINS CONSULTING	7/01/01	4,662				4,662	5	MO S/L	4,662	0
132	GP A/R CONSULTING	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	UPGRADE VOICE MAIL	9/01/03	3,040				3,040	5	MO S/L	3,040	0
135	GREAT PLAINS UPGRADE	1/29/04	1,050				1,050	5	MO S/L	1,050	0
136	ENCORE SOFTWARE UPGRADE	1/29/04	1,050				1,050	5	MO S/L	1,050	0
137	POWER EDGE 2600 SERVER	11/01/04	29,773				29,773	5	MO S/L	29,773	0
138	DELL PC - CHRIS	7/24/04	1,051				1,051	5	MO S/L	1,051	0
139	DELL PC - JACKIE	7/24/04	1,051				1,051	5	MO S/L	1,051	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
140	DELL PC - DIANE	7/24/04	1,051				1,051	5 MO S/L	1,051	0
141	DELL PC - AMY	7/24/04	1,335				1,335	5 MO S/L	1,335	0
142	DELL PC - BRENDA	11/10/04	941				941	5 MO S/L	941	0
143	MIGRATION/UPGRADE	8/31/04	2,400				2,400	3 MO S/L	2,400	0
144	MS OFFICE 03 LICENCESES	11/10/04	1,102				1,102	3 MO S/L	1,102	0
145	RAISER'S EDGE UPGRADE	2/07/05	450				450	3 MO S/L	450	0
146	SONIC VPN - 4 LICENSES	3/30/05	200				200	3 MO S/L	200	0
147	DELL PC - LIZ	4/11/05	1,194				1,194	5 MO S/L	1,194	0
148	RAISER'S EDGE LICENSE	7/29/05	1,750				1,750	3 MO S/L	1,750	0
149	DELL PENTIUM PC	4/17/06	1,061				1,061	3 MO S/L	1,061	0
150	BUICK LESABRE	7/06/06	6,400				6,400	5 MO S/L	6,400	0
151	8 PORT INTERCHANGE VOICEM	6/01/09	5,496				5,496	5 MO S/L	5,496	0
152	JUNGE GREEN VAN	10/01/97	22,718				22,718	5 MO S/L	22,718	0
153	PROOFER CABINET	3/01/07	1,486				1,486	5 MO S/L	1,486	0
154	REFIGERATOR 3 DOOR	10/21/08	4,139				4,139	10 MO S/L	4,139	0
155	CMA DISHWASHER	3/12/09	7,937				7,937	5 MO S/L	7,937	0
156	3 PAN STEAMER	4/24/09	5,238				5,238	5 MO S/L	5,238	0
157	HOBART 20 QT MIXER	4/01/09	1,590				1,590	5 MO S/L	1,590	0
158	3 DOOR FREEZER	4/01/09	4,695				4,695	5 MO S/L	4,695	0
159	CONVECTION OVEN ELECTRIC	4/24/09	4,461				4,461	5 MO S/L	4,461	0
160	36 ELECTRIC RANGE	4/24/09	5,736				5,736	5 MO S/L	5,736	0
161	DELL PC - CONNIE	5/13/05	1,104				1,104	5 MO S/L	1,104	0
162	RAISER'S EDGE UPGRADE	1/31/05	1,943				1,943	5 MO S/L	1,943	0
163	DELL VOSTRO LAPTOP	5/04/08	1,028				1,028	5 MO S/L	1,028	0
164	WATER HEATER/AIR COMPRESS	11/01/95	17,278				17,278	5 MO S/L	17,278	0
165	CMX CONTROLLER	12/01/98	2,309				2,309	5 MO S/L	2,309	0
167	REBUILD PUMP MOTORS	1/13/09	6,722				6,722	5 MO S/L	6,722	0
168	2003 FORD WINSTAR	12/28/06	7,820				7,820	5 MO S/L	7,820	0
169	LADCO Roof Top A/C Unit	8/18/09	9,633				9,633	20 MO S/L	6,182	481
170	LADCO EXHAUST FANS	8/18/09	3,760				3,760	20 MO S/L	2,413	188
171	SCHOONOVER WEST TUCKPOINT	8/20/09	59,223				59,223	45 MO S/L	16,889	1,317
172	PRIMUS CONST - MAIN BUILD	10/05/09	8,964				8,964	45 MO S/L	2,539	200
