

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

March 30, 2023

**CONFIDENTIAL**

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

Dear Ms. Jensen:

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, 2022

**Date Due:** May 15, 2023

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/22 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 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 2022

**2021**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://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 MICHELLE JENSEN  
PRESIDENT

**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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>8,326,073</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

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

Under penalties of perjury, I declare that  I am an officer of the above 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 2021 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 2021 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 2021 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 03/30/23

**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 2021 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 03/30/23

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

<b>B</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	<b>C</b> 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	<b>D</b> Employer identification number 42-0680307 <b>E</b> Telephone number 319-365-1458 <b>G</b> Gross receipts\$ 8,458,637
<b>F</b> Name and address of principal officer: JAYE KENNEDY 318 FIFTH STREET SE CEDAR RAPIDS IA 52401		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.WAYPOINTSERVICES.ORG		<b>L</b> Year of formation: 1894 <b>M</b> State of legal domicile: IA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: 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.		
	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	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	217
	6	Total number of volunteers (estimate if necessary)	6	114
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,925,723	5,611,854
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,786,928	2,718,163
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,444	-41,959
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,425	38,015
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,795,520	8,326,073
	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)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,248,783	5,043,814
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 304,396		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,677,165	2,803,951
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,925,948	7,847,765	
19	Revenue less expenses. Subtract line 18 from line 12	869,572	478,308	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	14,189,053	13,237,865
	22	Net assets or fund balances. Subtract line 21 from line 20	1,550,689	591,324
			12,638,364	12,646,541

**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.

<b>Sign Here</b>	Signature of officer MICHELLE JENSEN Type or print name and title	Date PRESIDENT
	Print/Type preparer's name ROSS VANLAAR, CPA	Preparer's signature ROSS VANLAAR, CPA
<b>Paid Preparer Use Only</b>	Check <input type="checkbox"/> if self-employed	PTIN P01532250
	Firm's name ▶ FORGE FINANCIAL & MANAGEMENT CONSULTING	Firm's EIN ▶ 88-2802798
	Firm's address ▶ 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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ 3,099,418 including grants of \$ ) (Revenue \$ 2,718,163 )

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 ELEVEN LOCATIONS AND FULL-TIME SUMMER CARE AT MULTIPLE LOCATIONS IN CEDAR RAPIDS, IOWA. IN THE FISCAL YEAR 2022, OVER 400 CHILDREN WERE SERVED WITH 128 RECEIVING FINANCIAL ASSISTANCE TO ATTEND.

4b (Code: ) (Expenses \$ 704,172 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 2022, WAYPOINT SERVED 1,989 VICTIMS OF VIOLENCE AND ANSWERED THE 24/7 RESOURCE AND SUPPORT LINE 7,333 TIMES.

4c (Code: ) (Expenses \$ 454,800 including grants of \$ ) (Revenue \$ )

MADGE PHILLIPS CENTER SHELTER: PROVIDES EMERGENCY SHELTER, BASIC LIVING SUPPLIES, AND CASE MANAGEMENT FOR HOMELESS WOMEN AND THEIR CHILDREN. IN FISCAL YEAR 2022, THE PROGRAM PROVIDED SHELTER TO 163 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 2022, CE SUPPORTED 13,039 INDIVIDUALS WITH THIS SERVICE.

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

(Expenses \$ 2,232,975 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,491,365

**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	<b>Section 501(c)(3) organizations.</b> 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 ID, Question Text, Yes, No. Rows 22-38 covering various organizational 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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	217		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			



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 5 columns: Question ID, Question Text, Sub-ID, Value, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Sub-ID, Value, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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
CEDAR RAPIDS

318 FIFTH STREET SE

IA 52401

319-365-1458

**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, 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				113,195	0	5,723
(2) AUTUMN PAINE ..... DEV & MKTING OFFICER	40.00 ..... 0.00			X				91,240	0	460
(3) MIKE WEAVERLING ..... CFO	40.00 ..... 0.00			X				84,670	0	4,800
(4) DANIELLE RINGS (RESIGNED 7/1/21) ..... DIRECTOR	0.00 ..... 0.00	X						0	0	0
(5) ISSA KARASHEH (RESIGNED 7/1/21) ..... DIRECTOR	0.00 ..... 0.00	X						0	0	0
(6) KARA PARSON (RESIGNED 7/1/21) ..... DIRECTOR	0.00 ..... 0.00	X						0	0	0
(7) STEPHANIE PHELPS (RESIGNED 7/1/21) ..... DIRECTOR	0.00 ..... 0.00	X						0	0	0
(8) TERI GIBSON (RESIGNED 7/1/21) ..... DIRECTOR	0.00 ..... 0.00	X						0	0	0
(9) PHILIP AKIN ..... PRIOR PRESIDENT	2.00 ..... 0.00	X		X				0	0	0
(10) LEISA BRIETFELDER ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(11) KARL CASSELL ..... 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) BRITTNEY CLARKE	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) RON CORBETT	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) BRIANNE CUMMINS	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) KELLY DECAMP	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) MICHELLE JENSEN	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(17) JANICE KERKOVE	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) CARMEN KLEINSMITH	2.00									
DIRECTOR	0.00	X					0	0	0	
(19) JILL MAST	2.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>							289,105		10,983	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							289,105		10,983	