173	PRIMUS CONST - MAIN BUILD	11/03/09	41,832				41,832	45 MO S/L	11,775	930
174	REED CONTRACTING - GYM	11/10/09	6,350				6,350	45 MO S/L	1,788	141
175	SCHOONOVER TUCKPOINTING	6/17/10	57,811				57,811	45 MO S/L	15,417	1,285
176	PRIMUS CONST - MPC BUILDI	10/05/09	7,284				7,284	45 MO S/L	2,064	162
177	PRIMUS CONST - MPC BUILDI	11/16/09	5,254				5,254	45 MO S/L	1,479	117
178	TOT TREE FOR GYM	11/03/09	2,639				2,639	5 MO S/L	2,639	0
179	SAFETY RUGS FOR GYM	6/30/10	5,500				5,500	5 MO S/L	5,500	0
180	PIONEER BASEMENT DESK	8/27/09	3,390				3,390	10 MO S/L	3,390	0
181	PIONEER MAIN LEVEL DESK	8/27/09	3,245				3,245	10 MO S/L	3,245	0
182	MPC SECURITY SYSTEM	6/30/10	5,316				5,316	5 MO S/L	5,316	0
183	CONDENSING UNIT	9/15/09	3,362				3,362	5 MO S/L	3,362	0
184	FIRE ALARM PANEL	9/21/09	2,512				2,512	45 MO S/L	712	56
185	7 DELL COMPUTERS	12/27/10	10,079				10,079	5 MO S/L	10,079	0
186	BARRACUDA WEB FILTERING	6/29/11	8,174				8,174	3 MO S/L	8,174	0
187	MPC SECURITY SYSTEM	3/01/11	2,035				2,035	5 MO S/L	2,035	0
188	TERMINAL SERVER	6/30/11	1,575				1,575	3 MO S/L	1,575	0
189	1 DELL COMPUTER	12/27/10	1,160				1,160	5 MO S/L	1,160	0
190	LAND	1/01/77	90,900				90,900	0 -- Land	0	0
191	1 DELL COMPUTER	12/27/10	1,160				1,160	5 MO S/L	1,160	0
192	KEN POSPISIL PAINTING	8/26/11	2,541				2,541	5 MO S/L	2,541	0
193	DRYSPACE - ROOF	3/31/12	132,382				132,382	20 MO S/L	67,846	6,619
194	LADCO -HVAC	3/31/12	75,919				75,919	20 MO S/L	38,909	3,796
195	CI3 - ENERGY MNGT SYSTEM	3/31/12	66,168				66,168	20 MO S/L	33,911	3,308
196	TERMINAL SERVICE/APPL HOS	8/19/11	3,675				3,675	3 MO S/L	3,675	0
197	LAPTOP - SILVIA	9/22/11	1,234				1,234	5 MO S/L	1,234	0
198	PHONE SYSTEM	3/29/12	29,788				29,788	5 MO S/L	29,788	0
199	ATTENDANCE ON DEMAND PC	11/22/11	1,493				1,493	5 MO S/L	1,493	0
200	ATTENDANCE ON DEMAND PC	11/22/11	1,493				1,493	5 MO S/L	1,493	0
201	ATTENDANCE ON DEMAND PC	11/22/11	1,493				1,493	5 MO S/L	1,493	0
202	BOILER CONTROLS	3/31/12	2,850				2,850	3 MO S/L	2,850	0
203	1998 VAN MOTOR & OTHER	5/31/12	5,726				5,726	5 MO S/L	5,726	0
204	C13 ENERGY MANAGEMENT SYS	3/01/13	77,456				77,456	20 MO S/L	36,146	3,872
205	DRYSPACE- MAIN BLG ROOF	6/30/13	77,406				77,406	20 MO S/L	34,833	3,870
206	BLG RENOVATION AFTER MOVE	1/01/13	1,704,035				1,704,035	45 MO S/L	359,844	37,868
207	FREEZER-HOME APPLIANCE	12/14/12	1,315				1,315	5 MO S/L	1,315	0
208	FURNITURE STOREY KENWORTH	11/01/12	154,973				154,973	7 MO S/L	154,973	0
209	COMPUTER ENCOMPASS	1/14/13	1,037				1,037	5 MO S/L	1,037	0
210	ASPHALT PARKING	6/30/14	2,690				2,690	10 MO S/L	2,152	269
211	PARKING LOT RESURFACE	8/31/14	6,555				6,555	10 MO S/L	5,135	655

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
212	DAN'S OVERHEAD DOORS - AUTO DO	10/05/15	2,247				2,247	10 MO S/L	1,498	225
213	MEDIAQUEST SIGNS - KIDSPPOINT SIG	3/14/16	2,179				2,179	10 MO S/L	1,362	218
214	CI3 - ENERGY MANAGEMENT SYSTEM	11/01/13	1,375				1,375	20 MO S/L	596	69
215	DRYSPACE - MAIN BUILDING ROOF	11/30/13	5,277				5,277	20 MO S/L	2,265	264
216	IOWA FIRE PROTECTION - SPRINKLER	11/30/13	5,600				5,600	20 MO S/L	2,403	280
217	Furnance A/C Unit	8/27/15	14,865				14,865	20 MO S/L	5,079	743
218	School Bus	5/31/15	28,004				28,004	5 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	1,471	0
225	Entrance Improvement	6/30/14	2,215				2,215	5 MO S/L	2,215	0
226	6 laptops for DV	2/28/15	7,035				7,035	5 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	5 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	5 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	5 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	0
237	Attendnace on Demand Computer	11/22/11	1,493				1,493	5 MO S/L	1,493	0
238	Attendance on Demand Computer	11/22/11	1,493				1,493	5 MO S/L	1,493	0
239	Baudville - Badge maker	7/26/13	2,682				2,682	3 MO S/L	2,682	0
240	Automatic Door Group - Magic Force	9/23/13	1,600				1,600	5 MO S/L	1,600	0
241	Boiler Repair & Fans	10/01/13	2,506				2,506	5 MO S/L	2,506	0
242	Hawkeye Replace Breaker	10/15/13	1,269				1,269	5 MO S/L	1,269	0
	Total Other Depreciation		<u>8,974,957</u>				<u>8,974,957</u>		<u>5,308,088</u>	<u>163,416</u>
	Total ACRS and Other Depreciation		<u>8,974,957</u>				<u>8,974,957</u>		<u>5,308,088</u>	<u>163,416</u>
	Grand Totals		8,974,957				8,974,957		5,308,088	163,416
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>8,974,957</u>				<u>8,974,957</u>		<u>5,308,088</u>	<u>163,416</u>