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 <b>former</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a	330,917				
	b	Membership dues	1b					
	c	Fundraising events	1c	5,960				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,577,603				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	697,374				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	<b>h Total.</b> Add lines 1a-1f				5,611,854			
<b>Program Service Revenue</b>				Business Code				
	2a	CHILD CARE FEES		624410	2,718,163	2,718,163		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
<b>g Total.</b> Add lines 2a-2f				2,718,163				
<b>Other Revenue</b>	3			Investment income (including dividends, interest, and other similar amounts)	45,564		45,564	
	4			Income from investment of tax-exempt bond proceeds				
	5			Royalties				
	6a	6a	(i) Real	(ii) Personal				
			Gross rents					
			Less: rental expenses					
	6b			Rental inc. or (loss)				
	6c			Net rental income or (loss)				
	7a			Gross amount from sales of assets other than inventory				
	7a	7a	(i) Securities	(ii) Other				
			Less: cost or other basis and sales exps.		87,523			
	7b			Gain or (loss)	-87,523			
	7c			Net gain or (loss)	-87,523	-87,523		
	8a			Gross income from fundraising events (not including \$ 5,960 of contributions reported on line 1c). See Part IV, line 18	83,659			
8a			Less: direct expenses	45,041				
8b			Net income or (loss) from fundraising events	38,618		38,618		
9a			Gross income from gaming activities. See Part IV, line 19					
9a			Less: direct expenses					
9b			Net income or (loss) from gaming activities					
10a			Gross sales of inventory, less returns and allowances					
10a			Less: cost of goods sold					
10b			Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>				Business Code				
	11a	MISCELLANEOUS		900099	-603		-603	
	b							
	c							
	d	All other revenue						
<b>e Total.</b> Add lines 11a-11d				-603				
<b>12 Total revenue.</b> See instructions				8,326,073	2,630,640	0	83,579	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	309,719	101,011	145,611	63,097
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,038,635	3,475,222	438,767	124,646
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	380,059	319,780	46,145	14,134
<b>10</b> Payroll taxes	315,401	259,877	42,058	13,466
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	13,127		13,127	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	184,337	48,529	121,578	14,230
<b>12</b> Advertising and promotion	5,856	3,352	1,023	1,481
<b>13</b> Office expenses	92,904	52,776	25,357	14,771
<b>14</b> Information technology	126,978	72,557	29,920	24,501
<b>15</b> Royalties				
<b>16</b> Occupancy	199,331	139,730	58,059	1,542
<b>17</b> Travel	28,967	18,042	10,578	347
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,021	1,514	1,245	262
<b>20</b> Interest	13,751		13,751	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	345,207	282,624	25,842	36,741
<b>23</b> Insurance	64,377	39,225	24,619	533
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> HOUSING ASSISTANCE	1,301,095	1,301,095		
<b>b</b> FOOD & SUPPLIES	322,520	320,290	11,335	-9,105
<b>c</b> MISCELLANEOUS	54,336	11,721	38,915	3,700
<b>d</b> PROGRAM FEES	22,525	22,525		
<b>e</b> All other expenses	25,619	21,495	4,074	50
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,847,765	6,491,365	1,052,004	304,396
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	1,200	<b>1</b>	1,200
	<b>2</b> Savings and temporary cash investments	551,032	<b>2</b>	1,159,686
	<b>3</b> Pledges and grants receivable, net	1,942,589	<b>3</b>	1,259,732
	<b>4</b> Accounts receivable, net	100,316	<b>4</b>	45,721
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	57,419	<b>9</b>	48,519
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 12,795,400		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 4,987,379	8,103,637	<b>10c</b> 7,808,021
	<b>11</b> Investments—publicly traded securities	3,345,448	<b>11</b>	2,824,197
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	87,412	<b>15</b>	90,789
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	14,189,053	<b>16</b>	13,237,865	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	525,425	<b>17</b>	591,099
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	10,455	<b>19</b>	225
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	1,014,809	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,550,689	<b>26</b>	591,324
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	9,637,024	<b>27</b>	9,787,557
	<b>28</b> Net assets with donor restrictions	3,001,340	<b>28</b>	2,858,984
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	12,638,364	<b>32</b>	12,646,541
<b>33 Total liabilities and net assets/fund balances</b>	14,189,053	<b>33</b>	13,237,865	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,326,073
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,847,765
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	478,308
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	12,638,364
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-470,131
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	12,646,541

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	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 SECRETARY	2.00 0.00	X		X				0	0	0
(21) STACIE OSAKO DIRECTOR	2.00 0.00	X						0	0	0
(22) STEPHEN PEDRON DIRECTOR	2.00 0.00	X						0	0	0
(23) JUNE RAINBOW TREASURER	2.00 0.00	X		X				0	0	0
(24) ASH STILES DIRECTOR	2.00 0.00	X						0	0	0
(25) JASON VESTWEBER DIRECTOR	2.00 0.00	X						0	0	0
(26) TARA WACHENDORF DIRECTOR	2.00 0.00	X						0	0	0
(27) MIKE CALEF (RESIGNED 7/1/21) FORMER CFO	0.00 0.00							0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

**2021**

**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](http://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)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

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: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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) 12
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 2021 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %; 16a 33 1/3% support test—2021; b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; b 10%-facts-and-circumstances test—2020; 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 97.32%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 97.06%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 1%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 1%.

- 19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			



**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	\$ 68,312
MISCELLANEOUS	\$ 21,347
GAMING	\$ 0
INSURANCE PROCEEDS	\$ 475,479

**Schedule B  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

 ▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

WAYPOINT SERVICES

Employer identification number

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<sup>1</sup>/<sub>3</sub>% 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) (2021)

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	\$ 5,048	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CARGILL, INC. 1710 16TH ST SE #1467 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.)
3	CARGILL, INC. PO BOX 5831 MS 105 MINNEAPOLIS MN 55440	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CARL C. ESKER 350 BLAIRS FERRY XING HIAWATHA IA 52233	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CARMEN K KLEINSMITH 357 SPRING CREEK RD MT VERNON IA 52314-9676	\$ 13,086	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CAROL HILLS 2008 BALSAM DR SW CEDAR RAPIDS IA 52404-2536	\$ 15,000	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
7	CATHERINE A TERUKINA 2800 FALBROOK DR NE CEDAR RAPIDS IA 52402-2606	\$ 5,296	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CEDAR RAPIDS BANK & TRUST 500 1ST AVE NE STE 100 CEDAR RAPIDS IA 52401	\$ 16,306	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CLAUDE J. GREINER 1412 J PLACE KALONA IA 52247	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CLAYTON PARKS 619 DOWS RD CEDAR RAPIDS IA 52403-7007	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CRESCENT-JANKO MASONIC FOUNDATION 260 STAMY RD ROBINS IA 52328	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	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
13	DAKOTA RED CORPORATION PO BOX 5541 CEDAR RAPIDS IA 52406	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	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.)
15	DOUGLAS KOPP 3970 SPRING BREEZE CT NE SOLON IA 52333	\$ 5,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	DYAN SMITH 315 ROSEDALE RD CEDAR RAPIDS IA 52403	\$ 108,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	HALL-PERRINE 115 3RD ST SE SUITE 803 CEDAR RAPIDS IA 52402	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	HUGH EKBERG 224 ABBOTSFORD RD CEDAR RAPIDS IA 52403	\$ 7,500	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	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.)
20	JAMES ARCHAMBEAU 847 WAVELAND CT MARION IA 52302	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	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.)
22	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.)
23	JUDITH A. WORKMAN 1225 13TH ST NW #205 CEDAR RAPIDS IA 52405-2449	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	JULIANNE THOMAS 4749 MOUNT VERNON RD SE CEDAR RAPIDS IA 52403-3941	\$ 10,178	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

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**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	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.)
26	KCRG TV9 SHOW YOU CARE 501 2ND AVE SE CEDAR RAPIDS IA 52401	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	LURA E MCBRIDE PO BOX 465 MARION IA 52302	\$ 5,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	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.)
29	MARILYN CALLAHAM 523 STONE HEDGE DR NW CEDAR RAPIDS IA 52405	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MCINTYRE FOUNDATION PO BOX 232 MOUNT VERNON IA 52314	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**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	NANCY R. BILLS 4022 SALLY DR NE CEDAR RAPIDS IA 52402-2675	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	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.)
33	PHILLIP J. REZIN 3103 RIMROCK CT NE CEDAR RAPIDS IA 52402	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	REUBEN AND MURIEL SAVIN FOUNDATION 735 GEORGE ST #487 IOWA CITY IA 52246	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	ROBERT W. ALLSOP 2115 FIRST AVE UNIT 3206 CEDAR RAPIDS IA 52402-6385	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	ROBERT W. BAIRD & CO. INCORPORATED 200 5TH AVE SE STE 102 CEDAR RAPIDS IA 52401	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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**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	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.)
38	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.)
39	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.)
40	ST. PAUL'S UNITED METHODIST CHURCH 1340 3RD AVE SE CEDAR RAPIDS IA 52402	\$ 8,824	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	STEPHANIE PHELPS 2488 RIVER RUND RD CEDAR RAPIDS IA 52411-8146	\$ 11,630	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	STEVEN C. ODEGAARD 1115 LYNTHURST DR HIAWATHA IA 52233	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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**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	TERRI A. CHURCHILL 1700 COTTAGE GROVE PKWY MARION IA 52302	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	THE LINGE FOUNDATION CEDAR MEMORIAL PARK 4200 1ST AVE CEDAR RAPIDS IA 52402	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	THERESA CHRITOFFERSEN 5528 WEST MUSTANG RD NE CEDAR RAPIDS IA 52411	\$ 12,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	UNITED FIRE GROUP 118 2ND AVE SE CEDAR RAPIDS IA 52401-1253	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	UNITED TECHNOLOGIES 10 FARM SPRINGS RD FARMINGTON CT 06032	\$ 16,799	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	UNITYPOINT HEALTH ST LUKE'S HOSPITAL 1026 A AVE NE CEDAR RAPIDS IA 52406-3026	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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**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
49	US BANK 222 2ND AVE SE CEDAR RAPIDS IA 52401	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	VAN METER INDUSTRIAL, INC. 850 32ND AVE SW CEDAR RAPIDS IA 52404-3913	\$ 5,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	VERIZON FOUNDATION 300 BRICKSTONE SQUARE STE 601 ANDOVER MA 01810	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	WAYNE AND NAN KOUCOUREK 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.)
53	WILLIAM B. QUARTON PO BOX 3013 CEDAR RAPIDS IA 52406-9000	\$ 5,912	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	WRAY FAMILY FOUNDATION 8503 WAVELAND CT COAL VALLEY IL 61240-9676	\$ 10,000	Person <input checked="" 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.

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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, aggregate values, and yes/no questions about 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 easements, total number, acreage, and various monitoring questions.

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 questions about reporting art and historical treasures, and revenue/assets included.