61118 WAYPOINT SERVICES

_*0307

FYE: 6/30/2023

Depreciation Adjustment Report
All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	4TH AVE PROPERTY	7/01/90	211,477	0	0
2	LAND ADDITIONS MPC	5/01/98	21,767	0	0
3	BUILDINGS	1/01/77	1,428,731	0	0
4	RENOVATION	1/01/91	1,032,068	22,935	0
5	RENOVATION	12/31/92	1,040,956	23,132	0
6	CEILING EXHAUST FANS	3/01/92	1,370	30	0
7	DONATED ARCH FEES	6/30/92	7,759	173	0
8	CAPITALIZED INTEREST	6/30/92	3,431	77	0
9	FEBRUARY ADDITIONS	2/01/93	2,480	55	0
10	MARCH ADDITIONS	3/01/93	17,221	382	0
11	APRIL ADDITIONS	4/01/93	44,825	996	0
12	MAY ADDITIONS	5/01/93	20,129	448	0
13	JUNE ADDITIONS	6/01/93	46,463	1,033	0
14	JULY ADDITIONS	7/01/93	33,864	753	0
15	AUGUST ADDITIONS	8/01/93	90	2	0
16	SEPTEMBER ADDITIONS	9/01/93	25,318	563	0
17	OCTOBER ADDITIONS	10/01/93	9,167	204	0
18	DECEMBER ADDITIONS	12/01/93	8,609	191	0
19	2ND FLOOR WINDOWS	3/01/94	13,250	294	0
20	PAINTING 2ND FLOOR	3/01/94	3,678	82	0
21	CEILING TILE 2ND FLOOR	3/01/94	1,380	31	0
22	TUCKPOINTING 1905 BLDG	5/01/94	7,418	165	0
23	JL JELINEK FILE ROOM	3/02/95	2,751	61	0
24	SCHUMACHER GLORIA'S OFFIC	12/31/95	2,363	53	0
25	LADCO DUCT & REGISTER	1/01/96	419	10	0
26	SCHUMACHER DOORS & WINDOW	2/01/96	2,363	53	0
27	PELLA WINDOWS	4/01/97	4,771	106	0
28	HOOK WINDOWS	4/01/97	10,200	227	0
29	BG BRECKE CONDENSER	8/01/97	2,868	64	0
30	HOOK WINDOWS	9/01/97	2,342	52	0
31	PELLA WINDOWS	9/01/97	2,191	48	0
32	HOOK WINDOWS	11/01/97	5,000	111	0
33	HOOK WINDOWS	12/01/97	6,885	153	0
34	PELLA WINDOWS	12/01/97	4,929	110	0
35	3RD FLOOR BALLROOM RENOVA	4/01/98	3,915	87	0
36	SCHOOVER TUCKPOINTING	9/01/98	31,189	693	0
37	SIDEWALK FRONT OF BUILDIN	12/01/98	1,175	26	0
38	3RD FLOOR RENOVATION	12/01/98	17,850	397	0
39	AUTOMATIC DOOR OPENERS	6/01/99	4,724	0	0
40	ACCESS KEYPAD	10/01/02	3,043	0	0
41	DONOR WALL	8/13/04	4,909	0	0
42	WALL FACADE	6/01/05	26,411	1,321	0
43	1ST FLOOR DOOR TO SECURE	6/20/05	3,009	150	0
44	PEARL TAYLOR REPLACE CARP	1/31/06	2,180	0	0
45	PAINTING UK	1/01/07	3,004	0	0
46	UK EXPANSION	1/01/07	38,917	1,946	0
47	REPLACE FLOORING ADM HALL	6/10/07	2,723	0	0
48	REPAIR OUTSIDE WALL	7/08/07	7,769	388	0
49	HVAC UNIT	5/23/08	8,899	445	0
50	PRIMUS CONST MAIN BUILDIN	4/07/09	48,674	1,082	0
51	PRIMUS CONST BOILER	5/07/09	37,100	1,855	0
52	PRIMUS CONST MAIN BUILDIN	5/07/09	43,716	971	0
53	PRIMUS CONST MAIN BUILDIN	6/01/09	12,700	282	0
54	PRIMUS CONST MAIN BUILDIN	6/15/09	54,687	1,215	0
55	A'HEARN PLUMBING	6/18/09	3,023	151	0
56	PRIMUS CONST MAIN BUILDIN	6/30/09	30,138	670	0
57	PRIMUS CONST MAIN BUILDIN	6/30/09	7,613	170	0
58	MAIN BLDG DRYWALL	12/31/08	1,981	44	0
59	MAIN BLDG WOOD DOORS	10/21/08	3,958	198	0
60	CIRCUIT BRAKERS	8/11/08	13,354	667	0
61	ELEVATOR REPAIR	8/20/08	8,250	413	0
62	ELEVATOR REPAIR	10/27/08	24,750	1,238	0
63	CONCRETE BASEMENT FLOOR	9/19/08	5,000	111	0
64	CONCRETE BASEMENT FLOOR	10/10/08	5,745	128	0
65	PRIMUS CONST MAIN BUILDIN	6/30/09	18,100	402	0
66	PRIMUS CONST MAIN BUILDIN	6/30/09	17,870	397	0
67	PRIMUS CONST MAIN BUILDIN	6/30/09	14,200	316	0