**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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,429,675	2,705,862	2,686,228	2,873,599	2,363,286
b Contributions	1,210	10,346			331,791
c Net investment earnings, gains, and losses	-438,904	767,654	104,878	167,782	238,529
d Grants or scholarships					
e Other expenditures for facilities and programs	80,000	54,187	85,244	355,153	60,007
f Administrative expenses					
g End of year balance	2,911,981	3,429,675	2,705,862	2,686,228	2,873,599

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 28.77 %
- b Permanent endowment ▶ 41.13 %
- c Term endowment ▶ 30.10 %

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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		11,574,346	4,588,169	6,986,177
c Leasehold improvements				
d Equipment		896,910	399,210	497,700
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,808,021

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

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 [X]

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,856,735
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-470,131	
b	Donated services and use of facilities	2b	13,920	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-456,211	
3	Subtract line 2e from line 1	3	8,312,946	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	13,127	
c	Add lines 4a and 4b	4c	13,127	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,326,073	

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

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

1	Total expenses and losses per audited financial statements		1	7,848,558
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,920	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	13,920	
3	Subtract line 2e from line 1	3	7,834,638	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	13,127	
c	Add lines 4a and 4b	4c	13,127	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,847,765	

**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 \$ 13,127

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

INVESTMENT FEES \$ 13,127

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

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**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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						
<b>Total</b>						

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
		TRIBUTE TO WOMEN (event type)	1911 SOCIETY EV (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	35,770	32,862	20,987	89,619
	2 Less: Contributions	5,960			5,960
	3 Gross income (line 1 minus line 2)	29,810	32,862	20,987	83,659
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,306		1,306
	7 Food and beverages	10,096	3,044		13,140
	8 Entertainment		3,810		3,810
	9 Other direct expenses	16,738	5,502	4,545	26,785
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					38,618

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

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Inspection**

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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 2022 FISCAL YEAR, WAYPOINT SUPPORTED 1,354 INDIVIDUALS IN SECURING AFFORDABLE HOUSING THROUGH RAPID RE-HOUSING SERVICES AND HOMELESS PREVENTION SERVICES.

SURVIVORS PROGRAM: WAYPOINT'S SURVIVORS' 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.

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.

Name of the organization

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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 \$ -13,127

INVESTMENT FEES \$ 13,127

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	1,416,187	12,544
4	RENOVATION	1/01/91	1,032,068			1,032,068	45 MO S/L	679,244	22,935
5	RENOVATION	12/31/92	1,040,956			1,040,956	45 MO S/L	659,270	23,133
6	CEILING EXHAUST FANS	3/01/92	1,370			1,370	45 MO S/L	894	30
7	DONATED ARCH FEES	6/30/92	7,759			7,759	45 MO S/L	4,914	173
8	CAPITALIZED INTEREST	6/30/92	3,431			3,431	45 MO S/L	2,172	76
9	FEBRUARY ADDITIONS	2/01/93	2,480			2,480	45 MO S/L	1,566	55
10	MARCH ADDITIONS	3/01/93	17,221			17,221	45 MO S/L	10,843	383
11	APRIL ADDITIONS	4/01/93	44,825			44,825	45 MO S/L	28,141	996
12	MAY ADDITIONS	5/01/93	20,129			20,129	45 MO S/L	12,600	447
13	JUNE ADDITIONS	6/01/93	46,463			46,463	45 MO S/L	28,996	1,033
14	JULY ADDITIONS	7/01/93	33,864			33,864	45 MO S/L	21,070	753
15	AUGUST ADDITIONS	8/01/93	90			90	45 MO S/L	57	2
16	SEPTEMBER ADDITIONS	9/01/93	25,318			25,318	45 MO S/L	15,659	562
17	OCTOBER ADDITIONS	10/01/93	9,167			9,167	45 MO S/L	5,656	204
18	DECEMBER ADDITIONS	12/01/93	8,609			8,609	45 MO S/L	5,276	192
19	2ND FLOOR WINDOWS	3/01/94	13,250			13,250	45 MO S/L	8,049	294
20	PAINTING 2ND FLOOR	3/01/94	3,678			3,678	45 MO S/L	2,233	82
21	CEILING TILE 2ND FLOOR	3/01/94	1,380			1,380	45 MO S/L	839	31
22	TUCKPOINTING 1905 BLDG	5/01/94	7,418			7,418	45 MO S/L	4,479	165
23	JL JELINEK FILE ROOM	3/02/95	2,751			2,751	45 MO S/L	1,609	61
24	SCHUMACHER GLORIA'S OFFIC	12/31/95	2,363			2,363	45 MO S/L	1,344	53
25	LADCO DUCT & REGISTER	1/01/96	419			419	45 MO S/L	239	9
26	SCHUMACHER DOORS & WINDOW	2/01/96	2,363			2,363	45 MO S/L	1,336	53
27	PELLA WINDOWS	4/01/97	4,771			4,771	45 MO S/L	2,572	106
28	HOOK WINDOWS	4/01/97	10,200			10,200	45 MO S/L	5,440	227
29	BG BRECKE CONDENSER	8/01/97	2,868			2,868	45 MO S/L	1,524	64
30	HOOK WINDOWS	9/01/97	2,342			2,342	45 MO S/L	1,241	52
31	PELLA WINDOWS	9/01/97	2,191			2,191	45 MO S/L	1,161	49
32	HOOK WINDOWS	11/01/97	5,000			5,000	45 MO S/L	2,630	111
33	HOOK WINDOWS	12/01/97	6,885			6,885	45 MO S/L	3,608	153
34	PELLA WINDOWS	12/01/97	4,929			4,929	45 MO S/L	2,583	110
35	3RD FLOOR BALLROOM RENOVA	4/01/98	3,915			3,915	45 MO S/L	2,023	87
36	SCHOONOVER TUCKPOINTING	9/01/98	31,189			31,189	45 MO S/L	15,827	693
37	SIDEWALK FRONT OF BUILDIN	12/01/98	1,175			1,175	45 MO S/L	591	26
38	3RD FLOOR RENOVATION	12/01/98	17,850			17,850	45 MO S/L	8,959	397
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	21,239	1,321
43	1ST FLOOR DOOR TO SECURE	6/20/05	3,009			3,009	20 MO S/L	2,420	150
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	28,215	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	5,439	388
49	HVAC UNIT	5/23/08	8,899			8,899	20 MO S/L	5,822	445
50	PRIMUS CONST MAIN BUILDIN	4/07/09	48,674			48,674	45 MO S/L	12,980	1,081
51	PRIMUS CONST BOILER	5/07/09	37,100			37,100	20 MO S/L	22,260	1,855
52	PRIMUS CONST MAIN BUILDIN	5/07/09	43,716			43,716	45 MO S/L	11,657	971
53	PRIMUS CONST MAIN BUILDIN	6/01/09	12,700			12,700	45 MO S/L	3,386	283
54	PRIMUS CONST MAIN BUILDIN	6/15/09	54,687			54,687	45 MO S/L	14,583	1,215
55	A'HEARN PLUMBING	6/18/09	3,023			3,023	20 MO S/L	1,814	151
56	PRIMUS CONST MAIN BUILDIN	6/30/09	30,138			30,138	45 MO S/L	8,036	670
57	PRIMUS CONST MAIN BUILDIN	6/30/09	7,613			7,613	45 MO S/L	2,030	169
58	MAIN BLDG DRYWALL	12/31/08	1,981			1,981	45 MO S/L	550	44
59	MAIN BLDG WOOD DOORS	10/21/08	3,958			3,958	20 MO S/L	2,506	198
60	CIRCUIT BRAKERS	8/11/08	13,354			13,354	20 MO S/L	8,568	668
61	ELEVATOR REPAIR	8/20/08	8,250			8,250	20 MO S/L	5,294	413
62	ELEVATOR REPAIR	10/27/08	24,750			24,750	20 MO S/L	15,675	1,238
63	CONCRETE BASEMENT FLOOR	9/19/08	5,000			5,000	45 MO S/L	1,417	111
64	CONCRETE BASEMENT FLOOR	10/10/08	5,745			5,745	45 MO S/L	1,617	128
65	PRIMUS CONST MAIN BUILDIN	6/30/09	18,100			18,100	45 MO S/L	4,826	403
66	PRIMUS CONST MAIN BUILDIN	6/30/09	17,870			17,870	45 MO S/L	4,765	397
67	PRIMUS CONST MAIN BUILDIN	6/30/09	14,200			14,200	45 MO S/L	3,787	316
68	PRIMUS CONST MAIN BUILDIN	6/30/09	12,712			12,712	45 MO S/L	3,390	282

## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	PRIMUS CONST MAIN BUILDIN	6/30/09	9,368			9,368	45 MO S/L	2,498	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	6,000	500
72	BUILDING - MPC	5/01/98	1,023,615			1,023,615	45 MO S/L	526,972	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	6,771	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	2,040	167
80	PRIMUS CONST - MPC	6/15/09	13,147			13,147	45 MO S/L	3,506	292
81	A'HEARN PLUMBING	6/18/09	1,312			1,312	20 MO S/L	788	65
82	PRIMUS CONST - MPC	6/30/09	13,802			13,802	45 MO S/L	3,680	307
83	MPC DRYWALL	12/31/08	12,983			12,983	45 MO S/L	3,606	289
84	MPC WOOD DOOR & HARDWARE	10/21/08	2,042			2,042	20 MO S/L	1,294	102
85	SCHINDLER ELEVATOR REPAIR	8/20/08	7,475			7,475	20 MO S/L	4,797	373
86	SCHINDLER ELEVATOR REPAIR	10/02/08	22,425			22,425	20 MO S/L	14,297	1,121
87	PRIMUS CONST - MPC	6/30/09	10,404			10,404	45 MO S/L	2,774	231
88	PRIMUS CONST - MPC	6/30/09	19,602			19,602	45 MO S/L	5,228	435
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	6,417	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 179Bonus	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	5,700	482
170	LADCO EXHAUST FANS	8/18/09	3,760			3,760	20 MO S/L	2,225	188
171	SCHOONOVER WEST TUCKPOINT	8/20/09	59,223			59,223	45 MO S/L	15,573	1,316
172	PRIMUS CONST - MAIN BUILD	10/05/09	8,964			8,964	45 MO S/L	2,340	199
173	PRIMUS CONST - MAIN BUILD	11/03/09	41,832			41,832	45 MO S/L	10,846	929
174	REED CONTRACTING - GYM	11/10/09	6,350			6,350	45 MO S/L	1,647	141
175	SCHOONOVER TUCKPOINTING	6/17/10	57,811			57,811	45 MO S/L	14,132	1,285
176	PRIMUS CONST - MPC BUILDI	10/05/09	7,284			7,284	45 MO S/L	1,902	162
177	PRIMUS CONST - MPC BUILDI	11/16/09	5,254			5,254	45 MO S/L	1,363	116
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	656	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	61,227	6,619
194	LADCO -HVAC	3/31/12	75,919			75,919	20 MO S/L	35,113	3,796
195	CI3 - ENERGY MNGT SYSTEM	3/31/12	66,168			66,168	20 MO S/L	30,602	3,309
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	32,273	3,873
205	DRYSPACE- MAIN BLG ROOF	6/30/13	77,406			77,406	20 MO S/L	30,963	3,870
206	BLG RENOVATION AFTER MOVE	1/01/13	1,704,035			1,704,035	45 MO S/L	321,977	37,867
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	1,883	269
211	PARKING LOT RESURFACE	8/31/14	6,555			6,555	10 MO S/L	4,479	656