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	0
71	PRIMUS CONST BOILER	6/15/09	10,000	500	0
72	BUILDING - MPC	5/01/98	1,023,615	22,747	0
73	CERAMIC TILE	9/01/99	2,591	0	0
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	514	0
77	PAINT FENCE & POSTS	5/01/08	2,676	0	0
78	CARPET ALL MPC BEDROOMS	8/01/08	6,627	0	0
79	PRIMUS CONST - MPC	5/08/09	7,542	167	0
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	13,802	306	0
83	MPC DRYWALL	12/31/08	12,983	289	0
84	MPC WOOD DOOR & HARDWARE	10/21/08	2,042	102	0
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	PRIMUS CONST - MPC	6/30/09	19,602	435	0
89	PLAYGROUND	11/01/93	941	0	0
90	PLAYGROUND	11/01/94	26,650	0	0
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	1,439	0	0
94	PRO CARE SOFTWARE	7/07/06	1,503	0	0
95	SS EVACUATION CRIBS	11/06/06	2,560	0	0
96	DELL OPTIPLEX - LISA	4/30/07	934	0	0
97	RAINBOW ROOM COMPRESSOR	9/30/08	2,184	0	0
98	EDUCATOR LAMINATOR 25IN	8/13/08	1,462	0	0
99	IPSO COIN WASHER	6/11/09	2,022	0	0
100	IPSO 25LB DRYER	6/11/09	2,797	0	0
101	SECURITY CAMERAS	6/27/06	5,040	0	0
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	3,323	0	0
105	A.O. SMITH GAS WATER HEAT	12/18/08	7,417	0	0
106	ELECTRIC WATER HEATER	8/28/08	3,654	0	0
107	3 WASHERS & DRYERS	11/06/08	21,000	0	0
108	2 CARRIER FURNACES	8/31/08	10,000	500	0
109	LAPTOP, PROJECTOR, SCREEN	2/28/06	3,535	0	0
110	DELL LAPTOP	4/17/06	1,889	0	0
111	DELL D520 LAPTOP	2/07/07	1,364	0	0
112	DELL OPTIPLEX	4/30/07	934	0	0
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	5/01/91	3,556	0	0
116	BG BRECKE	5/01/91	1,350	0	0
117	PHONE SYSTEM - PALMER	12/01/91	13,748	0	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
121	PION-BD TABLES & CHAIR	6/01/92	3,130	0	0
122	PALMER	4/01/93	3,468	0	0
123	PALMER	9/01/93	660	0	0
124	PALMER	12/01/93	664	0	0
125	BLACKBAUD	3/01/97	5,478	0	0
126	BLACKBAUD	4/01/97	5,463	0	0
127	ASIAN RUG	7/01/97	3,500	0	0
128	NEW TIME CLOCK & SOFTWARE	8/01/99	2,831	0	0
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	4,662	0	0
132	GP A/R CONSULTING	1/01/03	7,262	0	0
133	GP MASS BILLING CONSULTIN	4/01/03	1,370	0	0
134	UPGRADE VOICE MAIL	9/01/03	3,040	0	0
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	11/01/04	29,773	0	0
138	DELL PC - CHRIS	7/24/04	1,051	0	0

61118 WAYPOINT SERVICES

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Future Depreciation Report FYE: 6/30/24