# Federal Asset Report

## Form 990, Page 1

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	1,273	225
213	MEDIAQUEST SIGNS - KIDSPPOINT SIG	3/14/16	2,179			2,179	10 MO S/L	1,144	218
214	CI3 - ENERGY MANAGEMENT SYSTEM	11/01/13	1,375			1,375	20 MO S/L	527	69
215	DRYSPACE - MAIN BUILDING ROOF	11/30/13	5,277			5,277	20 MO S/L	2,001	264
216	IOWA FIRE PROTECTION - SPRINKLER	11/30/13	5,600			5,600	20 MO S/L	2,123	280
217	Furnance A/C Unit	8/27/15	14,865			14,865	20 MO S/L	4,336	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
<b>Total Other Depreciation</b>			<u>8,974,957</u>			<u>8,974,957</u>		<u>5,132,121</u>	<u>175,967</u>
<b>Total ACRS and Other Depreciation</b>			<u>8,974,957</u>			<u>8,974,957</u>		<u>5,132,121</u>	<u>175,967</u>
<b>Grand Totals</b>			8,974,957			8,974,957		5,132,121	175,967
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>8,974,957</u>			<u>8,974,957</u>		<u>5,132,121</u>	<u>175,967</u>

61118 WAYPOINT SERVICES

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FYE: 6/30/2022

**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
<b>Other Depreciation:</b>					
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	22,934	0
5	RENOVATION	12/31/92	1,040,956	23,132	0
6	CEILING EXHAUST FANS	3/01/92	1,370	31	0
7	DONATED ARCH FEES	6/30/92	7,759	172	0
8	CAPITALIZED INTEREST	6/30/92	3,431	76	0
9	FEBRUARY ADDITIONS	2/01/93	2,480	55	0
10	MARCH ADDITIONS	3/01/93	17,221	383	0
11	APRIL ADDITIONS	4/01/93	44,825	996	0
12	MAY ADDITIONS	5/01/93	20,129	447	0
13	JUNE ADDITIONS	6/01/93	46,463	1,032	0
14	JULY ADDITIONS	7/01/93	33,864	752	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	203	0
18	DECEMBER ADDITIONS	12/01/93	8,609	191	0
19	2ND FLOOR WINDOWS	3/01/94	13,250	295	0
20	PAINTING 2ND FLOOR	3/01/94	3,678	82	0
21	CEILING TILE 2ND FLOOR	3/01/94	1,380	30	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	52	0
25	LADCO DUCT & REGISTER	1/01/96	419	9	0
26	SCHUMACHER DOORS & WINDOW	2/01/96	2,363	52	0
27	PELLA WINDOWS	4/01/97	4,771	106	0
28	HOOK WINDOWS	4/01/97	10,200	226	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	49	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	109	0
35	3RD FLOOR BALLROOM RENOVA	4/01/98	3,915	87	0
36	SCHOONOVER 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	396	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	1,320	0
43	1ST FLOOR DOOR TO SECURE	6/20/05	3,009	151	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	389	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	972	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	169	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	668	0
61	ELEVATOR REPAIR	8/20/08	8,250	412	0
62	ELEVATOR REPAIR	10/27/08	24,750	1,237	0
63	CONCRETE BASEMENT FLOOR	9/19/08	5,000	111	0
64	CONCRETE BASEMENT FLOOR	10/10/08	5,745	127	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	315	0

Asset	Description	Date In Service	Cost	Tax	AMT
68	PRIMUS CONST MAIN BUILDIN	6/30/09	12,712	283	0
69	PRIMUS CONST MAIN BUILDIN	6/30/09	9,368	208	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	168	0
80	PRIMUS CONST - MPC	6/15/09	13,147	292	0
81	A'HEARN PLUMBING	6/18/09	1,312	66	0
82	PRIMUS CONST - MPC	6/30/09	13,802	307	0
83	MPC DRYWALL	12/31/08	12,983	288	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	232	0
88	PRIMUS CONST - MPC	6/30/09	19,602	436	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

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	481	0
170	LADCO EXHAUST FANS	8/18/09	3,760	188	0
171	SCHOONOVER WEST TUCKPOINT	8/20/09	59,223	1,317	0
172	PRIMUS CONST - MAIN BUILD	10/05/09	8,964	200	0
173	PRIMUS CONST - MAIN BUILD	11/03/09	41,832	930	0
174	REED CONTRACTING - GYM	11/10/09	6,350	141	0
175	SCHOONOVER TUCKPOINTING	6/17/10	57,811	1,285	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	56	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	C13 - ENERGY MNGT SYSTEM	3/31/12	66,168	3,308	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	3,872	0
205	DRYSPACE- MAIN BLG ROOF	6/30/13	77,406	3,870	0
206	BLG RENOVATION AFTER MOVE	1/01/13	1,704,035	37,868	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	655	0
212	DAN'S OVERHEAD DOORS - AUTO DOORS	10/05/15	2,247	225	0
213	MEDIAQUEST SIGNS - KIDSPPOINT SIGNS	3/14/16	2,179	218	0
214	CI3 - 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
	<b>Total Other Depreciation</b>		<u>8,974,957</u>	<u>163,416</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>8,974,957</u>	<u>163,416</u>	<u>0</u>
	<b>Grand Totals</b>		<u>8,974,957</u>	<u>163,416</u>	<u>0</u>



<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2021</b>
	For calendar year 2021, or tax year beginning 07/01/21, and ending 06/30/22	

Name **WAYPOINT SERVICES**

Employer Identification Number  
**42-0680307**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>GENTLEMEN'S EVE</u> <small>(event type)</small>	_____ <small>(event type)</small>	_____ <small>(event type)</small>	
Revenue	<b>1</b> Gross receipts	20,987			20,987
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	20,987			20,987
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	4,545			4,545

## Two Year Comparison Report

Form **990****2020 & 2021**

For calendar year 2021, or tax year beginning 07/01/21, ending 06/30/22

Name

Taxpayer Identification Number

WAYPOINT SERVICES

42-0680307

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1,541,177	1,034,251	-506,926
	2. Membership dues and assessments			
	3. Government contributions and grants	4,384,546	4,577,603	193,057
	4. Program service revenue	1,786,928	2,718,163	931,235
	5. Investment income	41,444	45,564	4,120
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-87,523	-87,523
	8. Net income or (loss) from fundraising events	23,775	38,618	14,843
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	17,650	-603	-18,253
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>7,795,520</b>	<b>8,326,073</b>	<b>530,553</b>
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	157,836	309,719	151,883
	16. Salaries, other compensation, and employee benefits	4,090,947	4,734,095	643,148
	17. Professional fundraising fees			
	18. Other professional fees	235,146	197,464	-37,682
	19. Occupancy, rent, utilities, and maintenance	170,621	199,331	28,710
	20. Depreciation and Depletion	300,160	345,207	45,047
	21. Other expenses	1,971,238	2,061,949	90,711
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>6,925,948</b>	<b>7,847,765</b>	<b>921,817</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>869,572</b>	<b>478,308</b>	<b>-391,264</b>
Other Information	24. Total exempt revenue	7,795,520	8,326,073	530,553
	25. Total unrelated revenue			
	26. Total excludable revenue	1,869,797	2,714,219	844,422
	27. Total assets	14,189,053	13,237,865	-951,188
	28. Total liabilities	1,550,689	591,324	-959,365
	29. Retained earnings	12,638,364	12,646,541	8,177
	30. Number of voting members of governing body	22	18	
	31. Number of independent voting members of governing body	22	18	
	32. Number of employees	209	217	
	33. Number of volunteers	114	114	

Form **990****Tax Return History****2021**

Name

WAYPOINT SERVICES

Employer Identification Number  
42-0680307

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	2,751,873	2,616,963	5,549,403	5,925,723	5,611,854	
Membership dues .....						
Program service revenue .....	3,427,645	3,091,077	2,366,201	1,786,928	2,718,163	
Capital gain or loss .....					-87,523	
Investment income .....	46,079	56,501	50,606	41,444	45,564	
Fundraising revenue (income/loss) .....	-711	3,397	1,639	23,775	38,618	
Gaming revenue (income/loss) .....						
Other revenue .....	11,348	7,588	476,639	17,650	-603	
<b>Total revenue</b> .....	6,236,234	5,775,526	8,444,488	7,795,520	8,326,073	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	192,486	190,224	203,526	157,836	309,719	
Other compensation .....	4,177,399	4,100,604	3,881,110	4,090,947	4,734,095	
Professional fees .....	289,214	271,424	303,412	235,146	197,464	
Occupancy costs .....	194,393	189,671	169,206	170,621	199,331	
Depreciation and depletion .....	256,436	259,471	249,679	300,160	345,207	
Other expenses .....	915,696	980,606	1,078,102	1,971,238	2,061,949	
<b>Total expenses</b> .....	6,025,624	5,992,000	5,885,035	6,925,948	7,847,765	
<b>Excess or (Deficit)</b> .....	210,610	-216,474	2,559,453	869,572	478,308	
Total exempt revenue .....	6,236,234	5,775,526	8,444,488	7,795,520	8,326,073	
Total unrelated revenue .....						
Total excludable revenue .....	3,484,361	3,158,563	2,895,085	1,869,797	2,714,219	
Total Assets .....	9,270,955	8,791,644	12,622,554	14,189,053	13,237,865	
Total Liabilities .....	780,453	389,146	1,596,633	1,550,689	591,324	
Net Fund Balances .....	8,490,502	8,402,498	11,025,921	12,638,364	12,646,541	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE INTEREST	\$ 45,564		14			
TOTAL	<u>\$ 45,564</u>					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PROFESSIONAL SERVICES	\$ 104,506	\$	\$ 104,506	\$
CONSULTING FEES	79,831	48,529	17,072	14,230
TOTAL	<u>\$ 184,337</u>	<u>\$ 48,529</u>	<u>\$ 121,578</u>	<u>\$ 14,230</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
DUES & LICENSES	\$ 14,382	\$ 11,795	\$ 2,537	\$ 50
RENTAL	11,237	9,700	1,537	
TOTAL	<u>\$ 25,619</u>	<u>\$ 21,495</u>	<u>\$ 4,074</u>	<u>\$ 50</u>

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

<u>Description</u>	<u>Amount</u>
FEDERATED CAMPAIGNS	\$ 330,917
GOVERNMENT GRANTS	4,577,603
PPP LOAN FORGIVENESS	
DIRECT CONTRIBUTIONS	697,374
NON-CASH CONTRIBUTIONS	
TRIBUTE TO WOMEN	

**Federal Statements**

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

Description	<u>Amount</u>
CASH CONTRIBUTION	\$ 5,960
GIFT KIND GOODS	
GENTLEMEN'S EVENT	
NON-CASH CONTRIBUTIONS	
1911 SOCIETY EVENT	
NON-CASH CONTRIBUTIONS	
TOTAL	<u>\$ 5,611,854</u>

**Schedule A, Part III, Line 2(e)**

Description	<u>Amount</u>
CHILD CARE FEES	\$ 2,718,163
TOTAL	<u>\$ 2,718,163</u>

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

Donor Name	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
	\$ 45,288	\$	\$ 54,910	\$ 41,096	\$
TOTAL	<u>\$ 45,288</u>	<u>\$ 0</u>	<u>\$ 54,910</u>	<u>\$ 41,096</u>	<u>\$ 0</u>