FYE: 6/30/2023

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	1,051	0	0
141	DELL PC - AMY	7/24/04	1,335	0	0
142	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	RAISER'S EDGE UPGRADE	2/07/05	450	0	0
146	SONIC VPN - 4 LICENSES	3/30/05	200	0	0
147	DELL PC - LIZ	4/11/05	1,194	0	0
148	RAISER'S EDGE LICENSE	7/29/05	1,750	0	0
149	DELL PENTIUM PC	4/17/06	1,061	0	0
150	BUICK LESABRE	7/06/06	6,400	0	0
151	8 PORT INTERCHANGE VOICEM	6/01/09	5,496	0	0
152	JUNGE GREEN VAN	10/01/97	22,718	0	0
153	PROOFER CABINET	3/01/07	1,486	0	0
154	REFIGERATOR 3 DOOR	10/21/08	4,139	0	0
155	CMA DISHWASHER	3/12/09	7,937	0	0
156	3 PAN STEAMER	4/24/09	5,238	0	0
157	HOBART 20 QT MIXER	4/01/09	1,590	0	0
158	3 DOOR FREEZER	4/01/09	4,695	0	0
159	CONVECTION OVEN ELECTRIC	4/24/09	4,461	0	0
160	36 ELECTRIC RANGE	4/24/09	5,736	0	0
161	DELL PC - CONNIE	5/13/05	1,104	0	0
162	RAISER'S EDGE UPGRADE	1/31/05	1,943	0	0
163	DELL VOSTRO LAPTOP	5/04/08	1,028	0	0
164	WATER HEATER/AIR COMPRESS	11/01/95	17,278	0	0
165	CMX CONTROLLER	12/01/98	2,309	0	0
167	REBUILD PUMP MOTORS	1/13/09	6,722	0	0
168	2003 FORD WINSTAR	12/28/06	7,820	0	0
169	LADCO Roof Top A/C Unit	8/18/09	9,633	482	0
170	LADCO EXHAUST FANS	8/18/09	3,760	188	0
171	SCHOONOVER WEST TUCKPOINT	8/20/09	59,223	1,316	0
172	PRIMUS CONST - MAIN BUILD	10/05/09	8,964	199	0
173	PRIMUS CONST - MAIN BUILD	11/03/09	41,832	929	0
174	REED CONTRACTING - GYM	11/10/09	6,350	141	0
175	SCHOONOVER TUCKPOINTING	6/17/10	57,811	1,284	0
176	PRIMUS CONST - MPC BUILDI	10/05/09	7,284	162	0
177	PRIMUS CONST - MPC BUILDI	11/16/09	5,254	117	0
178	TOT TREE FOR GYM	11/03/09	2,639	0	0
179	SAFETY RUGS FOR GYM	6/30/10	5,500	0	0
180	PIONEER BASEMENT DESK	8/27/09	3,390	0	0
181	PIONEER MAIN LEVEL DESK	8/27/09	3,245	0	0
182	MPC SECURITY SYSTEM	6/30/10	5,316	0	0
183	CONDENSING UNIT	9/15/09	3,362	0	0
184	FIRE ALARM PANEL	9/21/09	2,512	55	0
185	7 DELL COMPUTERS	12/27/10	10,079	0	0
186	BARRACUDA WEB FILTERING	6/29/11	8,174	0	0
187	MPC SECURITY SYSTEM	3/01/11	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	LAND	1/01/77	90,900	0	0
191	1 DELL COMPUTER	12/27/10	1,160	0	0
192	KEN POSPISIL PAINTING	8/26/11	2,541	0	0
193	DRYSPACE - ROOF	3/31/12	132,382	6,619	0
194	LADCO -HVAC	3/31/12	75,919	3,796	0
195	CI3 - ENERGY MNGT SYSTEM	3/31/12	66,168	3,309	0
196	TERMINAL SERVICE/APPL HOS	8/19/11	3,675	0	0
197	LAPTOP - SILVIA	9/22/11	1,234	0	0
198	PHONE SYSTEM	3/29/12	29,788	0	0
199	ATTENDANCE ON DEMAND PC	11/22/11	1,493	0	0
200	ATTENDANCE ON DEMAND PC	11/22/11	1,493	0	0
201	ATTENDANCE ON DEMAND PC	11/22/11	1,493	0	0
202	BOILER CONTROLS	3/31/12	2,850	0	0
203	1998 VAN MOTOR & OTHER	5/31/12	5,726	0	0
204	C13 ENERGY MANAGEMENT SYS	3/01/13	77,456	3,873	0
205	DRYSPACE- MAIN BLG ROOF	6/30/13	77,406	3,871	0
206	BLG RENOVATION AFTER MOVE	1/01/13	1,704,035	37,867	0
207	FREEZER-HOME APPLIANCE	12/14/12	1,315	0	0
208	FURNITURE STOREY KENWORTH	11/01/12	154,973	0	0
209	COMPUTER ENCOMPASS	1/14/13	1,037	0	0
210	ASPHALT PARKING	6/30/14	2,690	269	0

Asset	Description	Date In Service	Cost	Tax	AMT
211	PARKING LOT RESURFACE	8/31/14	6,555	656	0
212	DAN'S OVERHEAD DOORS - AUTO DOORS	10/05/15	2,247	224	0
213	MEDIAQUEST SIGNS - KIDSPPOINT SIGNS	3/14/16	2,179	218	0
214	CIB - ENERGY MANAGEMENT SYSTEM PH	11/01/13	1,375	69	0
215	DRYSPACE - MAIN BUILDING ROOF	11/30/13	5,277	264	0
216	IOWA FIRE PROTECTION - SPRINKLER SY:	11/30/13	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 laptops 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 Depreciation		<u>8,974,957</u>	<u>163,422</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>8,974,957</u>	<u>163,422</u>	<u>0</u>
	Grand Totals		<u>8,974,957</u>	<u>163,422</u>	<u>0</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22, ending 06/30/23		