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

Description	<u>Amount</u>
TAXABLE INTEREST	\$ 45,564
RENT 1	
TOTAL	<u>\$ 45,564</u>

**Federal Statements**

**Schedule A, Part III, Line 11**

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ -603
CASUALTY REIMBURSEMENT	
TRIBUTE TO WOMEN	2,976
GENTLEMEN'S EVENT	16,442
1911 SOCIETY EVENT	19,200
RENT 2	
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 37,015</u>

**TRIBUTE TO WOMEN**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ 4,218
IN KIND EXPENSES	12,520
TOTAL	<u>\$ 16,738</u>

**GENTLEMEN'S EVENT**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ 3,145
IN KIND EXPENSES	1,400
TOTAL	<u>\$ 4,545</u>

**1911 SOCIETY EVENT**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ 5,502
TOTAL	<u>\$ 5,502</u>

## Federal Statements

### Cash - EOY

<u>Description</u>	<u>Amount</u>
CASH - NON INTEREST BEARING RESTRICTED CASH	\$ 1,200
TOTAL	\$ <u>1,200</u>

### Savings - EOY

<u>Description</u>	<u>Amount</u>
SAVINGS AND TEMP INVESTMENTS	\$ 1,159,686
TOTAL	\$ <u>1,159,686</u>

### Pledges receivable - EOY

<u>Description</u>	<u>Amount</u>
PLEDGES RECEIVABLE	\$ 686,975
TOTAL	\$ <u>686,975</u>

### Grants receivable - EOY

<u>Description</u>	<u>Amount</u>
GRANTS RECEIVABLE	\$ 572,757
TOTAL	\$ <u>572,757</u>

### Accounts receivable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS RECEIVABLE	\$ 45,721
TOTAL	\$ <u>45,721</u>

### Prepaid expense - EOY

<u>Description</u>	<u>Amount</u>
PREPAID EXPENSES	\$ 48,519
TOTAL	\$ <u>48,519</u>



## Federal Statements

### Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
A/P & ACCRUEDS	\$ 591,099
TOTAL	\$ 591,099

### Deferred revenue - EOY

<u>Description</u>	<u>Amount</u>
DEFERRED REVENUE	\$ 225
TOTAL	\$ 225

### Revenue-net unrealized gains

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAIN	\$ -470,131
TOTAL	\$ -470,131

### Net unrealized gains on invest

<u>Description</u>	<u>Amount</u>
.	\$ -470,131
TOTAL	\$ -470,131

### TRIBUTE TO WOMEN

#### Gross receipts

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS	\$ 29,810
TOTAL	\$ 29,810

### TRIBUTE TO WOMEN

#### Cash contributions

<u>Description</u>	<u>Amount</u>
CASH CONTRIBUTIONS	\$ 5,960
TOTAL	\$ 5,960

## Federal Statements

### TRIBUTE TO WOMEN

#### Rent and facility costs

<u>Description</u>	<u>Amount</u>
RENT & FACILITY COSTS	\$ _____
TOTAL	\$ <u>0</u>

### TRIBUTE TO WOMEN

#### Sch G food and bev expense

<u>Description</u>	<u>Amount</u>
FOOD & BEVERAGES	\$ <u>10,096</u>
TOTAL	\$ <u>10,096</u>

### TRIBUTE TO WOMEN

#### Sch G entertainment expense

<u>Description</u>	<u>Amount</u>
ENTERTAINMENT	\$ _____
TOTAL	\$ <u>0</u>

### GENTLEMEN'S EVENT

#### Gross receipts

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS	\$ <u>20,987</u>
TOTAL	\$ <u>20,987</u>

### GENTLEMEN'S EVENT

#### Cash contributions

<u>Description</u>	<u>Amount</u>
CASH CONTRIBUTIONS	\$ _____
TOTAL	\$ <u>0</u>

### GENTLEMEN'S EVENT

#### Cash prizes

<u>Description</u>	<u>Amount</u>
CASH PRIZES	\$ _____
TOTAL	\$ <u>0</u>

## Federal Statements

### GENTLEMEN'S EVENT

#### Noncash prizes

<u>Description</u>	<u>Amount</u>
NON CASH PRIZES	\$ _____
TOTAL	\$ <u>0</u>

### GENTLEMEN'S EVENT

#### Sch G food and bev expense

<u>Description</u>	<u>Amount</u>
FOOD & BEVERAGES	\$ _____
TOTAL	\$ <u>0</u>

### 1911 SOCIETY EVENT

#### Gross receipts

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS	\$ <u>32,862</u>
TOTAL	\$ <u>32,862</u>

### 1911 SOCIETY EVENT

#### Cash contributions

<u>Description</u>	<u>Amount</u>
CASH CONTRIBUTIONS	\$ _____
TOTAL	\$ <u>0</u>

### 1911 SOCIETY EVENT

#### Rent and facility costs

<u>Description</u>	<u>Amount</u>
RENT/FACILITY EXP	\$ <u>1,306</u>
TOTAL	\$ <u>1,306</u>

### 1911 SOCIETY EVENT

#### Sch G food and bev expense

<u>Description</u>	<u>Amount</u>
FOOD & BEVERAGES	\$ <u>3,044</u>
TOTAL	\$ <u>3,044</u>

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42-0680307  
FYE: 6/30/2022

## Federal Statements

### 1911 SOCIETY EVENT

#### Sch G entertainment expense

<u>Description</u>	<u>Amount</u>
ENTERTAINMENT	\$ <u>3,810</u>
TOTAL	\$ <u><u>3,810</u></u>