Name _____ Taxpayer Identification Number _____

WAYPOINT SERVICES

42-0680307

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1,034,251	1,146,660	112,409
	2. Membership dues and assessments			
	3. Government contributions and grants	4,577,603	3,260,360	-1,317,243
	4. Program service revenue	2,718,163	2,073,424	-644,739
	5. Investment income	45,564	54,329	8,765
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-87,523	-2,632	84,891
	8. Net income or (loss) from fundraising events	38,618	37,197	-1,421
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	-603	36,804	37,407
	12. Total revenue. Add lines 1 through 11	8,326,073	6,606,142	-1,719,931
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	309,719	323,090	13,371
	16. Salaries, other compensation, and employee benefits	4,734,095	5,264,347	530,252
	17. Professional fundraising fees			
	18. Other professional fees	197,464	220,955	23,491
	19. Occupancy, rent, utilities, and maintenance	199,331	204,877	5,546
	20. Depreciation and Depletion	345,207	344,796	-411
	21. Other expenses	2,061,949	1,433,319	-628,630
	22. Total expenses. Add lines 13 through 21	7,847,765	7,791,384	-56,381
	23. Excess or (Deficit). Subtract line 22 from line 12	478,308	-1,185,242	-1,663,550
Other Information	24. Total exempt revenue	8,326,073	6,606,142	-1,719,931
	25. Total unrelated revenue			
	26. Total excludable revenue	2,714,219	2,199,122	-515,097
	27. Total assets	13,237,865	12,059,884	-1,177,981
	28. Total liabilities	591,324	305,384	-285,940
	29. Retained earnings	12,646,541	11,754,500	-892,041
	30. Number of voting members of governing body	18	20	
	31. Number of independent voting members of governing body	18	20	
	32. Number of employees	217	175	
	33. Number of volunteers	114	270	

Form 990 **Tax Return History** **2022**

Name: **WAYPOINT SERVICES** 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	54,329	
Fundraising revenue (income/loss)	3,397	1,639	23,775	38,618	37,197	
Gaming revenue (income/loss)						
Other revenue	7,588	476,639	17,650	-603	36,804	
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						
Compensation of officers, etc.	190,224	203,526	157,836	309,719	323,090	
Other compensation	4,100,604	3,881,110	4,090,947	4,734,095	5,264,347	
Professional fees	271,424	303,412	235,146	197,464	220,955	
Occupancy costs	189,671	169,206	170,621	199,331	204,877	
Depreciation and depletion	259,471	249,679	300,160	345,207	344,796	
Other expenses	980,606	1,078,102	1,971,238	2,061,949	1,433,319	
Total expenses	5,992,000	5,885,035	6,925,948	7,847,765	7,791,384	
Excess or (Deficit)	-216,474	2,559,453	869,572	478,308	-1,185,242	
Total exempt revenue	5,775,526	8,444,488	7,795,520	8,326,073	6,606,142	
Total unrelated revenue						
Total excludable revenue	3,158,563	2,895,085	1,869,797	2,714,219	2,199,122	
Total Assets	8,791,644	12,622,554	14,189,053	13,237,865	12,059,884	
Total Liabilities	389,146	1,596,633	1,550,689	591,324	305,384	
Net Fund Balances	8,402,498	11,025,921	12,638,364	12,646,541	11,754,500	

Federal Statements

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	Management & 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	Management & 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	
DIRECT CONTRIBUTIONS	858,740
NON-CASH CONTRIBUTIONS	

Federal Statements

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

Description	Amount
TRIBUTE TO WOMEN	\$
GIFT KIND GOODS	
GENTLEMEN'S EVENT	
NON-CASH CONTRIBUTIONS	
1911 SOCIETY EVENT	
NON-CASH CONTRIBUTIONS	
TOTAL	<u>\$ 4,407,020</u>

Schedule A, Part III, Line 2(e)

Description	Amount
CHILD CARE FEES	\$ 2,073,424
TOTAL	<u>\$ 2,073,424</u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2018	2019	2020	2021	2022
TOTAL	\$ 0	\$ 54,910	\$ 41,096	\$ 0	\$ 0

Schedule A, Part III, Line 10a(e)

Description	Amount
TAXABLE INTEREST	\$ 54,329
RENT 1	
TOTAL	<u>\$ 54,329</u>

61118 WAYPOINT SERVICES
42-0680307
FYE: 6/30/2023

Federal Statements

Schedule A, Part III, Line 11

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

TRIBUTE TO WOMEN

Other Direct Fundraising or Gaming Expenses

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

GENTLEMEN'S EVENT

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER DIRECT EXPENSES	\$
IN KIND EXPENSES	\$
TOTAL	<u>\$ 0</u>

1911 SOCIETY EVENT

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER DIRECT EXPENSES	\$ 9,862
TOTAL	<u>\$ 9,862</u>

61118 WAYPOINT SERVICES

42-0680307

FYE: 6/30/2023

Federal Statements

TRIBUTE TO WOMEN

Gross receipts

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS	\$ 43,094
TOTAL	\$ <u>43,094</u>

GENTLEMEN'S EVENT

Gross receipts

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS	\$
TOTAL	\$ <u>0</u>

1911 SOCIETY EVENT

Gross receipts

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS	\$ 43,428
TOTAL	\$ <u>43,428</u>